



Community
Medical Services

CONNECTING RECOVERY | HEALING COMMUNITIES

Annual Report
Patient Outcomes

Minnesota

Dear Stakeholders,

As we reflect on the past year at Community Medical Services (CMS), I am reminded that our work is measured not just in clinical outcomes, but in the quiet, profound moments of human connection that occur within our walls every day. In the face of an opioid crisis that continues to challenge communities throughout the country, our Mission remains steadfast and clear: to help those suffering from substance use disorders reclaim their lives. This year, we have seen that recovery is possible, that hope is resilient, and that business—when guided by empathy and ethical responsibility—can be a powerful force for good.

As a certified B Corporation, CMS continues to stand apart in the healthcare landscape. We believe that we have a responsibility that extends beyond the bottom line—a responsibility to our patients, our employees, and the communities we serve. This certification is not just a badge; it is a framework that holds us accountable to the highest standards of transparency. It drives us to treat our staff with the same care they provide our patients, knowing that a supported workforce is the bedrock of change. It compels us to look at the systemic inequities that fuel addiction and to partner with local governments, correctional facilities, and community organizations to create a continuum of care that leaves no one behind.

Our growth strategy is rooted in low threshold, on demand care with a commitment to expanding access to treatment by operating clinics in underserved areas and densifying the patients we serve. This allows us to serve more patients, reduce travel time to access care, and provide the best available care for those in recovery. We bring a unique, nonjudgmental treatment philosophy to each community, ensuring that all individuals feel welcome and supported as they take steps toward healing. As we continue to expand, our focus on innovation, collaboration, and evidence-based practices sets us apart as leaders in the field of opioid use disorder treatment.

To our dedicated staff: thank you for your compassion.

To our partners: thank you for trusting us with the lives of your community.

And to our patients: thank you for your courage. You are the reason we open our doors every morning.

Together, we will keep building a brighter future for our patients, our teams, and the communities we serve.



Nick Stavros
CEO, Community Medical Services

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Overview

Minnesota

This 2025 Patient Outcomes Report for Minnesota highlights the effectiveness of outpatient Medications for Opioid Use Disorder (MOUD) treatment and demonstrates that:

Specialized, whole-person-focused treatment leads to positive recovery outcomes. In the outpatient treatment setting, results orientation is essential to the patient-provider therapeutic alliance and, together with medication and psycho-social support and guidance, is a key element of the treatment process.

At Community Medical Services, we will never discharge someone from care simply due to the outcome of a test result. Return-to-use is a normal part of recovery, with a focus on lesser use over time and harm reduction as the primary goal.

Our Guiding Principles

Our Mission

Our mission is to help those who are suffering from substance use disorders. We consider these people our patients, and our singular aim is to help them heal.

We're proud that our clinics provide our patients an environment that is free of judgment and condescension and we're steadfast in treating everyone with the utmost dignity and respect.



Our Vision

Leading the change to eliminate the consequences of substance use disorder in our communities.

Our Values

We see challenges as opportunities to demonstrate initiative.

We listen to and honor the reality of those we serve.

We are evangelists for practices grounded in science and evidence.

We value people who are passionate about making an impact.

Overview

Our Patients

In 2025, Community Medical Services clinics welcomed 1,048 Intakes/Readmits at 2 clinics throughout Minnesota. CMS patients in Minnesota come to our clinics from 6 counties*.

Patients find CMS clinics via online search, referrals from friends and family, and community partner recommendations. To foster relationships with community stakeholders and encourage referrals, CMS actively conducts outreach in every community in which our clinics are located. We do this with a dedicated Community Impact team whose purpose is to serve as a bridge between individuals needing help and the treatment resources available to them, making it easier for people to receive the support they need. Their main priority is to create a positive impact in the communities they serve by living out our vision to “eliminate the consequences of substance use disorder”.

Community partners who refer patients to CMS include:

Law enforcement

Fire departments

Drug courts

County jails

Social services agencies

Primary and Behavioral Health providers

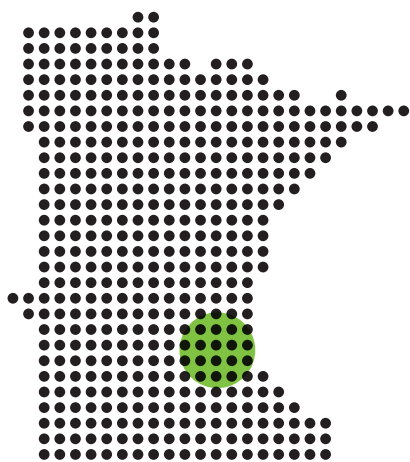
Inpatient treatment facilities

Hospital emergency rooms

*Counties with <10 total clients were excluded from this data.

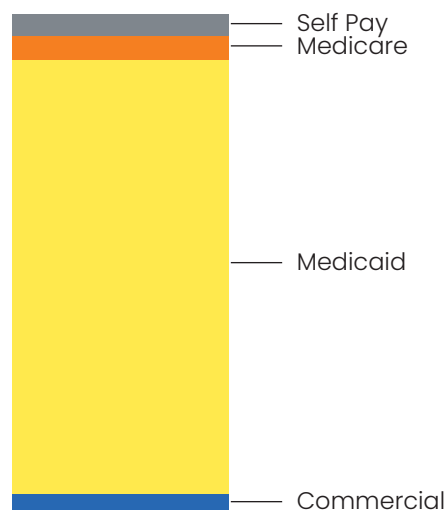
Active Patients by County

From January - December 2025, Community Medical Services completed 1,048 patient intakes for care at 2 clinics located across Minnesota. The map shows patient census distribution by county of residence.



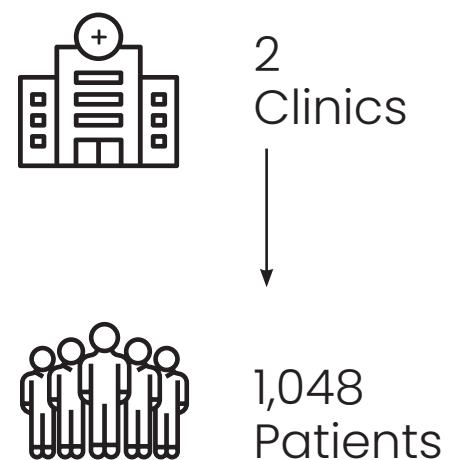
Payer Coverage

The chart shows major payer coverage for Minnesota patients seen in 2025, and our goal is to continually accept more plans.



Geographical Reach

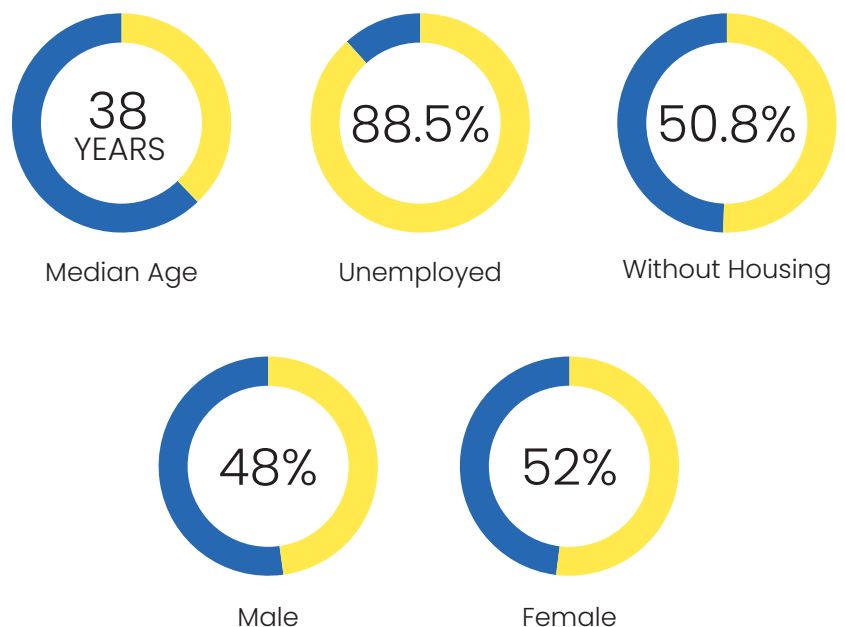
As of December 2025, Community Medical Services welcomed 1,048 new patients in 2 clinics located in Minnesota.



Patient Characteristics at Enrollment

At enrollment, patient reported Social Determinants of Health (SDOH) in Minnesota highlight the profound and intersecting challenges faced by individuals with substance use disorder. Many enter care experiencing housing instability, unemployment, and justice system involvement. Sustained, evidence based treatment—combining medication and behavioral health services—plays a critical role in addressing these challenges. Over time, treatment is associated with improvements not only in health outcomes, but also in key areas such as housing, employment, food security, education, and community connection.

At Enrollment







This has been the best experience in my sobriety journey. From the front desk to the counselors and nurses, they get it and they want you to succeed. Thanks for all you guys do.

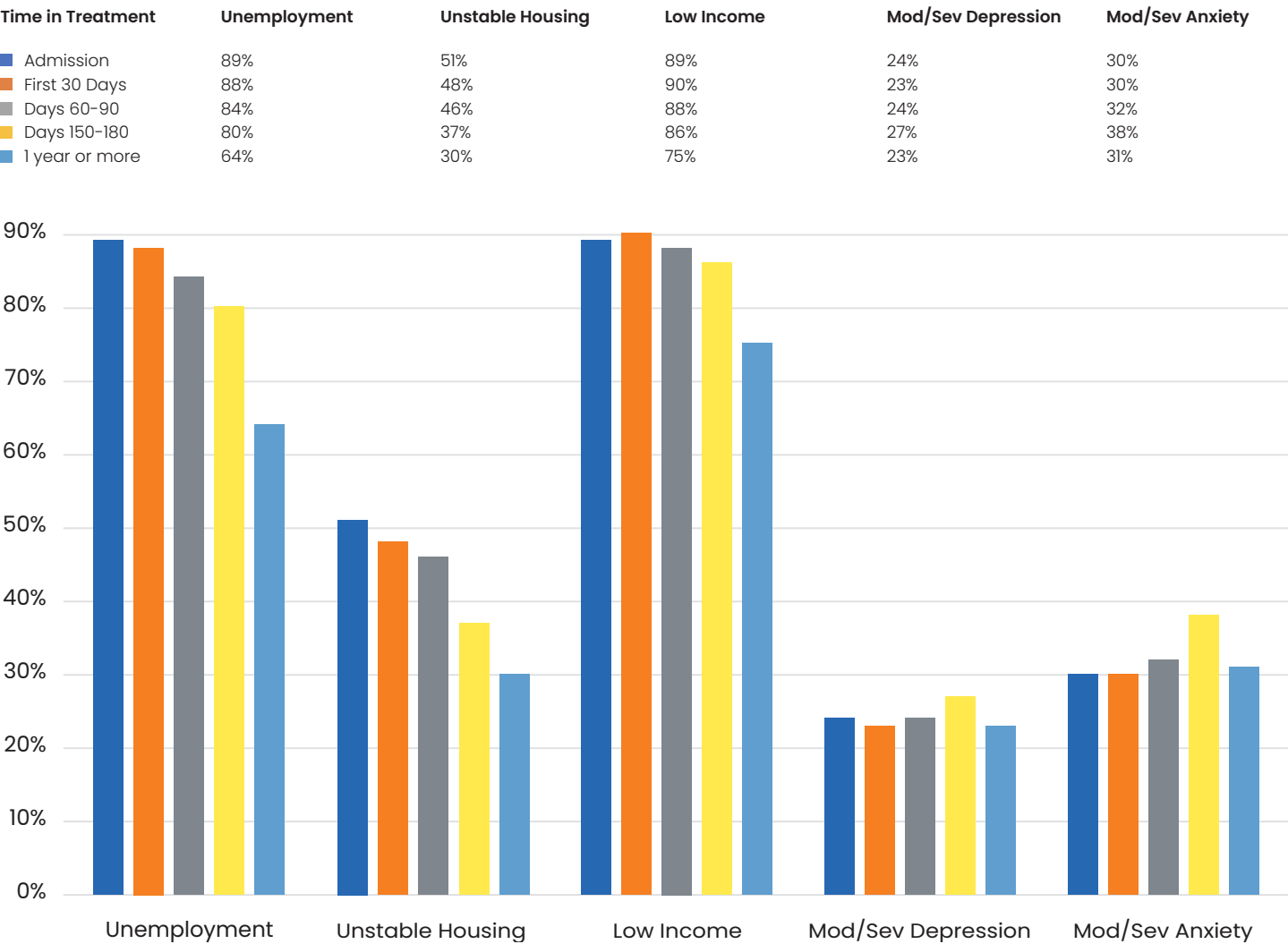
CMS patient, Roseville, MN | May 2025

Our Patients Continued

Community Medical Services' Minnesota census increased at a cumulative annual growth rate of 45% between 2024 - 2025.

Our counselors in Minnesota have spent 7,303 hours directly counseling patients in 2025.

SDOH by Time In Treatment 2023 - 25 | MN





1,488

Patients Seen
in 2025

Community Medical Services has provided care to 1,488 unique patients in Minnesota in the last year. We believe each of these patients will show the most improved outcomes over time with increased time spent with one of our licensed behavioral health counselors.

One of our core Values is, "We listen to and honor the realities of those we serve," and CMS counselors do just that - LISTEN. In 2025 alone, our counselors spent 7,303 hours providing customized counseling to 1,321 unique patients.



7,303

Hours of Counseling
in 2025



Revolutions in Addiction Counselling

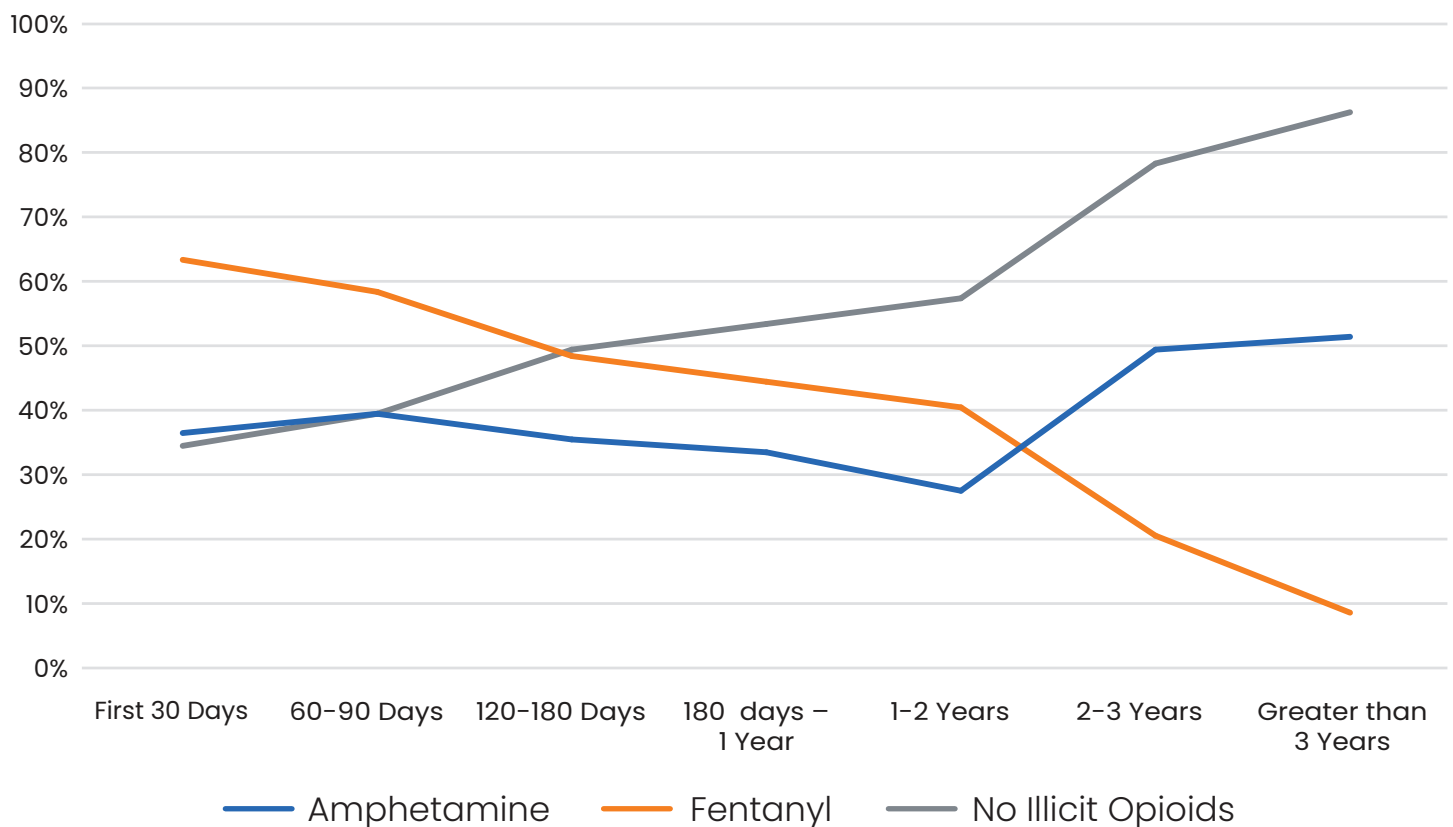
CMS patients who link with their counselor on Recovery Connect early in treatment are 55% more likely to remain in treatment after 30 days, and patients who engage with the app's tools and messaging features are at least twice as likely to stay in treatment than those who do not.

Recovery Outcomes

Fentanyl positivity declines the fastest and earliest after entering treatment, suggesting that access to stabilizing medications, counseling, and overdose risk awareness measures such as complimentary naloxone all leads to rapid reduction in use and need to use.

Amphetamine positivity declines steadily, but more slowly, with time in treatment. This is characteristic of behavioral stabilization over time. Stimulant use (especially methamphetamine) is often tied to habitual patterns to cope with mood, energy or socioeconomic stress, and the tools our counselors provide can begin to take hold and help manage these stresses, leading to decreased use.

Average Urine Drug Screen Results by Time in Treatment (MN - 2025)



Trusted Care for Readmissions

Recovery from substance use disorder is a long term process that often unfolds over months or years.

Care is delivered in a voluntary, outpatient setting, allowing patients to engage at an individualized pace. Return to use is a common and expected part of recovery, reflecting the varying levels of readiness to change among individuals. Our approach is grounded in meeting patients where they are—providing consistent, judgment-free support over time. This persistence on the road to healing is reflected in readmissions to our program observed in all clinics.

A “readmit” at CMS is defined as a person who was in treatment at a CMS clinic, left our care for 30 days or more, and has now returned to treatment. The consistency with which people return to care back with CMS counselors, providers and the rest of our incredible team is a testament both to patients’ resiliency, and to each of our team members making sure that person feels safe and welcome with us, whenever they are ready.

Our judgment-free environment keeps the door open to return to care, anytime a person is ready to come back.



323

Patients who have
returned to care
at a CMS clinic in
Minnesota in 2025



I've been in and out of programs for the past 21 years. I started here at Community Medical Services, and feel like I am listened to and consistently get the help I need. I'm really optimistic about life again.

CMS patient, Minneapolis, MN | February 2025

Care Grounded in Science and Evidence

Our in-house, CLIA-accredited laboratory, located in Phoenix, Arizona, uses cutting-edge, validated methods of testing. We strive to be an innovative leader in support of early detection and intervention, especially for patients who may not engage with traditional medical care due to stigma, shame or lack of access.

With over 70% of all healthcare decisions driven by diagnostics, our in-house lab makes us more responsive, more efficient, and more accountable — all while controlling cost and improving access, while only conducting lab tests that are essential to improving quality of care. We view labs as an additional tool to provide best in class care, providing objective data to help our clinicians make medical decisions.

Here are just a few of the incredible achievements of the CMS Lab, in partnership with our experienced team of nurses and medical providers:

Processed over 4 million tests in 2025, representing approximately 350,000 orders

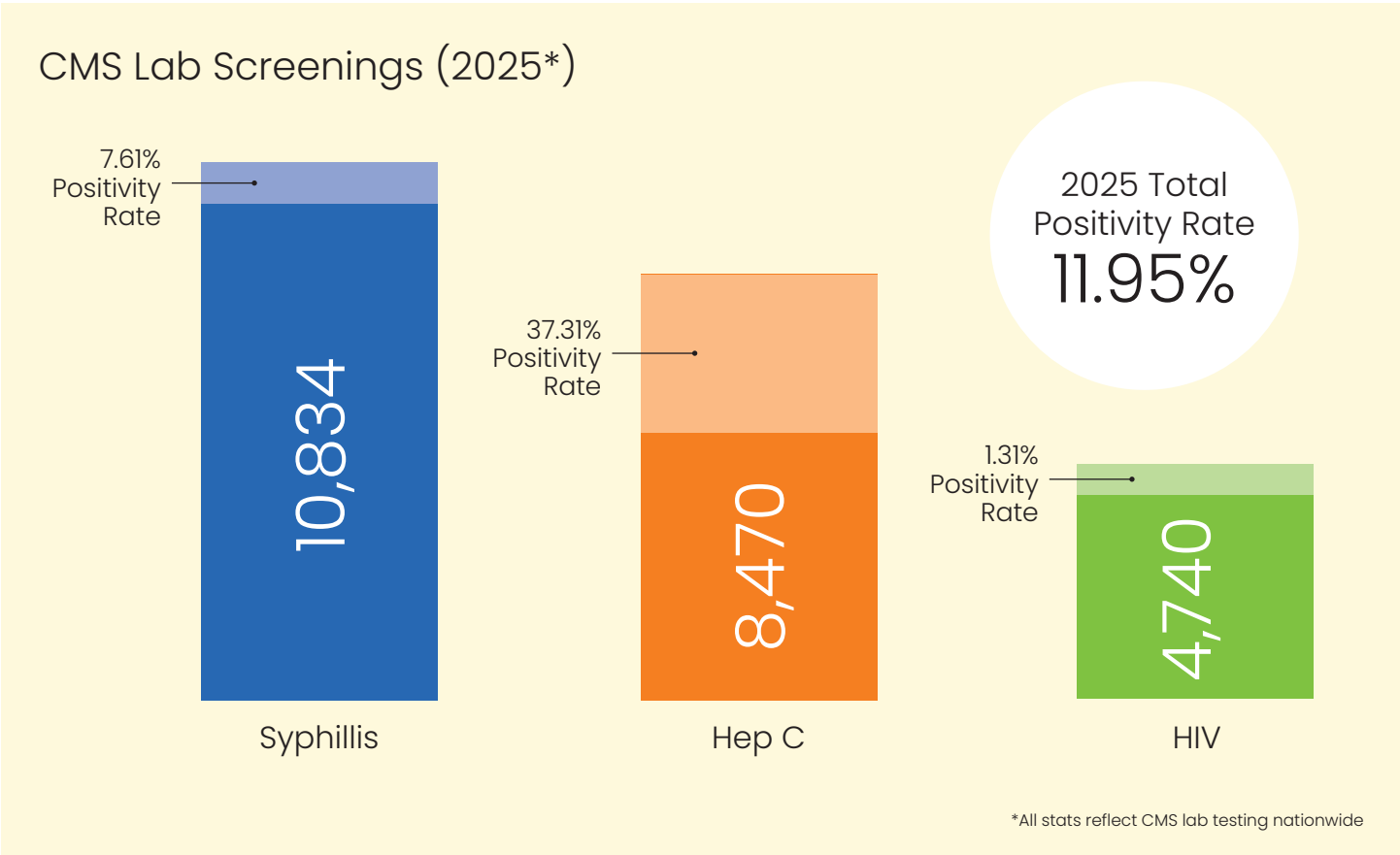
Completed ~7,200 in-house STI screenings during our first year launch

New service line offerings added an additional 11,000 tests in the first 6 months of 2025

Completed a physical laboratory expansion in 2024-2025

Launched STI screening at nearly all of our 70+ clinics

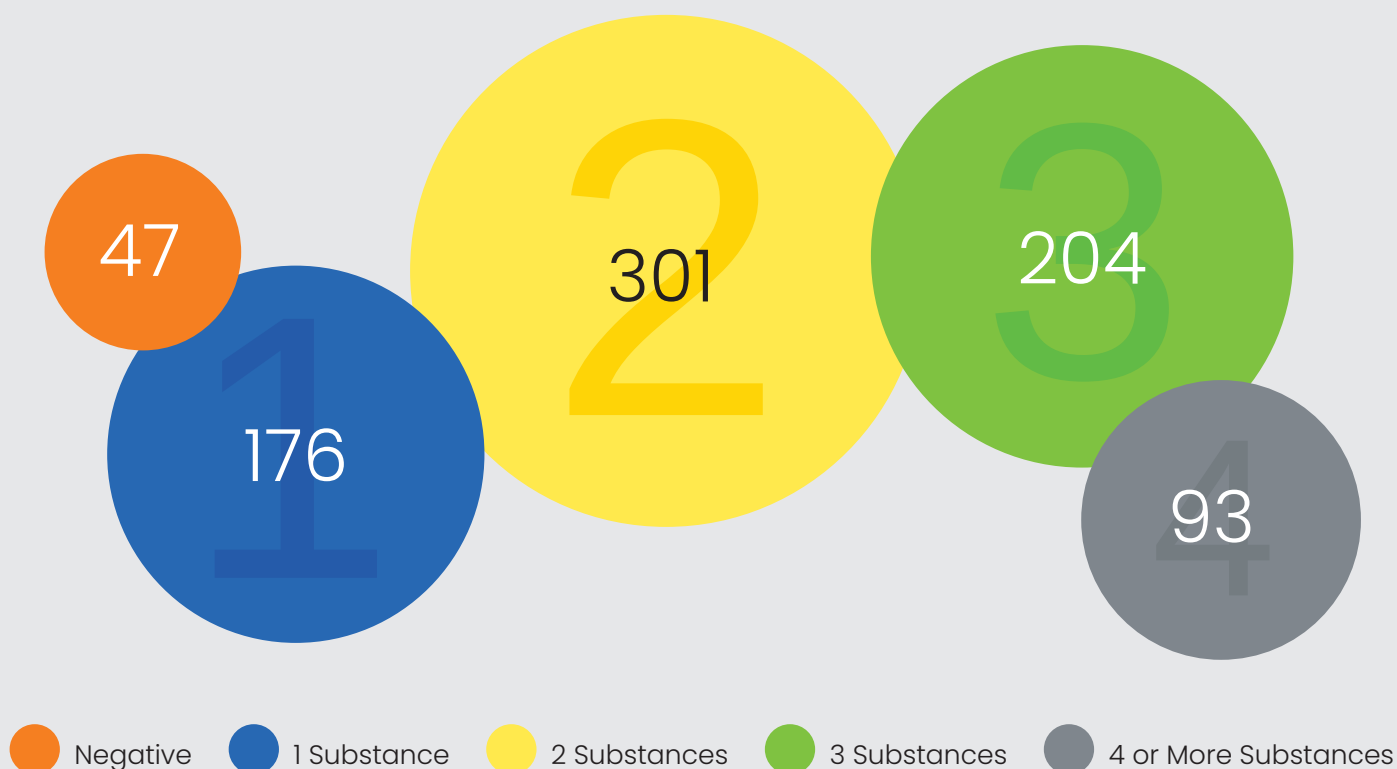
Internalized new offerings such as liver enzymes, routine urinalysis and hematological testing



Polysubstance Use

Toxicology results upon enrollment reflect evolving substance use patterns. Community Medical Services data aligns with broader reporting that shows increased use of synthetic substances and shifts in drug supply and trafficking patterns. Most new or returning patients test positive for multiple substances, and many are unaware of all substances they have been exposed to.

Number of Patients by Number of Synthetic Substances Detected
(Minnesota - 2025)



Fentanyl continues to dominate the illicit drug supply, well above heroin and prescription opioids, which dominated supplies in the early-mid 2000s. In 2025, street drugs increasingly contained a range of inexpensive synthetic compounds—often including fentanyl and fentanyl analogs—present in counterfeit pills and powders with varying and dangerous combinations and potencies. The use of stimulants and sedatives remains widespread. Cocaine also remains prevalent in many markets, also frequently contaminated with other substances, including fentanyl benzodiazepines,

commonly prescribed for anxiety and related conditions. Illicitly manufactured benzodiazepines—highly potent and frequently contaminated with fentanyl—pose elevated risks, particularly when used in combination with opioids. In addition, xylazine, a veterinary tranquilizer that is not currently a controlled substance, is increasingly detected in fentanyl containing pills and powders. Like benzodiazepines, xylazine increases the risk of respiratory depression and does not respond to naloxone, complicating overdose prevention and response efforts.

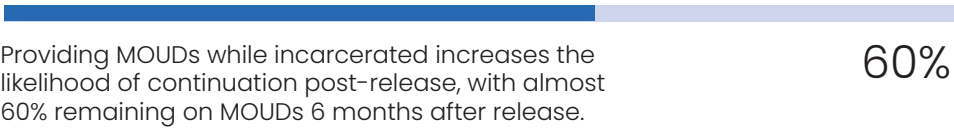
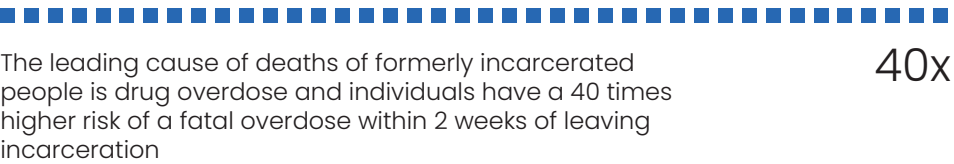
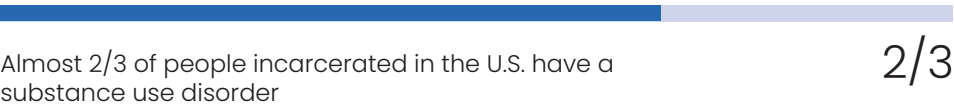


Correctional Health

At CMS, we believe that all people, regardless of incarceration status, deserve fair and equitable healthcare. Our innovative correctional health programs are at the very core of our Mission, Vision, and Values. These programs help eliminate the consequences of substance use disorders in the communities we serve across the country.

In 2010, CMS began supporting pregnant inmates with medication-assisted treatment in Maricopa County Jail in Arizona. Since then, our team has expanded to treat incarcerated individuals at prisons on both the state and federal level. Each program is tailored to meet the unique needs of the population it serves. By providing MOUD to incarcerated persons across the country we help ensure continuity of care as well as help reduce the risk of a fatal overdose for a group that is at high risk of such an event.

Our dedicated correctional health team also helps guide patients and advocates through drug courts, specialty courts, re-entry centers and transitional housing facilities to aid in ensuring individuals leaving incarceration are able to access treatment in a timely manner. We also look beyond treatment to educate and advocate.



8%

As few as 8% of individuals with a simple referral continue MOUD after release.

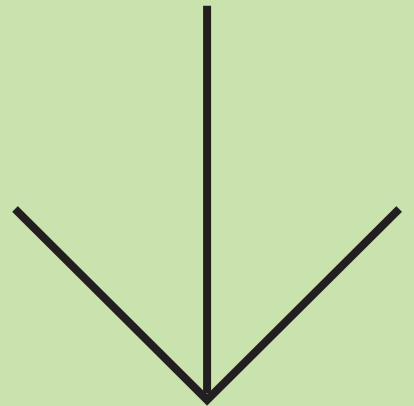
1/3

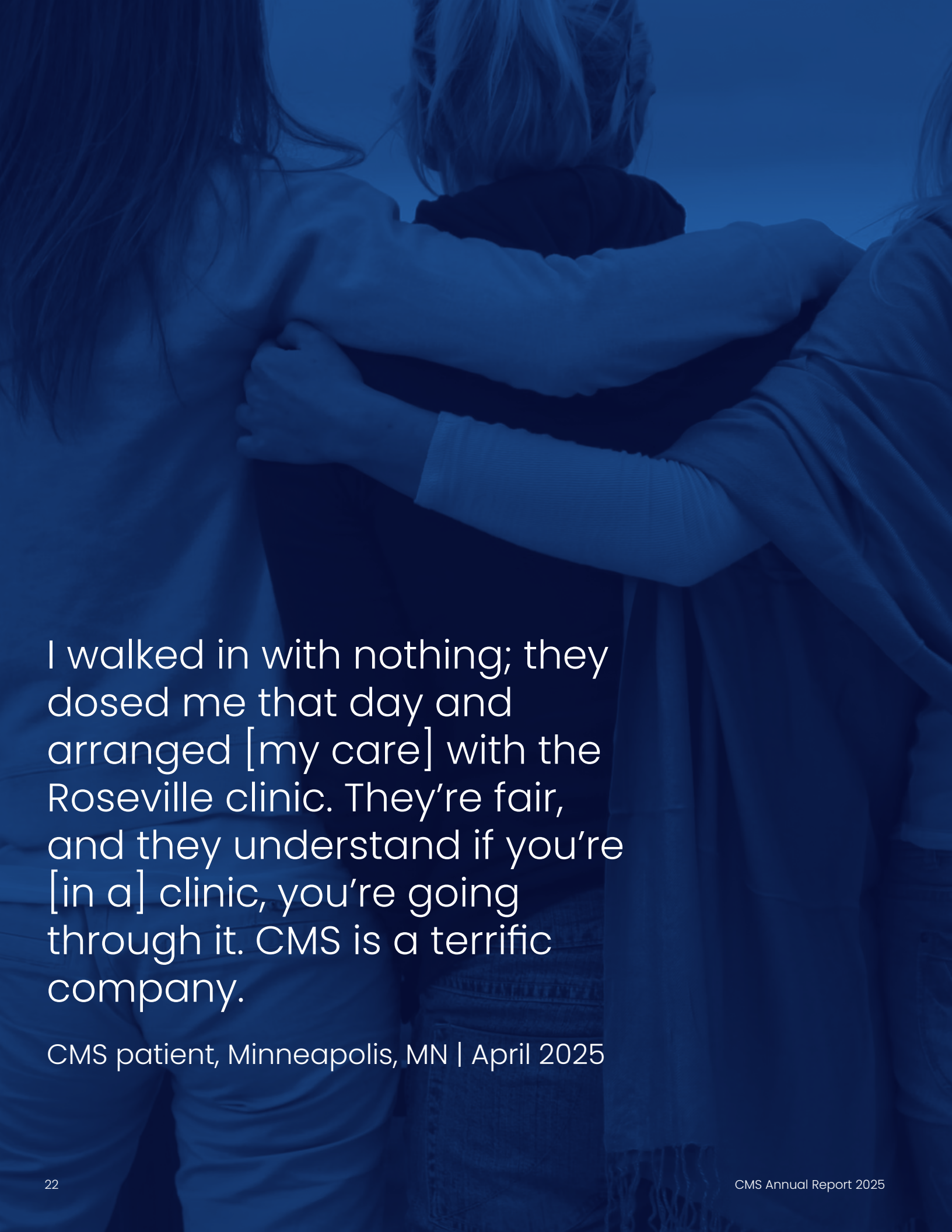
Providing MOUDs while incarcerated decreases the risk of recidivism by almost 1/3.



50%

Providing MOUDs while incarcerated decreases risk of fatal overdose by at least 50% post-release.





I walked in with nothing; they dosed me that day and arranged [my care] with the Roseville clinic. They're fair, and they understand if you're [in a] clinic, you're going through it. CMS is a terrific company.

CMS patient, Minneapolis, MN | April 2025

Since 1983, Community Medical Services (CMS) has been at the forefront of evidence-based practices, providing outpatient medication for opioid use disorder (MOUD) along with counseling and peer support services. Our roots in Phoenix, Arizona, have blossomed into more than 80 clinics across multiple states, including the country's first 24-hour Opioid Treatment on Demand (OTOD) center in Phoenix.

CMS thrives on tackling the opioid epidemic head-on, especially where treatment resources are scarce. Our unwavering mission is to collaborate closely with the communities we serve, providing essential education about effective opioid use disorder (OUD) treatment. Our commitment extends beyond treatment – we're dedicated to erasing the impact of substance use, guiding patients through seamless care, free from the discrimination and stigma often associated with opioid use disorder and medication assisted treatment.

Corporate Office
Community Medical Services
8444 N. 90th Street, Suite 100
Scottsdale, AZ 85258

