Ideal Option

You deserve to feel good for getting stimulant-free.
Let us support you!

To qualify, you must:

- Be 18 or older
- Have a diagnosis of Stimulant Use Disorder (SUD) and Opioid Use Disorder (OUD)
- Be interested in abstaining from stimulants

We offer:

- Evidence based Contingency Management program (CM)
- Support for your unique recovery journey

Do you struggle with:

- Cocaine
- Meth
- Fentanyl
- Heroin

READY TO GET STARTED?

CALL OR EMAIL:

Ice'shay A. Penney, PRC (she/her)

Peer Support Specialist

(425) 384-6196

iceshaypenney@idealoption.net

Success Stories – Providence Hospital Peer

Quarter 2 2025

1. Peer received the following text message from a patient: “Hello this is (Patient Name) we talked in my room in the hospital today. I called Legacy Lodge today and left a voice message. I’m definitely going into treatment probably for the 90 days. I’m looking forward to it. I really appreciate you coming by to talk to me, just what I needed and at the right time. Take care and have a good night.”
2. Peer received the following text message from a patient: “Thank you foot talking with me yesterday it ment alot but ijust cuouad not stay thear any loner so i ieft”

Quarter 3 2025

Story 1

I had a heartfelt interaction with a patient who had attempted suicide. She had told nurses she “wish[ed] the suicide plan had worked out”. She works as a caregiver but does not do much self-care. She had worked the past 20 days in a row without a break, providing in-home care to one of her clients. She was initially opposed to any mention of inpatient (psych, SUD, dual-diagnosis) by doctors and nurses. She wanted to get back to working because she is stuck in a “worry wheel” about her bills, clients, job, and the possibility of losing her house. I provided her with something she had not considered: PFML or FMLA. She became more open minded as we spoke. We talked a while about the benefits of having hobbies that she enjoys and practicing regular self-care. We spoke on the guilt one might feel in doing this, knowing that other people are suffering in worse situations - she endorsed having these feelings. I described a class I was recently in that stressed the importance of caregivers caring for themselves. We explored options for groups. She became open to getting a counselor if we can figure out how she could afford it. She has no insurance. I walked her through the process of browsing the apple health plan finder. In the meantime, she was open to the idea of getting a recovery coach at the Recovery Cafe, along with working with an outside peer support specialist. She now plans to go to inpatient psych and continue with a counselor afterwards. We got financial counseling to come meet with her to crunch some numbers and get her set up with insurance. She was initially so stressed out that she could not think about the options. She used alcohol to cope and had been to treatment 2 years ago. She had been clean for a year before this relapse and had promised herself that she’d kill herself if she ever relapsed. She is now looking at all the options and putting her mental health first before returning to work.

Story 2

I spent a half a day with a guy and his son in law. I had seen this patient (about a year ago) before I had even knew how to make notes in EPIC. Both the patient and his son remembered me. Pt had been falling with regularity around the house and his son (the only one who lives with him) had been there acting as a caregiver as the patient (father) became more atrophied. During our encounter, he was trying to help him sit up to eat on several occasions, without success as the father was too weak. He tried to help the father by taking an active role in our conversations, as well as taking notes the whole time. The father was not open to any forms of treatment in the beginning. As we built a rapport, he started to lower his shields. He must have found my story of seizures and being floor-bound for the same reasons relatable and disarming. I told him about my frequent stays at the hospital. I told him of my ex who cared for me for years until she couldn't anymore. I gave the cautionary tale that it gets worse. While he said he didn't want to burden anyone, he was invariably doing so to those who he loved the most. We spoke about agency and stoicism. We spoke about willpower alone not being enough. I told him the silver lining of being in the hospital was that for all intensive purposes, the world outside stops spinning - he could not have a span of time for formulating a plan, uninterrupted by the outside world. We spoke on leaving no stone unturned in the creation of his plan. Towards the end of our interaction, he became open to inpatient physical therapy. He is now considering inpatient SUD treatment if his insurance will pay for it - he did not know it was a possibility until we discussed it. He had never been to inpatient before, so pictures of Holman Recovery Center helped him to get past pre-conceived notions. He became open to the idea of MAT, peer support, community engagement, and hobby searching. He started to laugh and make jokes. I told him that he has something that not everyone still has when I see them in the hospital: a supportive family. He almost promised his son when prompted that he will never drink again, but instead took pause and said he will "try [his] hardest". His son spoke with me outside his room for a while and I introduced him to some CRAFT techniques including functional analysis. He plans to get the family to research CRAFT as well. The patient and his son both expressed gratitude for the resources, nudges in the right direction for education, and insights that not every clinician at the hospital has the time or understanding for.

Story 3

I had a success story with a patient who I had worked with before. He remembered our previous interaction. At first he was discouraged and down on himself for "being in the hospital again". He cannot go to inpatient at this time due to work. He works on motorcycles and has a shop. When asked what leads to his drinking, he said, "too much stress on my plate" - referring to his workload. He said he is not able to get everything done. He has anxiety with a higher-than-normal baseline when he's sober, because of his

dependence. We talked about how he might go about managing that. He has a hard time saying no to work.

He has an honorable goal. He wants to take care of his aging parents, and therefore must keep his motorcycle customization business afloat. He is very open minded and cerebral. He is now considering the vivitrol shot after being reminded of it - he tried it before and said " it seemed to work until [he] stopped taking it a week before going to a Bike Week event in Arizona". He explained how he planned the relapse out, what he has learned from it, and that he will be trying the vivitrol shot again.

He plans to get back on track with primary care. He is now open to counseling. We lost a peer support today, so I referred him to Hope & Wellness and Conquer for peer support while he figures the counseling part out. He has a psychiatrist referral in the works. He has trouble with negative self talk, and we discussed how that can work against him. We spoke about how those negative thoughts begin with being inculcated by societal beliefs that addicts simply "make bad choices", "have lower willpower" or that addiction is related to a "moral failing" in some way. We spoke on how unhealthy it is to believe or ruminate on these things.

I encouraged him to engage with the recovery community in a meaningful way. Because he prefers one-on-one, I suggested peer support while waiting to get into counseling. He is not the biggest fan of AA, so I suggested finding out about Smart Recovery, Wellbriety, and the Recovery Cafe which he plans to explore. Towards the end, you could see the light back in his eyes. His discouragement was displaced by hope and he seemed re-invigorated by forming a new plan. It was good to see him again.

Ideal Option

Giving back lives so communities thrive.

Ideal Option is one of the nation's largest outpatient providers of evidence-based medication-assisted treatment for addiction to fentanyl, heroin, pain pills, alcohol, methamphetamine, and polysubstance.

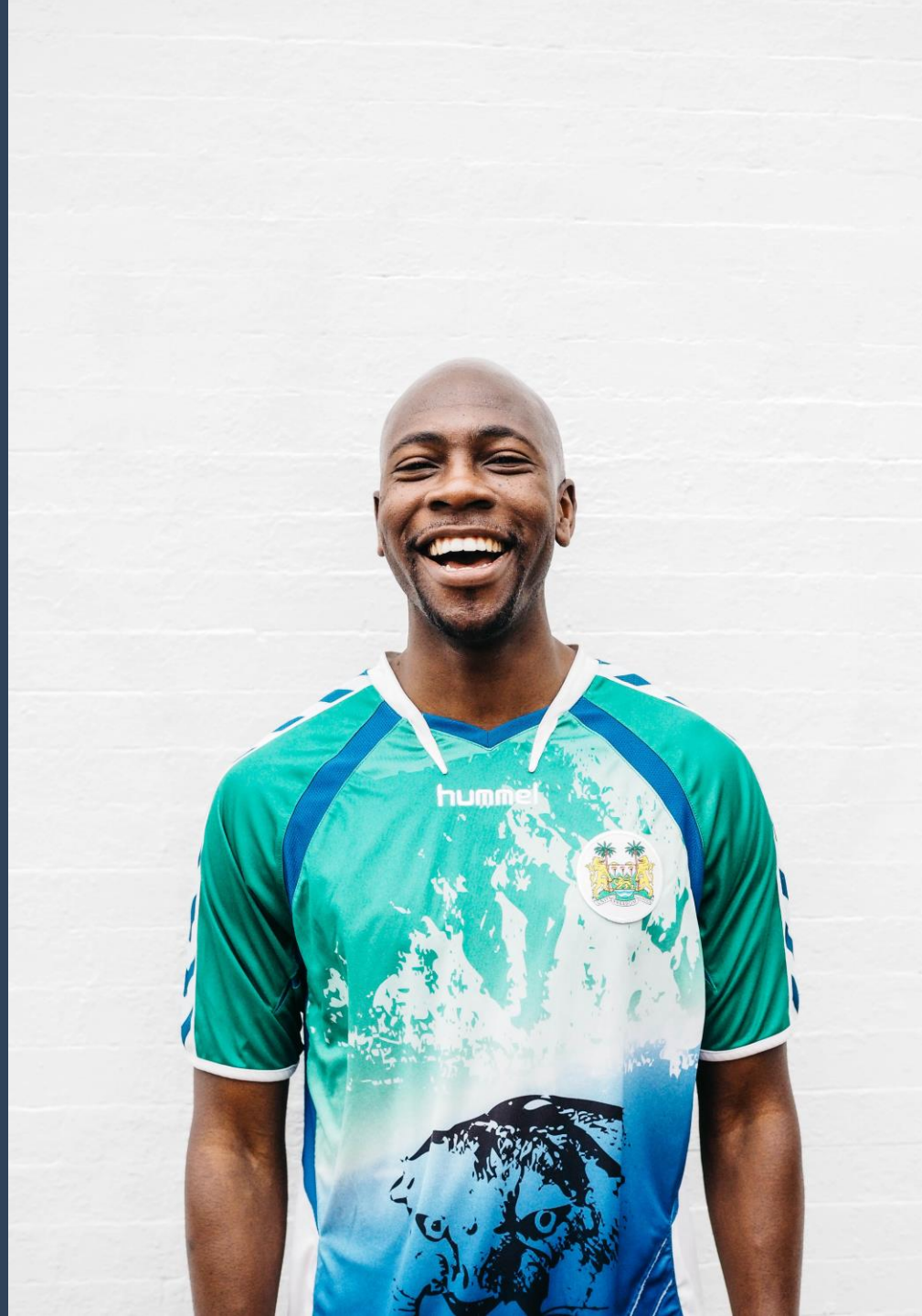
Who We Are

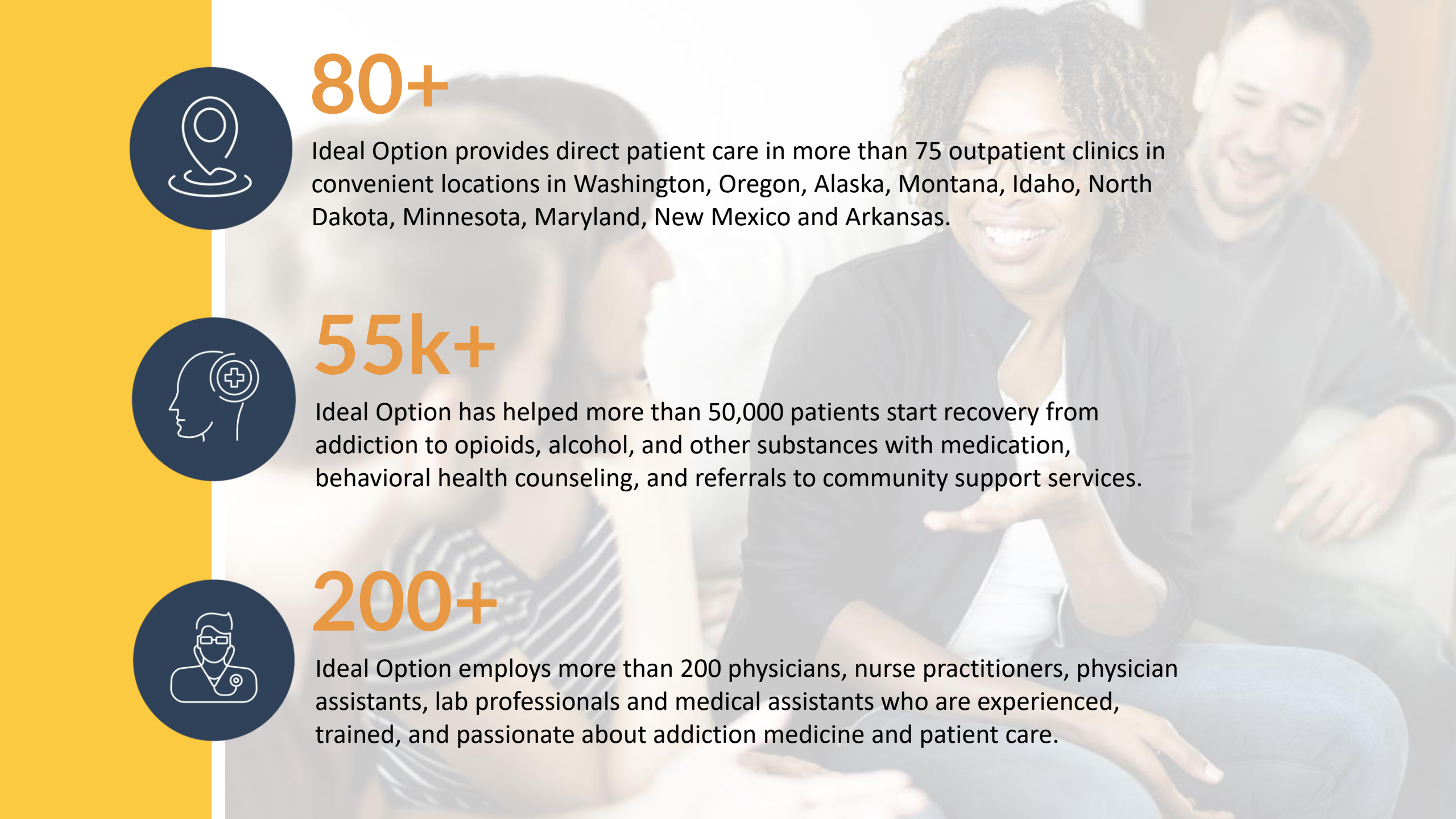
Ideal Option

A national leader in medication-assisted treatment.

Ideal Option has been working on the front lines of the opioid epidemic since our founders – two ER physicians – opened the first clinic in 2012.

Today, Ideal Option employs more than 200 addiction medicine providers and staff in 70+ outpatient clinics across 10 states. We're proud to have helped more than 50,000 patients get started in recovery from substance use disorder.





80+

Ideal Option provides direct patient care in more than 75 outpatient clinics in convenient locations in Washington, Oregon, Alaska, Montana, Idaho, North Dakota, Minnesota, Maryland, New Mexico and Arkansas.

55k+

Ideal Option has helped more than 50,000 patients start recovery from addiction to opioids, alcohol, and other substances with medication, behavioral health counseling, and referrals to community support services.

200+

Ideal Option employs more than 200 physicians, nurse practitioners, physician assistants, lab professionals and medical assistants who are experienced, trained, and passionate about addiction medicine and patient care.

Mission-driven, data-minded, and patient-centered.

Our patients are treated with respect, empathy, and acceptance by licensed, experienced, and trained medical professionals. Our payors and community partners trust us to make sound, fiscally-responsible, data-minded decisions that are in the best interests of society and the medical, behavioral, and lifestyle needs of every patient who seeks our help to recover from the disease of addiction.

Our Vision

To give back lives, reunite families, and heal communities suffering from the devastating effects of substance use disorder.

Our Mission

We strive to be the nation's leading provider of low-barrier evidence-based treatment for substance use disorder.

Low barrier and evidence-based means more patients start treatment, stay in treatment, and achieve stable recovery.

NO WAIT LISTS

Patients are scheduled for their first appointment within 1-3 business days. Warm handoffs may be fast-tracked through our referrals team.

MEDICAID ACCEPTED

Most forms of insurance including Medicaid and Medicare are accepted. Payment plans and financial counseling is available for uninsured patients.

OUTPATIENT

Our convenient outpatient locations allow patients to maintain relationships with family and take advantage of training and employment opportunities.

NON-JUDGMENTAL

While return-to-use episodes will trigger a review of a patient's treatment plan, patients are never penalized or expelled.

Helping good people lead great lives.

Our Care Model

Ideal Option

“Medication-assisted treatment combined with psychosocial therapies and community-based recovery supports is the gold standard for treating opioid addiction.”

— U.S Surgeon General

Substance use disorder is a treatable chronic disease

Substance use disorder is a chronic brain disease. Like other chronic diseases, the goal of treatment is to appropriately manage the condition rather than cure the disease. Medication-assisted treatment (MAT) is the recommended treatment modality for people with substance use disorder.

Patient-Centered Wholistic Care

In addition to a clinical staff comprised of more than 200 addiction medicine providers and medical assistants, Ideal Option employs 250+ administrative and support staff to help patients navigate every step of the intake process, treatment program, and recovery journey.

Our Treatment Protocols

Ideal Option

Opioid Use Disorder

Patients who wish to stop using opioids such as heroin, oxycontin, fentanyl, and methadone are primarily treated with buprenorphine (Suboxone®) following either conventional- or micro-initiation protocols based on published scientific evidence and published clinical guidelines. Our four-phased treatment approach is personalized according to each patient's progress in recovery.

INITIATION

At least 1 visit per week.
Daily nurse calls.

MAINTENANCE A

Consistent progress.
1 visit every 20 days.

STABILIZATION

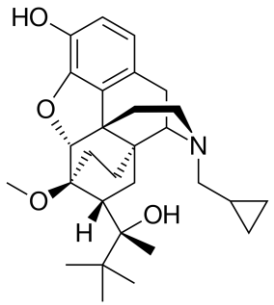
Inconsistent progress.
1 visit every 13 days.

MAINTENANCE B

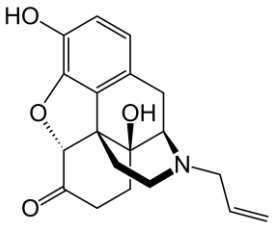
Long term progress.
1 visit per month.

How does Suboxone® work?

Suboxone contains both buprenorphine and naloxone.



Buprenorphine attaches to the same receptors as other opioids but only partially activates those receptors. This eliminates withdrawals and cravings, which helps people feel normal.



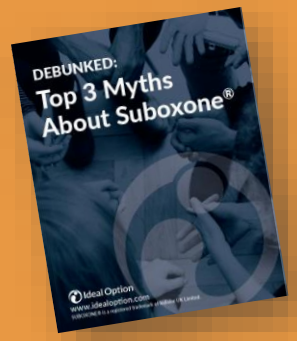
Naloxone is an antagonist / opioid blocking medication that causes withdrawal symptoms if someone tries to abuse the medication.

Isn't taking Suboxone trading one addiction for another?

A common concern and misconception associated with medication-assisted treatment (MAT) is that it substitutes one drug for another.

Research has shown that when provided at the proper dose, medications such as Suboxone have no adverse effects on a person's intelligence, mental capability, physical functioning, or employability.

People in stable recovery who are dependent on Suboxone or other addiction medications, lead normal lives; take care of their families, maintain friendships, excel at their jobs, go back to school, and pay their bills.



Send us an email at hello@idealoption.net to request a copy of our new e-book: *Debunked: Top 3 Myths About Suboxone.*

Initiation Protocols

Conventional Initiation for Short-Acting Opioids

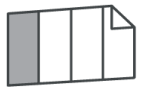
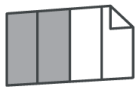
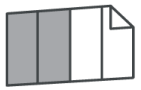
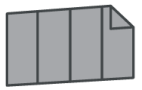
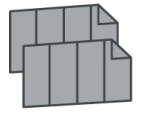
To prevent precipitated withdrawal, patients must abstain from all opioids for 24-36 hours and start to feel moderate symptoms of withdrawal before their first dose of buprenorphine.

24 Short-acting opioids like Percocet, Vicodin, or Heroin must be stopped 24 HOURS before the dose of buprenorphine.

36 Long-acting opioids like Oxycontin, Morphine ER, Methadone or Fentanyl must be stopped 36 HOURS before the first dose of buprenorphine.

Micro Initiation for Long-Acting Opioids

Patients who cannot abstain for 36 hours will taper their use of long-acting opioids while gradually increasing their dose of buprenorphine to prevent precipitated withdrawal.

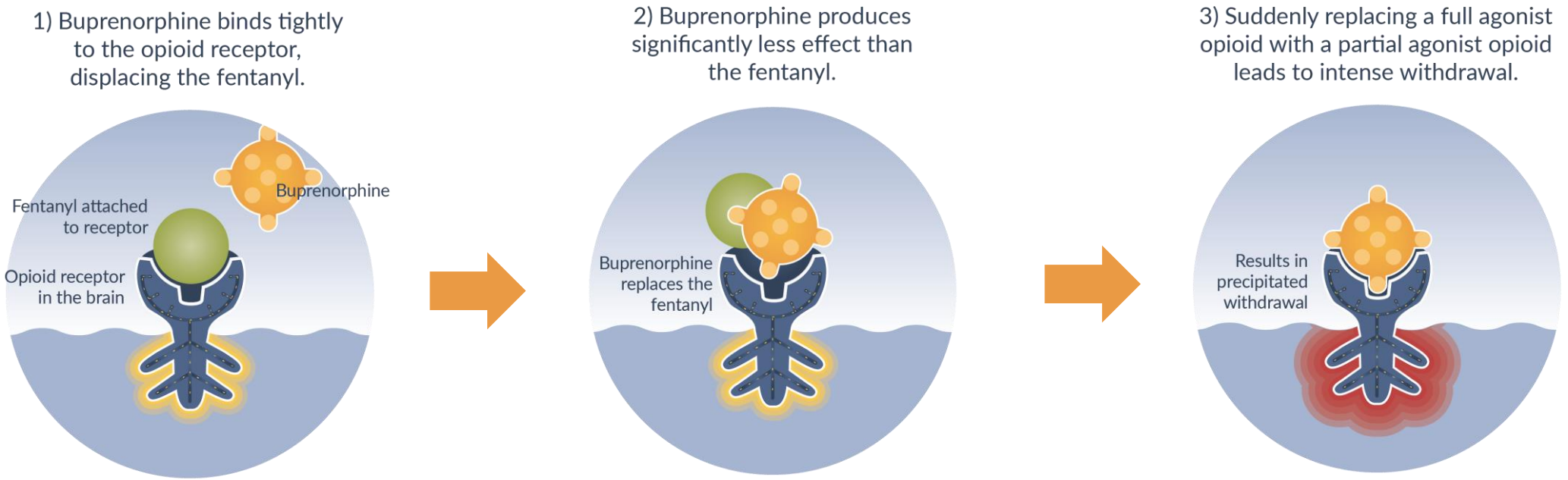
	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
					
How Much Do I Take?	**¼ Film Strip** (0.5mg)	**½ Film Strip** (1mg)	**½ Film Strip** (1mg)	**1 Film Strip** (2mg)	**2 Film Strips** (4mg)
How Often Do I Take It?	**Every 12 hours** (2 doses per day)	**Every 12 hours** (2 doses per day)	**Every 8 hours** (3 doses per day)	**Every 8 hours** (3 doses per day)	**Every 8 hours** (3 doses per day)
What Is The Total Daily Dose?	**½ film strip** (1mg)	**1 film strip** (2mg)	**1½ film strips** (3mg)	**3 film strips** (6mg)	**6 film strips** (12mg)

DAY 6

We will adjust your dose on Day 6 depending on your withdrawal symptoms and cravings up to 24mg per day.

What is Precipitated Withdrawal?

Precipitated withdrawal can result when a patient takes a full dose of buprenorphine while a full agonist opioid is still occupying the opioid receptors in the brain.



Alcohol Use Disorder

Research shows that one-third of people with alcohol use disorder (AUD) who are treated with medication have no further symptoms one year later. Many others substantially reduce their drinking and report fewer alcohol-related problems.

Despite the evidence and strong support from the addiction medicine community, *less than 10%* of people with AUD receive medication-assisted treatment.

Medications for alcohol use disorder (AUD) can provide an opportunity for behavioral therapies (counseling) to be helpful by reducing cravings to helping to maintain abstinence from alcohol.

In that way, medications can give people with an alcohol problem some traction in the recovery process.

-National Institute on Alcohol Abuse and Alcoholism (NIAAA)

How Our Program Works

An addiction medicine provider assesses the level of alcohol dependence and then develops a personalized medication-assisted treatment plan for withdrawal management and relapse prevention.

ASSESS

Provider performs a series of clinical assessments and lab tests to diagnose alcohol use disorder, and if the patient is still drinking, determines the likely severity of the withdrawal period. For severe cases, inpatient treatment or medically supervised withdrawal may be recommended.

WITHDRAW

Provider develops a personalized medication-assisted withdrawal management plan and then meets with the patient daily for 4-5 days as they manage withdrawal at home. A responsible adult should be with the patient at all times during withdrawal.

ABSTAIN

After the withdrawal period, the patient will transition to a different medication plan designed to prevent relapse. The patient will start with weekly appointments and then shift to bi-weekly and then monthly as they become more stable. Occasional breathalyzer and lab tests will be performed to ensure safety and to monitor progress.

Methamphetamine Use Disorder

Methamphetamine use disorder is associated with severe health complications, risk of fatal overdose, and is notoriously difficult to treat and overcome. Currently, there are no FDA-approved medications to treat this disorder. However, a recent clinical study supported by funding from the National Institute of Drug Abuse and the Department of Health and Human Services supports the utilization of a combination of naltrexone and bupropion over a placebo for patients suffering from methamphetamine use disorder.

Long-term methamphetamine misuse has been shown to cause diffuse changes to the brain, which can contribute to severe health consequences beyond addiction itself. The good news is that some of the structural and neurochemical brain changes are reversed in people who recover, underscoring the importance of identifying new and more effective treatment strategies."

-Madhukar H. Trivedi, M.D., University of Texas Southwestern Medical Center, Dallas

How Our Program Works

Patients will meet with an addiction medicine provider regularly for 6 months to a year before safely tapering off their prescribed medications. If patients are using both methamphetamine and opioids, their treatment plan may include buprenorphine. Counseling will also be offered.

ASSESS

The provider will assess the patient's health and medical history, and order lab testing to determine if the patient is using substances other than methamphetamines.

TREAT

Based on the results of the assessment and lab testing, the provider may prescribe a combination of medications such as bupropion, naltrexone, and buprenorphine.

RECOVER

Once the patient is stable and comfortable on the medication, they will meet with the provider regularly and receive referrals to counseling and other support services important for long-term recovery.

Cannabis Use Disorder

Marijuana continues to grow in popularity in the United States as some states have moved to make the drug legal. About 13% of U.S. adults use cannabis products. The plant has historically been consumed recreationally for its mind-altering effects, but cannabis can be addictive and may have harmful long- and short-term effects, such as paranoia and memory loss.

The following are signs of cannabis use disorder:

- Using more cannabis than intended
- Trying but failing to quit using cannabis
- Spending a lot of time using cannabis
- Craving cannabis
- Continued use despite the failure to complete obligations
- Continued use despite social or relationship problems
- Continued use despite physical or psychological problems
- Giving up activities with friends and family in favor of cannabis use
- Cannabis use in high-risk situations, such as while driving a car
- Needing to use more cannabis to get the same high
- Experiencing withdrawal symptoms when stopping cannabis use

Source: CDC

Our Treatment Approach

A problematic pattern of cannabis use leading to clinically significant impairment or distress is determined by at least two of the signs of cannabis use disorder occurring within a 12-month period.

ASSESS

- **Specify Severity**
  - ***Mild*:** Presence of 2 to 3 symptoms
  - ***Moderate*:** Presence of 4 to 5 symptoms
  - ***Severe*:** Presence of 6 or more symptoms
- **Set Goal** – Abstinence or reduced use/harm reduction

PSYCHOSOCIAL THERAPY

- Cognitive behavioral therapy
- Motivational interviewing
- Contingency management
- Mutual help groups

TREAT

Evidence-based medications for the treatment of cannabis use disorder include N-acetylcysteine and Varenicline.

Kratom Use Disorder

> *FDA is concerned that kratom, which affects the same opioid brain receptors as morphine, appears to have properties that expose users to the risks of addiction, abuse, and dependence.*
>
> *-U.S. Food & Drug Administration*

What is kratom?

Kratom is a legal herbal supplement grown in Southeast Asia. It is unregulated and commonly sold in gas stations and online as an anti-depressant, energy booster and pain reliever. Kratom has also been used to reduce symptoms of opioid withdrawal.

Is kratom addictive?

Recent evidence shows that kratom is addictive and fatal overdoses are possible. When taken in high doses, kratom can produce opioid-like effects, allowing the user to experience euphoria as well as a sedative effect.

How do you treat addiction to kratom?

We treat kratom use disorder like we do opioid use disorder with medications like buprenorphine and naltrexone along with targeted psychosocial services.

Is there any evidence that medication-assisted treatment works for kratom use disorder?

Researchers at Ideal Option presented the largest case series to date exploring long-term buprenorphine/naloxone treatment for kratom use disorder. **After 12 weeks of treatment, 82% of participants had negative test results for mitragynine (kratom).** Full article published in the Substance Abuse journal here: https://bit.ly/3GB6f5z.

Ideal Option

Clinical Outcomes

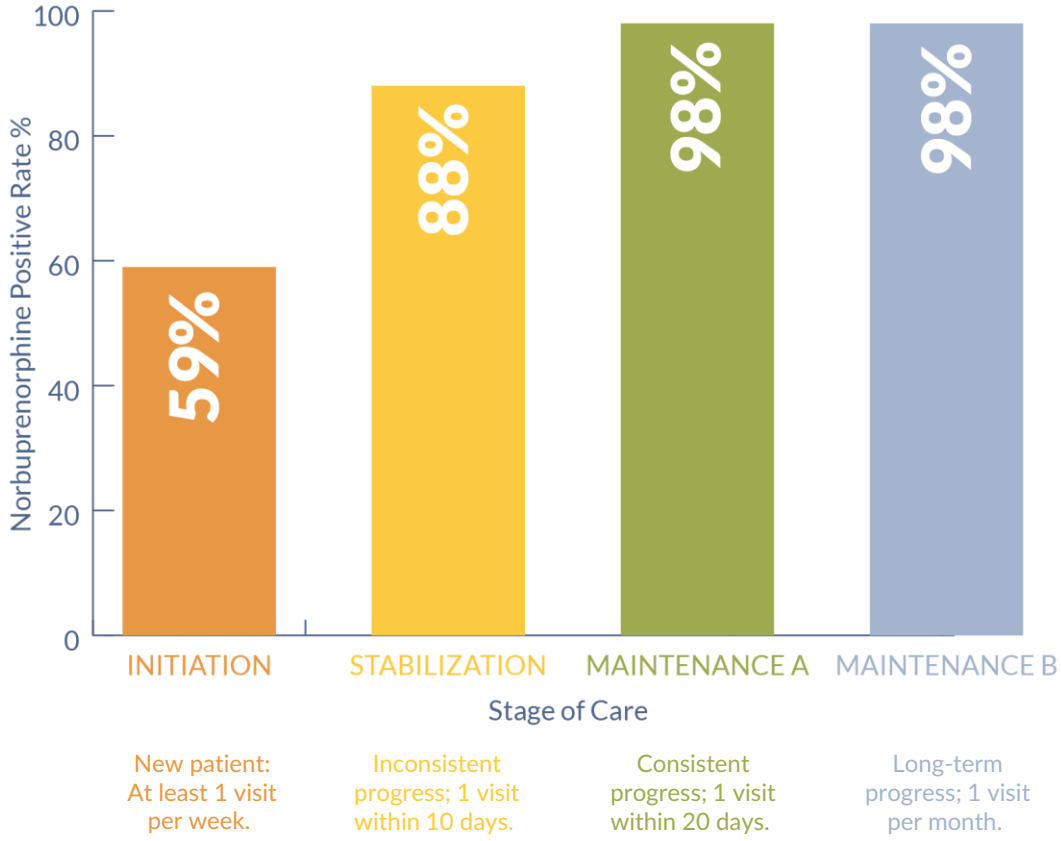
Treatment outcomes based on lab testing data performed on 24,400 patients receiving substance use disorder treatment from Ideal Option during 2020.

Medication Adherence

- Buprenorphine adherence correlates with improved treatment outcomes
- Ideal Option verifies buprenorphine ingestion by testing for the drug's metabolite, norbuprenorphine
- Medication adherence rates improve by stage of care:
  - ✓ 59% adherence at initiation *(indicates early engagement)*
  - ✓ 88% adherence at stabilization
  - ✓ 98% adherence at maintenance

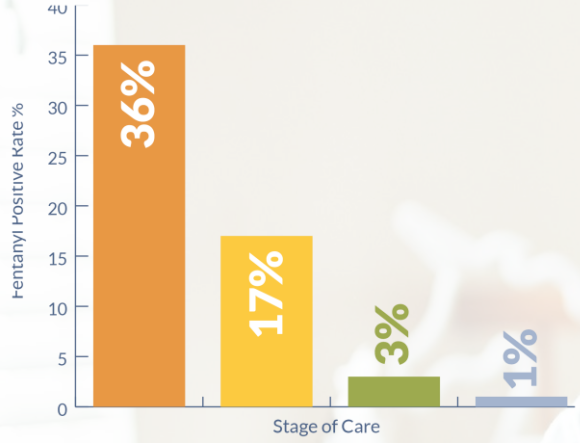
Source: Ideal Option 2020 Annual Patient Outcomes Report

2020 Patient Norbuprenorphine Positive Rate by Stage of Care

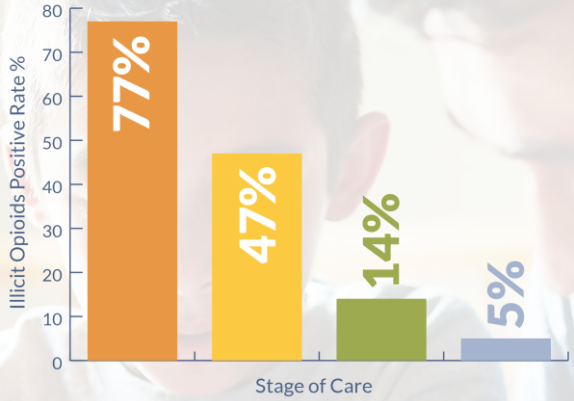


Treatment Outcomes

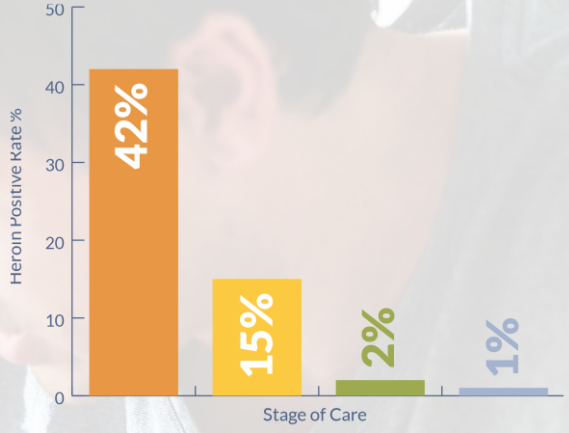
Fentanyl



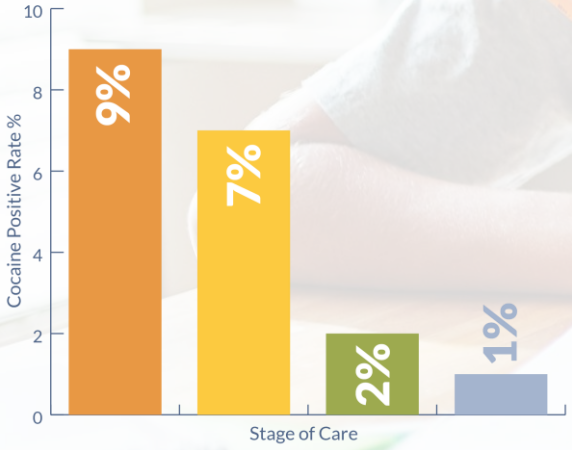
Illicit Opioids



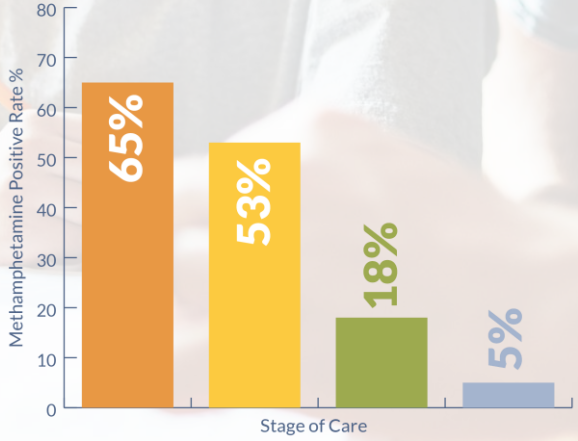
Heroin



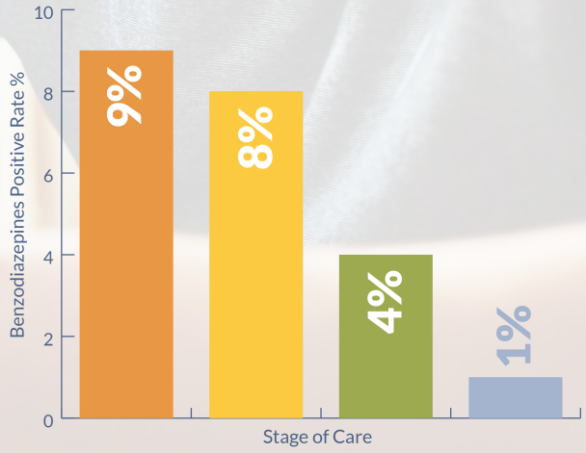
Cocaine



Methamphetamine



Benzodiazepines



INITIATION
New patient: At least 1 visit per week.

STABILIZATION
Inconsistent progress; 1 visit within 10 days.

MAINTENANCE A
Consistent progress; 1 visit within 20 days.

MAINTENANCE B
Long-term progress; 1 visit per month.

Source: Ideal Option 2020 Annual Patient Outcomes Report

Ideal Option

Self-Reported Outcomes

Self-reported outcomes from 1,298 patients with at least 6 months of treatment for opioid use disorder at Ideal Option since 2018.

Recovery

87%
of patients report being abstinent from opioids for the last 6 months or more

95%
of patients consider themselves to be in stable recovery

56%
of patients report being abstinent from opioids for the last 12 months or more

98%
of patients feel confident they can abstain from opioids for the long term

62%
of patients report they have not had one slip or relapse since starting treatment

92%
of patients who slipped or relapsed since starting treatment now feel stable in their recovery

Societal Impact

95%
of patients have had no visits to the ER for drug-related medical care since starting treatment

96%
of patients have had no drug-related arrests or charges since starting treatment

Other Substance Use

84%
of patients who used stimulants before treatment report they no longer use stimulants

78%
of patients who consumed alcohol before treatment report they no longer consume alcohol

54%
of patients who used marijuana before treatment report they no longer use marijuana

Wellbeing

98% of patients report their physical health has improved since starting treatment

of patients report feeling more optimistic about the future since starting treatment

of patients report their quality of life has improved since starting treatment

of patients report their relationships have improved since starting treatment

of patients report their emotional health has improved since starting treatment

Social Determinants of Health

90% of patients who had unstable employment before starting treatment report their employment situation has improved since starting treatment

92% of patients report their financial situation has improved since starting treatment

92% of patients who had unstable housing before treatment report their housing situation has improved since starting treatment

85% of patients reported they have gained new skills for employment since starting treatment

69% of patients reported they have continued their education since starting treatment

"Ideal Option is the best thing that ever happened to my community. I am grateful everyday. Thank you all for helping me and so many others get their lives back!"

—Ideal Option Patient

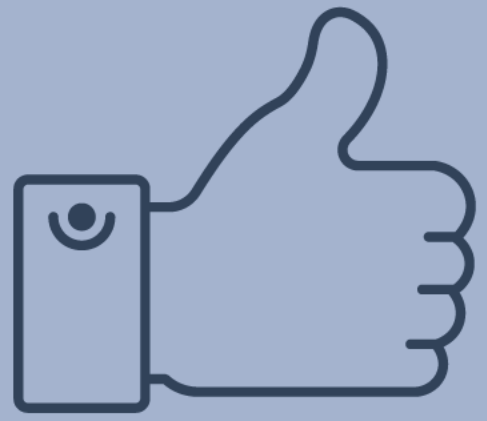
Treatment Experience

95% of patients report they had positive thoughts and feelings within 24 hours of taking their first dose of buprenorphine

60% 60% of patients report their withdrawal symptoms stopped

65% 65% of patients report they felt more hopeful about the future

93% of patients report they had a positive experience with Ideal Option



65% felt supported

64% never felt judged

63% felt truly cared for

94% of patients would recommend Ideal Option to a friend or family member

Community Partnerships

Ideal Option works with community based organizations, hospitals, law enforcement, and other treatment providers to coordinate warm handoffs and referrals.

Ideal Option

Healthcare Provider Partnerships

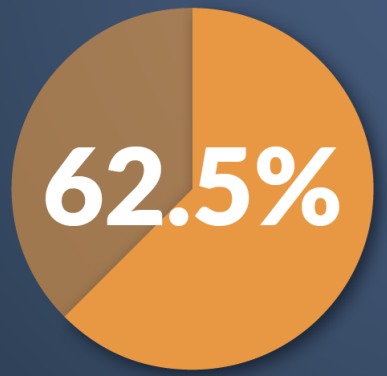
Ideal Option routinely accepts referrals from emergency departments, primary care providers, medical specialists and other addiction treatment facilities for ongoing, outpatient medication-assisted treatment.

We also offer phone consultation, training and dosing protocols for initiating buprenorphine in the ED.

Partnerships with ERs Work!

Ideal Option has a partnership with **Swedish Medical Center** in Edmonds, WA.

Swedish began treating ER patients with opioid use disorder with **medication-assisted treatment.**



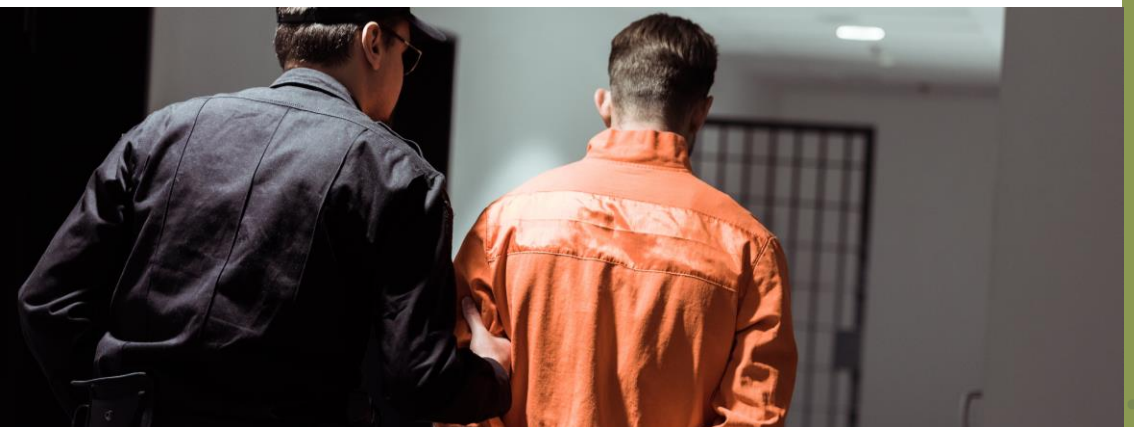
Patients started on buprenorphine came to **Ideal Option** for continued treatment.

Of those patients **remain in treatment with us today!**

Criminal Justice Partnerships

Ideal Option has extensive experience working with criminal justice partners such as municipal courts, drug courts, diversion centers, county jails and police departments to:

- Coordinate referrals and records for court-ordered treatment
- Accept diversion and release referrals
- Provide treatment inside jails to incarcerated individuals



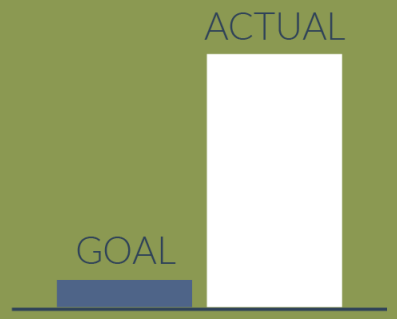
Partnership with Benton County Jail

Since January 2019, Ideal Option has partnered with the **Benton County Jail** to provide medication-assisted treatment to inmates with opioid use disorder

In just 8 months,

1,300

inmates have started medication-assisted treatment



Each month, the program far exceeds monthly goals.

The target for September was 18. The program enrolled 169 inmates!

Recidivism rates among those who graduate from this program are around **7%**,

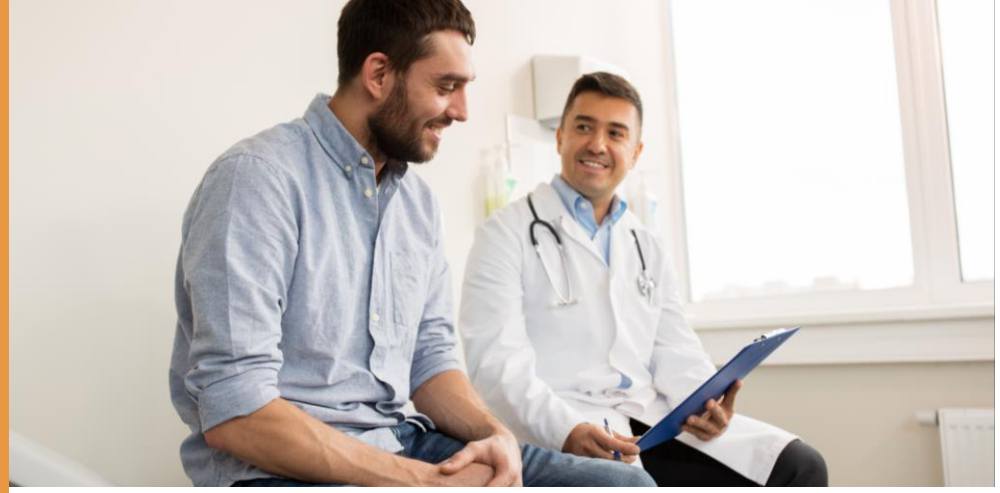
while the normal recidivism rates for those without treatment are much higher at **40-50%**

Warm Hand-Off Program

- Dedicated 24/7 referral hotline for community partners and providers to initiate warm handoffs.
- Warm handoff patients are fast-tracked through intake and every effort is made to schedule their first appointment within 24 hours.
- Direct billing for all forms of insurance including Medicaid and Medicare, payment plans, and financial counseling.

REQUEST A REFERRAL KIT!

Community partners and healthcare providers can request a referral kit at hello@idealoption.net or idealoption.com/contact-us.



How to Refer a New Patient

1. Collect the patient's name, date of birth, and a contact phone number.
2. Call our 24/7 referral hotline at 1-844-GO-IDEAL (1-844-464-3325) or visit idealoption.com/refer.
3. Write down the appointment time and clinic address and give to patient.

Need an ROI? Complete it online at idealoption.com/patient-forms

Thank you.

Ideal Option

Recovery Capital

Recovery capital refers to the personal, social, and community resources that individuals can draw upon to initiate and sustain recovery from addiction or other mental health conditions. It encompasses a range of assets that support and facilitate the recovery process.

Components of Recovery Capital:

- **Personal Capital:**
  - Internal resources such as coping skills, self-esteem, motivation, and access to healthcare.
- **Social Capital:**
  - Relationships with family, friends, support groups, and recovery organizations that provide encouragement, accountability, and practical assistance.
- **Community Capital:**
  - Resources available within the community, such as treatment centers, support services, cultural events, and recovery-friendly workplaces.
- **Financial Capital:**
  - Money or access to funds that can cover treatment costs, housing, and other essential needs.

Importance of Recovery Capital:

- **Facilitates Recovery:**
  - Recovery capital provides the resources and support necessary to overcome challenges and maintain recovery.
- **Reduces Relapse Risk:**
  - Higher levels of recovery capital are associated with a lower risk of relapse.
- **Improves Quality of Life:**
  - Recovery capital contributes to overall well-being by improving mental health, social connections, and financial stability.
- **Empowers Individuals:**
  - Recovery capital empowers individuals to take control of their recovery and build resilience.

Assessment and Measurement:

Recovery capital can be assessed using various tools, such as the Recovery Capital Inventory (RCI). This instrument measures the different components of recovery capital and provides an overall score that reflects an individual's recovery potential.

Conclusion:

Recovery capital is a crucial concept in the field of addiction and mental health recovery. By understanding and leveraging the different components of recovery capital, individuals can enhance their resources, improve their chances of sustained recovery, and achieve better overall well-being.

Success Stories

Quarter 2 2025

1. In March, Peer started working with a client that was released at the end of April. During his incarceration, Peer helped set up appointments and meeting for this client, with the goal of finding people to walk alongside this client in their recovery journey. A few weeks ago, Peer met up with this client, who shared that if it wasn't for Peer and Ideal Option believing in him, he wouldn't be where he is today. This client is now housed, working on a program and hasn't missed any appointments.
2. Peer received a post card from a client that read: "Thank you for all you do. I graduated Evergreen Recovery May 20…Thank You"
3. A staff member at SCJ wrote: "Our certified peer specialist, has been with us for 6 months and has been making waves in corrections. Her ability to get services to those releasing has been invaluable. She has been able to find resources and housing for our pregnant clients leaving, thus promoting healthy outcomes. Here is an example of feedback we have received about Peer:"When I got booked back into the jail, it was cool to get back on Subutex when I was in…Peer helped me with resources and gave me information on getting a social worker. I'm in IOP and going to meetings and in a clean and sober house…I'm on Sublocade now for the first time, and it's good. I've been working so much on myself and am working on getting into school for business. It feels so good to not be in jail anymore. I'm so grateful Ideal Option gave me another chance.""

Quarter 3 2025

1. Peer recieved the following message from a client: "Hey Peer. I knew you on the outside back in our using days and I saw you when i was in jail and im happy to report that when I got out of jail I went to treatment and im now living in a beautiful oxford in marysville. Ive got 85 days clean. Because you gave me hope and planted all those seeds. Your what we all need and for that i thank you so much. Congrats on your 3yr birthday for being clean girl."