



OdysseyTM

BEHAVIORAL HEALTHCARE

EATING DISORDER NETWORK

CLINICAL OUTCOMES 2024

THE STATE OF THE UNION: EATING DISORDERS IN THE US

Eating disorders remain dangerous and even deadly, with anorexia nervosa continuing to have the highest mortality rate of any mental health disorder, according to the National Institute of Mental Health. When it comes to prevalence, the National Alliance for Eating Disorders finds that binge eating disorder is the most common, followed by bulimia and anorexia. There is still a significant gender gap in eating disorders as well, with women accounting for 85–95% of anorexia and bulimia cases and about 65% of binge eating disorder cases, according to the American Psychiatric Association.

EVERY
52

minutes, someone dies as a direct consequence of an eating disorder.

ABOUT
9%

of the US population, or 30 million Americans, will have an eating disorder in their lifetime.

ONLY
6%

of individuals with eating disorders are medically underweight.

SOURCE: National Eating Disorders Association

OUR LEVELS OF CARE

Odyssey Behavioral Healthcare bridges the gap between acute hospitalization and traditional outpatient therapy through our personalized, evidence-based eating disorder treatment for adolescents and adults.

COMMITTED TO BRIDGING THE TREATMENT GAP

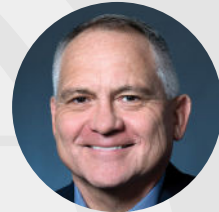
Odyssey's comprehensive continuum of care supports individuals experiencing primary eating disorders and co-occurring mental health or substance use disorders in achieving lasting recovery. Each Odyssey program is recognized for delivering inclusive, high-quality, and specialized clinical care.

- Residential Treatment
- Partial Hospitalization Program
- Intensive Outpatient Program
- Virtual Outpatient Program



WE MEASURE IMPACT TO DRIVE MEANINGFUL RESULTS

Odyssey is committed to using data to inform and enhance clinical excellence. Through empirical outcome measures and ongoing results tracking, we continuously evaluate and refine our programs to ensure the greatest possible impact. Each client's treatment plan is individualized to their diagnosis and needs, and our research-based insights guide evidence-informed adjustments that strengthen care delivery and support sustained recovery.



"Our structured, data-informed approach delivers precise, consistent, and measurable results at every stage of recovery. This commitment to continuous improvement allows us to enhance our services, optimize each individual's recovery journey, and uphold exceptional clinical outcomes."

Richard Clark | CEO, Odyssey Behavioral Healthcare

LONG-TERM MEASURED IMPACT

Measuring clinical outcomes longitudinally provides a comprehensive view of progress over time, revealing trends and long-term treatment effectiveness that a single year of data cannot capture. This extended perspective offers valuable insights into how clients respond to care, enabling data-informed adjustments to treatment plans, enhancing the overall client experience, and ultimately supporting sustained recovery and improved outcomes.

4-YEAR EATING DISORDERS MEASURED IMPACT (EAT-26)

We provide comprehensive eating disorder treatment for adolescents and adults, integrating medical care, therapeutic interventions, nutritional counseling, and family support to promote lasting recovery.

4-Year Overall Symptom Reduction



*Residential Services
Adults*

4-Year Overall Symptom Reduction



*Residential Services
Adolescents*

STRENGTHENING FAMILY RELATIONSHIPS

Eating disorders affect the entire family. Relationships in and out of the home continue to improve as clients move through Odyssey's comprehensive continuum of care.

5-Year Average Improvement



Residential Services

5-Year Average Improvement



Outpatient Services

(BASIS-24)

CONTRIBUTING FACTORS

Consistent outcomes across quarters and years — beyond individual success stories — reflect the strength and reliability of an effective clinical model. Key contributing factors include centralized training, localized program adaptation, adherence to best practices, and alignment across clinical programming. Standardized assessment intervals and responsive treatment mapping further guide and personalize the clinical experience for each client.

EATING DISORDER OVERVIEW

2024 Client Demographics + Diagnoses

We specialize in comprehensive residential and intensive outpatient eating disorder treatment for adolescents and adults of all genders. Our personalized, evidence-based approach integrates medical support and whole-person care to address each individual's unique needs.

RESIDENTIAL EATING DISORDER SERVICES

Aster Springs | Magnolia Creek | Selah House | Toledo Center for Eating Disorders

625
DISCHARGES

22%
CLIENTS UNDER 18

78%
CLIENTS 18+

CLIENT DISORDER BREAKDOWN	PRIMARY DIAGNOSIS
Anorexia nervosa	50%
Other specified feeding or eating disorder (OSFED)	26%
Bulimia nervosa	8%
Unspecified feeding or eating disorder (UFED)	8%
Avoidant/restrictive food intake disorder (ARFID)	6%
Binge eating disorder	2%
Other	0%

OUTPATIENT EATING DISORDER SERVICES

Aster Springs Outpatient

244
DISCHARGES

14%
CLIENTS WITH 2+ DIAGNOSES

16%
CLIENTS UNDER 18

84%
CLIENTS 18+

CLIENT DISORDER BREAKDOWN	PRIMARY DIAGNOSIS
Anorexia nervosa	39%
Other specified feeding or eating disorder (OSFED)	39%
Bulimia nervosa	7%
Unspecified feeding or eating disorder (UFED)	5%
Avoidant/restrictive food intake disorder (ARFID)	5%
Binge eating disorder	4%
Other	2%



“At our eating disorder facilities, recovery is built on connection, compassion, and evidence-based care tailored to each client. The outcomes we see across our network highlight our mission to support individuals and their families on the path to sustainable healing.”

Chrissy Hall, LCSW
Group CEO, Eating Disorder Network

EATING DISORDERS MEASURED IMPACT (EAT-26)

In 2024, we standardized clinical best practices across all eating disorder programs. In 2025, we're building on that foundation by developing a unified nutrition model to further enhance treatment consistency and strengthen outcomes.

2024 Overall
Symptom Reduction



Residential Services
Adults

2024 Overall
Symptom Reduction



Residential Services
Adolescents

2024 Overall
Symptom Reduction



Outpatient Services

ADDICTION REDUCTION

In 2024, Magnolia Creek outpaced the national average of 44%, reducing substance use symptoms by



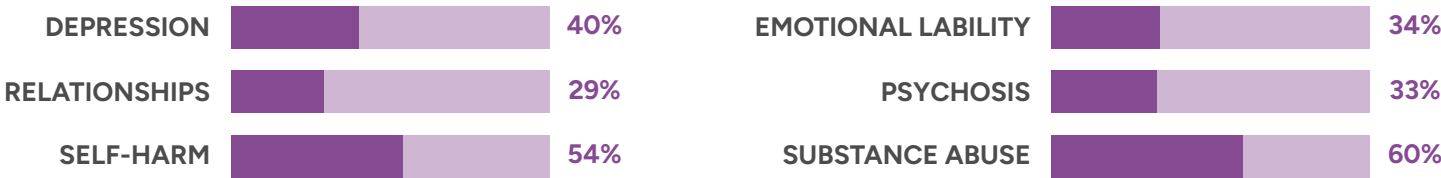
EATING DISORDER CLINICAL OUTCOMES

Odyssey Behavioral Healthcare also uses the BASIS-24, a comprehensive behavioral assessment tool designed to measure a broad range of symptoms and functional challenges across the diagnostic spectrum.



5-YEAR AVERAGE SYMPTOM REDUCTION | RESIDENTIAL SERVICES (BASIS-24)

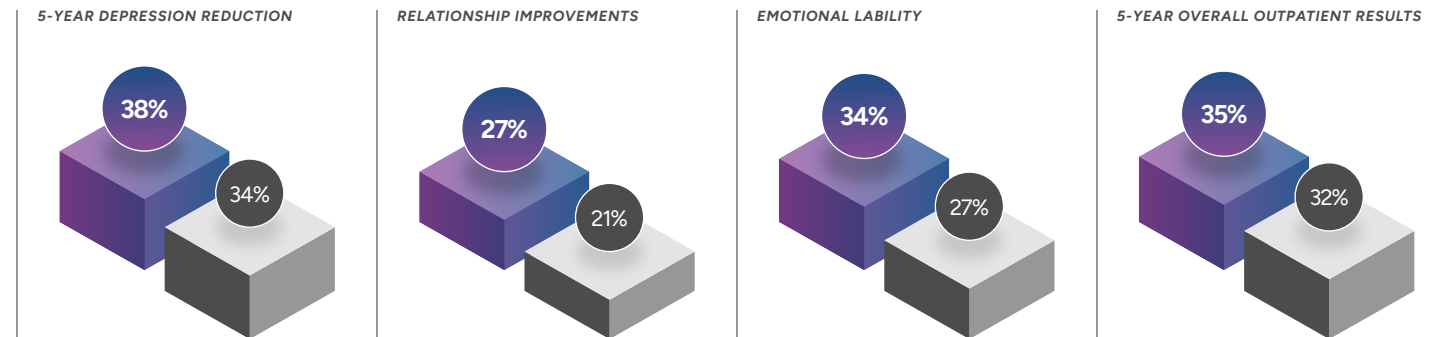
Designed to assess the outcome of co-occurring mental health and addiction issues from the client's perspective. The results below show a reduction in average symptom severity.



5-YEAR AVERAGE IMPROVEMENT | OUTPATIENT SERVICES (BASIS-24)

Measuring clinical outcomes longitudinally provides a comprehensive view of progress over time, revealing trends and long-term treatment effectiveness that a single-year snapshot cannot capture. This extended perspective offers valuable insight into how clients respond to care, supporting data-informed adjustments to treatment plans, enhancing the client experience, and ultimately promoting sustained recovery and improved outcomes.

 ODYSSEY CLIENTS  NATIONAL AVERAGE

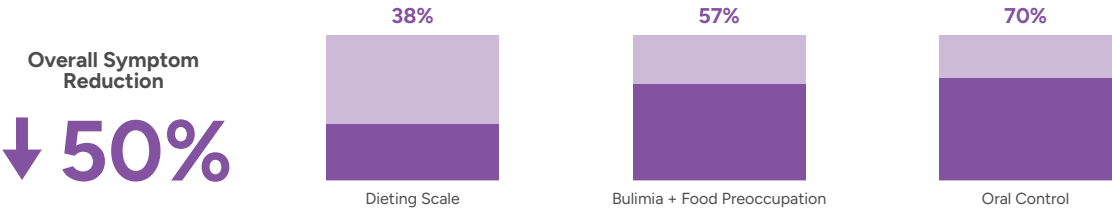


2024 CLINICAL RESULTS BY FACILITY | RESIDENTIAL (EAT-26)

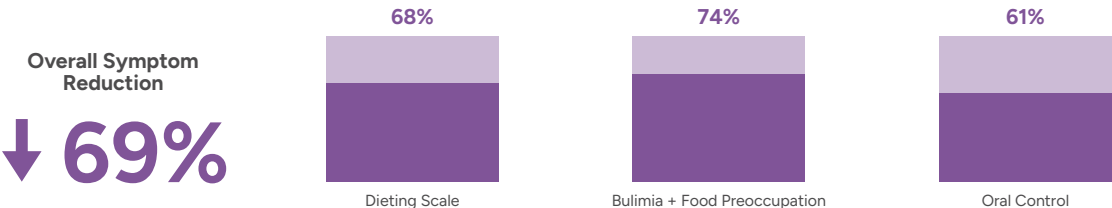
The 2024 data provide meaningful insight into how our clinical programs influence behavioral change and symptom reduction.



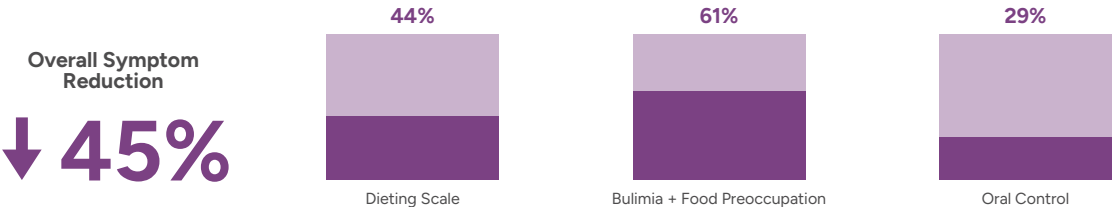
ASTER SPRINGS (EAT-26)



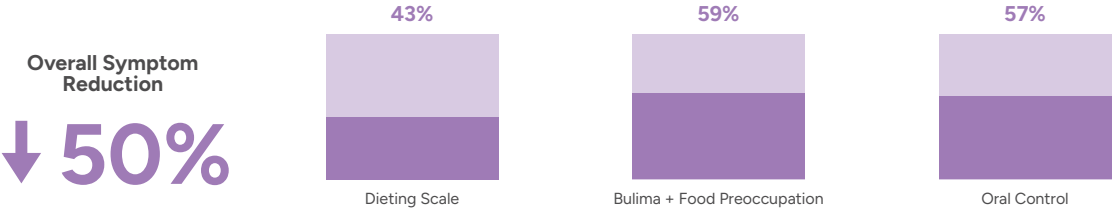
MAGNOLIA CREEK (EAT-26)



SELAH HOUSE (EAT-26)



TOLEDO CENTER FOR EATING DISORDERS (EAT-26)
NOW KNOWN AS ASTER SPRINGS OHIO



METHODOLOGY + ASSESSMENT TOOLS

EAT-26 Assessment

Odyssey Behavioral Healthcare utilizes the EAT-26, a leading standardized self-report tool designed to assess eating disorder symptoms and related concerns. The assessment uses a six-point Likert scale and includes measures for behavioral symptoms and body mass index (BMI). It generates an overall score and three subscale scores — dieting, bulimia and food preoccupation, and oral control.

SAMPLE SIZES + COMPLETION RATES

EATING DISORDER | RESIDENTIAL + OUTPATIENT

Program Type	EAT-26 Number of Intake Surveys Completed	EAT-26 Number of Discharge Surveys Completed
Eating Disorders	919	653

BASIS-24 Assessment

Our facilities utilize the BASIS-24, a leading behavioral assessment tool designed to measure a broad range of symptoms and challenges across the diagnostic spectrum. The instrument includes 24 questions rated on a five-point Likert scale and scored using a weighted average algorithm to generate both an overall score and six subscale scores. These subscales assess key domains: depression, relationships, self-harm, emotional lability, psychosis, and substance abuse.

SAMPLE SIZES + COMPLETION RATES

EATING DISORDER | RESIDENTIAL + OUTPATIENT

Program Type	BASIS-24 Number of Intake Surveys Completed	BASIS-24 Number of Discharge Surveys Completed
Eating Disorders	861	599

CARE INFORMED BY RESEARCH + TRAINING

We utilize three evidence-based outcome measurement tools to monitor client progress, assess program effectiveness, and optimize treatment plans. In 2024, we enhanced this framework by adding the Brief Psychiatric Rating Scale (BPRS), a validated tool for assessing psychiatric symptom severity. This addition complements our existing assessments and further strengthens our ability to track meaningful clinical outcomes in mental health, addiction, and eating disorder recovery.



BPRS



TRANSFORMATIVE PROGRAMS, MEASURABLE IMPACT

As part of Odyssey Behavioral Healthcare, each treatment facility delivers individualized, high-quality care for adolescents and adults of all genders, addressing eating disorders as well as co-occurring mental health and substance use disorders.

INSURANCE

Our facilities partner with most major insurance providers to offer coverage for mental health and substance use disorder treatment. Several programs also accommodate private pay and out-of-network benefits. We collaborate with each client to develop a financial plan that aligns with both their clinical needs and financial circumstances.

PHONE

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