

The Leading Provider of In-Home Addiction Treatment

Welcome Kentucky Broker Groups

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Home IS WHERE
recovery LIVES™

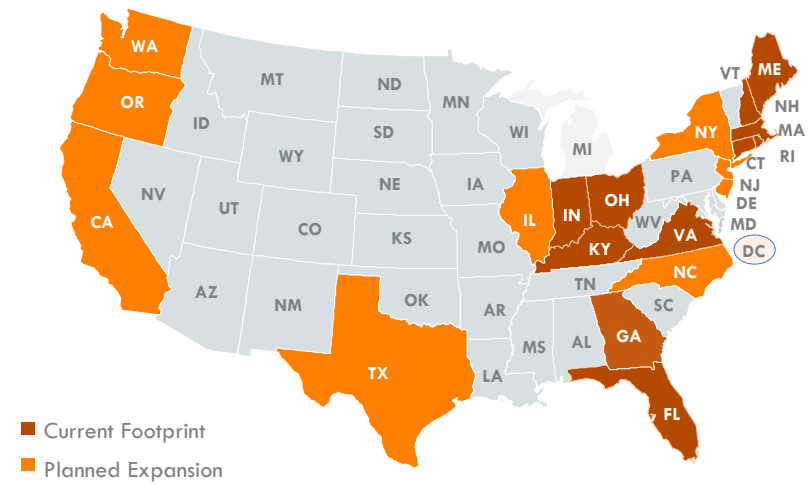


Only scaled provider of **in-home addiction treatment** services

Differentiated In-Home Care Model

- **52-week, high-touch, longitudinal** model that transforms the **home** into a treatment center
- Minimizes disruptions to **work / school / childcare**; eliminates extended **leaves / absences**, reduces employee **turnover** and increases **productivity**
- Treats **addiction** as a **chronic disease** through an **ASAM-based** program; customized **Medical, Behavioral** and **Peer Support** care model
- Uniquely **broad inclusion criteria** across individuals with **primary SUD**, including those often not a fit for residential or community settings
- **24 / 7 admissions** using **vetted** client engagement model

Geographic Roadmap



Aware Recovery Care – By the Numbers



Note: ASAM refers to the American Society of American Medicine

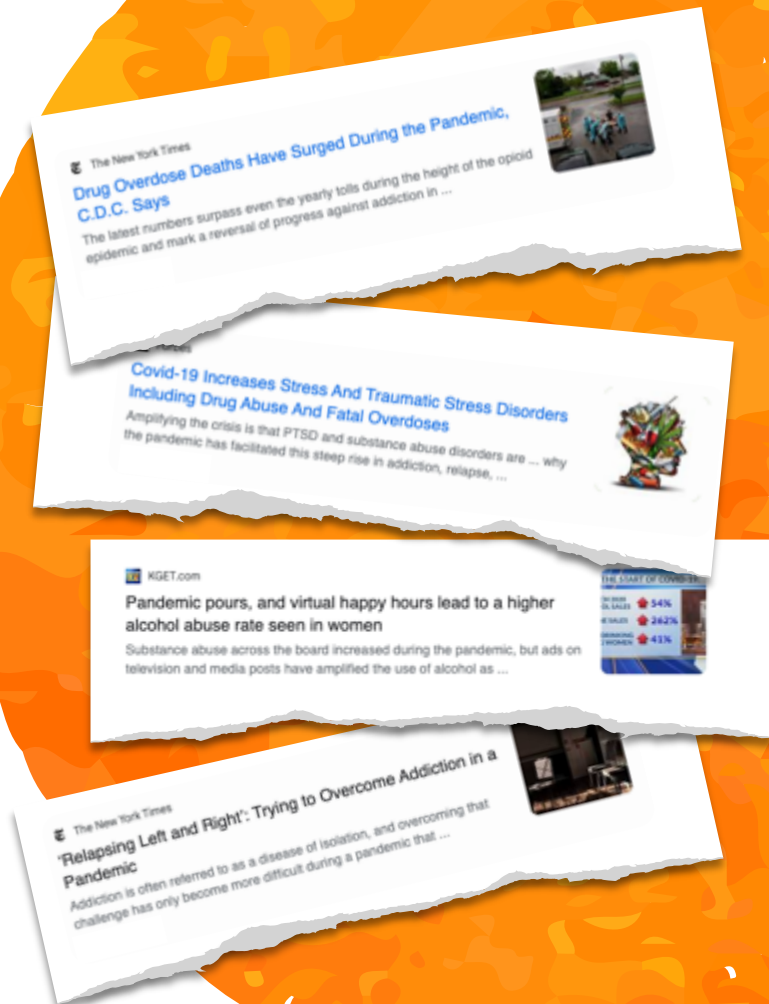
Addiction is America's **silent pandemic**

2020-2021 were the deadliest year in drug use history

- Social isolation, financial insecurity, unemployment, and the loss of family and friends to COVID-19 have fueled a 3X spike in anxiety, depression, and other addiction co-morbidities. ^[1]
- 13% of Americans started or increased their substance use as a way of coping with stress. ^[2]
- Alcohol use rose 59% and excessive alcohol use is responsible for over 140,000 death per year. ^[3]
- Between April 2020 and 2021, the CDC reported that 100,306 people died from a drug overdose (a 28.5% increase from the year before).



21 Million *Americans are currently struggling with Substance Use Disorders*



Kentucky Statistics

According to NCDAS, Alcohol Use in Kentucky:

5 year average annual rate of excessive alcohol deaths per capita in KY increased by 40.2% between 2015-2019

According to KY.gov, Overdose deaths in Kentucky:

2020 1,964

2021 2,250

2022 2,135

90% of these deaths involved opioids

Addiction treatment in this country is **broken**

WHERE DO WE LOSE PEOPLE AND WHY?

21.2M people in need^[4]

Only 11% of those who need
treatment get it^[4]

Only 42% of those who enroll in
treatment complete it^[5]

85% will relapse within a year^[6]

KEY BARRIERS TO SUCCESS

- Patient does not want to take the time away from daily work/life/family
- Patient has shame, stigma and fear of loss in employment and personal life
- The program they enter is not individually tailored to meet their medical, emotional, and social needs
- Patient can not sustain sobriety once they return to their home, community, and routines

IHAT **removes** all barriers and **increases** access



PROBLEM:

Patients cannot enter a program quickly enough and loses the will to start

Patient does not want to take the time away from daily life/work/family

The program they enter is not tailored to meet their medical, behavioral, and social needs or work requirements

Patient may struggle to sustain sobriety once they return to their home environment/community and work routines

Access to care including geography, work schedule, health and childcare issues



SOLUTION:

24/7 Admissions Support with 48-hour Start Time

100% In-home services, scheduled at patient's convenience around their work and family commitments, including all diagnostic and treatment protocols.

Each program is individually customized to match the client's work schedule as well as their physical, behavioral and social needs.

With in-home care there is no "reentry" and our tapered approach smooths the transition to community-based support

In-home access includes telehealth option.



Mobile Care Team

- Individualized Care Team
- IHAT Family Wellness Team
- MATs integration
- Medical Care Coordination
- Community-based integration



Innovation

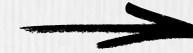
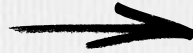
- Technology Assistance (Life360, Soberlink)
- Research (Speranza Therapeutics, Addinex and Soberlink)
- 52-week evidence-based curriculum
- ASAM-Based Treatment Plans



Access to Care

- 24/7 admissions
- Fills continuum of care gap
- Continue work/academics
- Single co-pay
- Bundled payment
- Unique billing code

We're home



PHASE 1: Weeks 1 to 6

Intense Clinical Intervention

- **Biopsychosocial** assessments
- In-Home **detox** (if needed)
- In-home **clinical engagement** with **virtual** support
- **Primary Care Physician (PCP)** collaboration

- “Residential without walls” -

PHASE 2: Weeks 7 to 12

Moderate Clinical Intervention

- Prescribes / administers bridge, short and long-term **medication-assisted treatment (MAT)** for AUD and OUD
- In-home **clinical engagement** with **virtual** support
- **Family** therapy and wellness program
- Ongoing **PCP** collaboration

- “PHP without walls” -

PHASE 3: Months 4 to 6

Maintenance Ongoing Support

- Psychotherapy, family and behavior **stabilization**
- In-home **clinical engagement** with **virtual** support
- Monitoring for **relapse**
- Ongoing **PCP** collaboration

- “IOP without walls” -

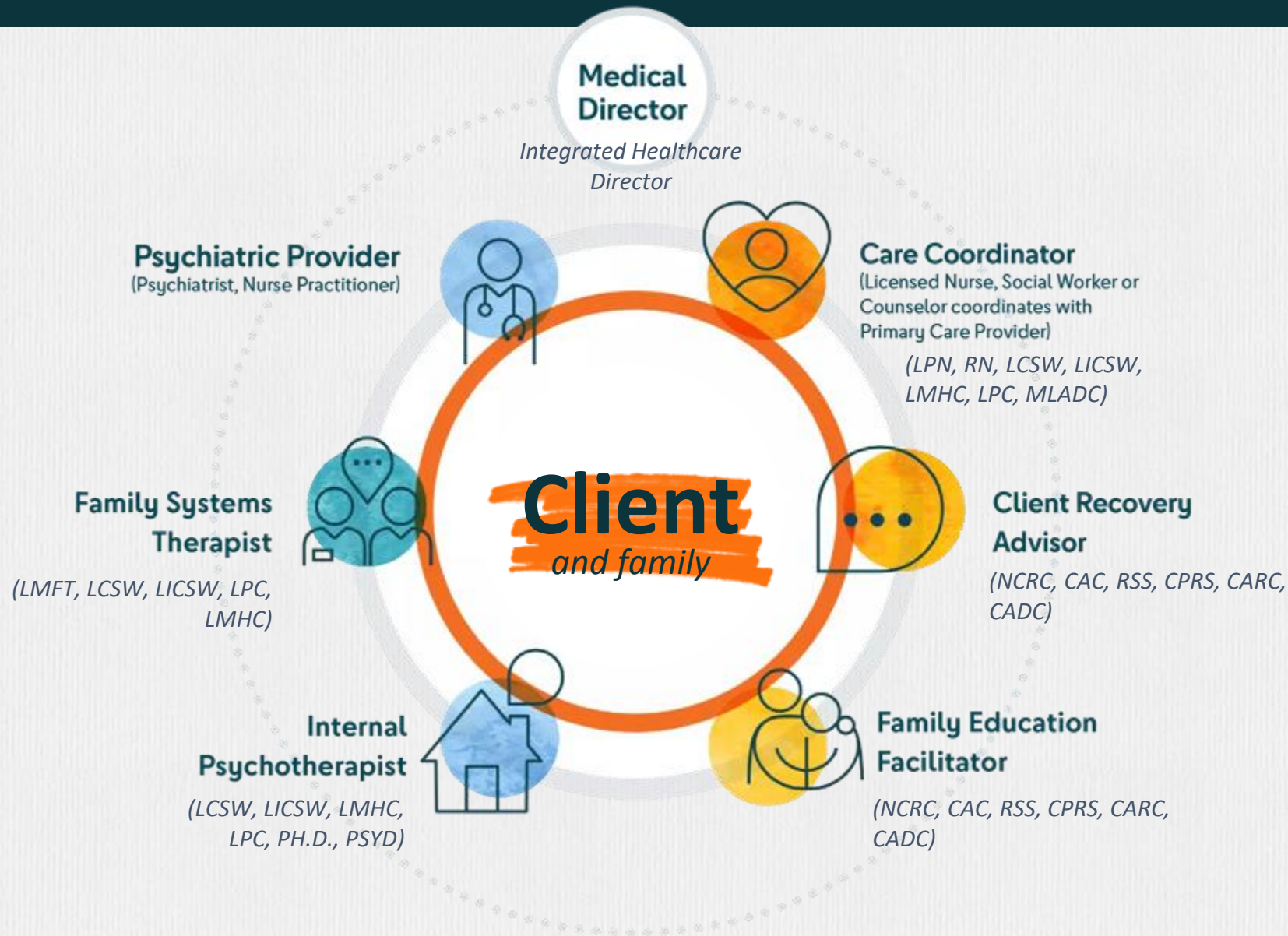
PHASE 4: Months 7 to 12

Community Integration Enhancement of Life Skills

- **Community** support
 - Psychotherapy providers
 - NA/AA, sponsor, etc.
 - MAT prescribers
- **Vocational / educational** re-engagement
- Monitoring for **relapse**
- Ongoing **PCP** collaboration

- “IOP without walls” -

IHAT transforms the home into a multidisciplinary treatment center



Aware admissions process, criteria & timeline – 48 hrs

● 24/7 LIVE ENROLLMENT SUPPORT

Admission specialist assess eligibility and initial needs
Call 1-844-292-7372 or visit AwareRecoveryCare.com

● CLINICALLY INFORMED INTAKE SPECIALIST ASSESS ELIGIBILITY AND INITIAL NEEDS (1-2 HOURS)

Admission specialist administers BioPsychoSocial Assessment to determine medical necessity and the correct level of care

● DETERMINATION IS MADE

Clients who are eligible continue with the admissions process.
Ineligible clients are referred to appropriate care.

● TREATMENT BEGINS

ADMISSIONS CRITERIA:

- 18 AND OLDER
- ADL PROFICIENT
- PRIMARY DX SUD
- SAFE HOME ENVIRONMENT
(or willingness to change housing)
- WILLINGNESS TO PARTICIPATE
- PSYCHIATRICALY STABILIZED
(No active psychosis)

Improving and outperforming all **key metrics**

Average length of engagement:



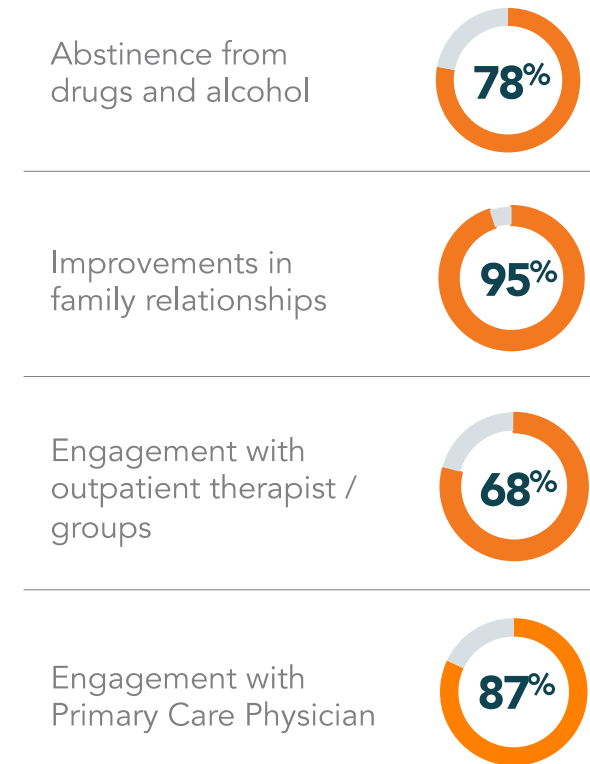
Retention Rates⁽¹⁾



Treatment Outcomes



Post-Treatment Outcomes⁽²⁾

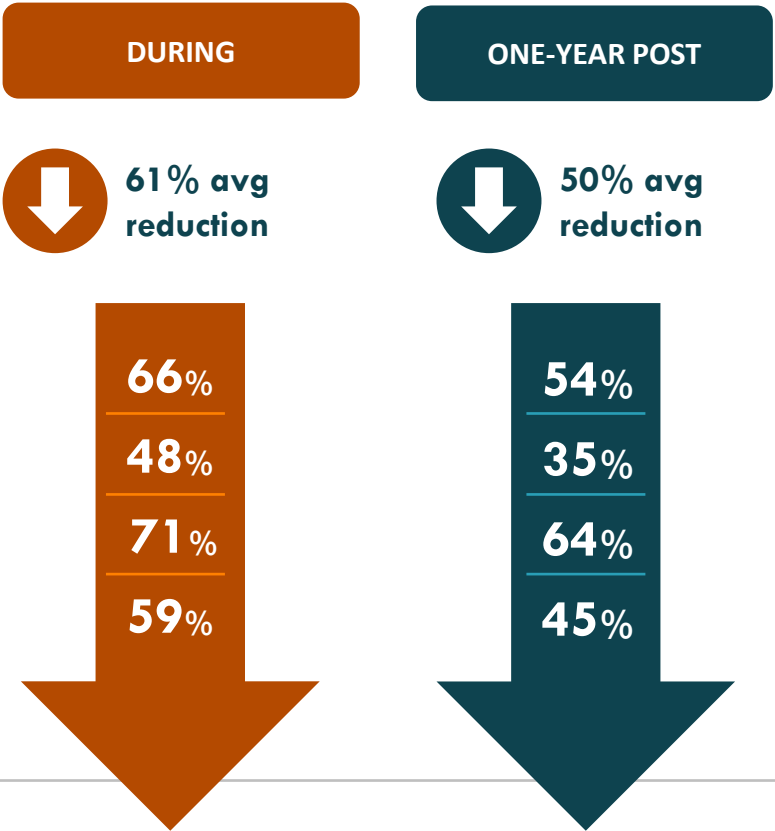


*Based on Weekly Care Coordinator Client Reports

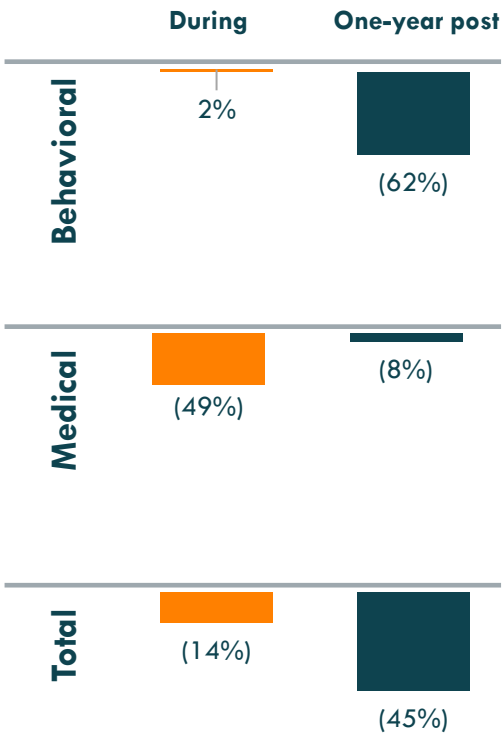
1) Internal data through Q4 '22; excludes clients not able to complete program due to financial issues, loss of insurance, death, incarceration and moving out of the state as these discharges are unavoidable. Retention rates without exclusions represent 91% after 6 weeks, 78% after 12 weeks, 59% after 24 weeks and 41% after 52 weeks; ALOS without exclusions is 236 days.
2) Client self-reported data 6 months post-treatment; based on internal '17-'19 study

Unparalleled outcomes from **third-party commercial payor claims**

Utilization Reductions of Higher Levels of Care

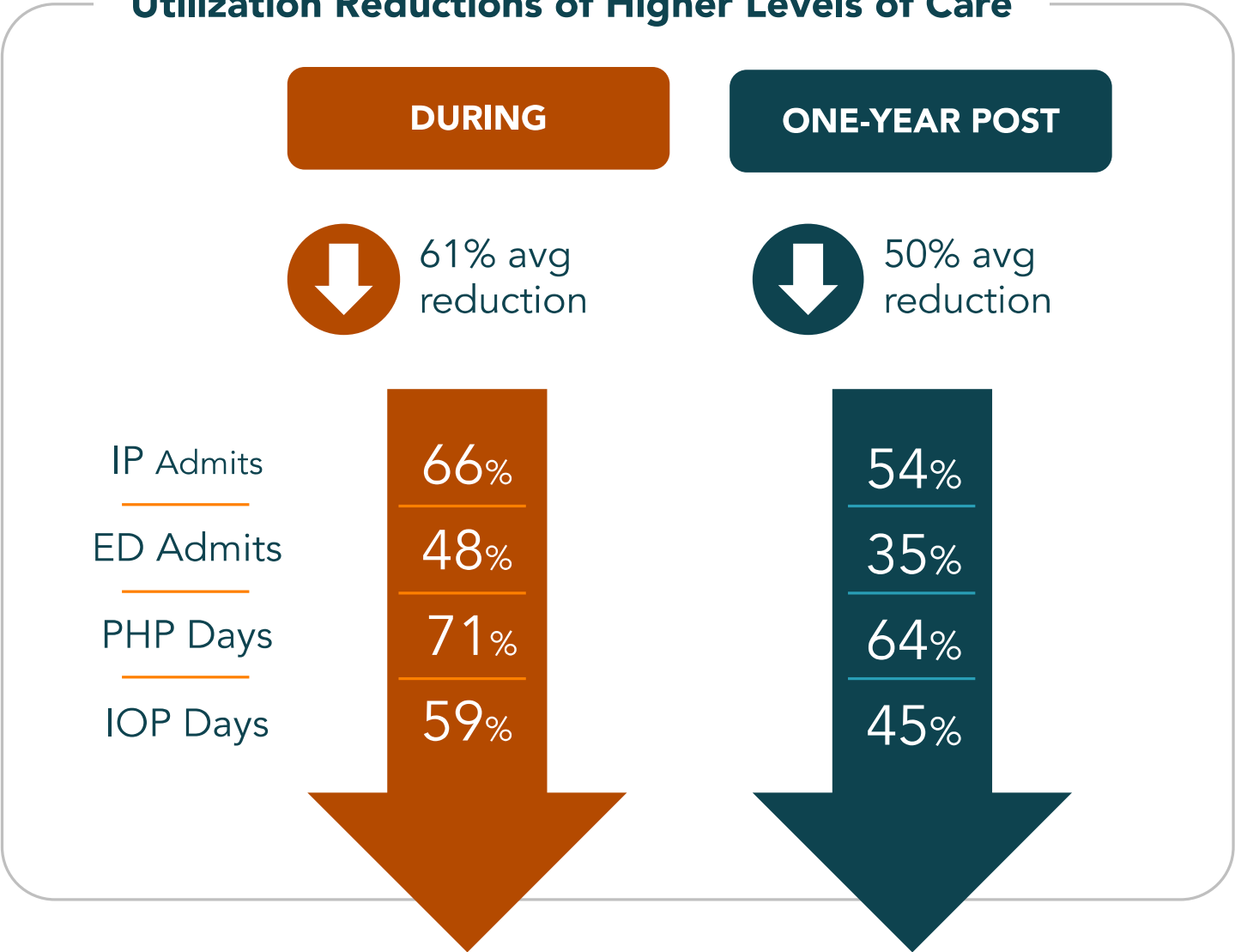


PMPM Total Care Cost Reductions



Note: Data source from 3rd-party claims data from Elevance (CT, NH, ME); IP is defined as inpatient program; ED is defined as emergency department. Represents 3rd-party claims data (including spend on Aware's program) tracked by Elevance for members thru 2021; n=385.

Utilization Reductions of Higher Levels of Care



Improving Plan Value

Total Costs

Type	Clients	Sum of Claims 1 Year Prior	Sum of Claims During	During Reduction	Sum of Claims 1 Year Post	Post Reduction
BH Dx	377	\$ 10,093,420.92	\$ 10,308,604.63	-2%	\$ 3,816,464.76	62%
Med Dx	375	\$ 4,544,433.82	\$ 2,334,965.97	49%	\$ 3,812,867.97	16%
Total	385	\$ 14,637,854.74	\$ 12,643,570.60	14%	\$ 7,629,332.73	48%

Per Member Costs

Type	Client	Prior	During	During Reduction	Post	Post Reduction
BH Dx	377	\$ 26,773.00	\$ 27,343.78	-2%	\$ 10,123.25	62%
Med Dx	375	\$ 12,118.49	\$ 6,226.58	49%	\$ 10,167.65	16%
Total	385	\$ 38,020.40	\$ 32,840.44	14%	\$ 19,816.45	48%

Per Member Per Month

Type	Months	Prior	During	During Reduction	Post	Post Reduction
BH Dx	3,069	\$ 3,288.83	\$ 3,358.95	-2%	\$ 1,243.55	62%
Med Dx	3,081	\$ 1,474.99	\$ 757.86	49%	\$ 1,237.54	16%
Total	3,144	\$ 4,655.81	\$ 4,021.49	14%	\$ 2,426.63	48%

Key takeaways



- Minimal disruption to work and family life.
- Medically integrated, individual addiction treatment delivered in the home.
- Easy access, 24/7 admissions.
- Unparalleled program outcomes and cost savings.

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recovery LIVES™



Sources

1. Mortazavi SS, Assari S, Alimohamadi A, Rafiee M, Shati M. Fear, Loss, Social Isolation, and Incomplete Grief Due to COVID-19: A Recipe for a Psychiatric Pandemic. *Basic Clin Neurosci*. 2020 Mar-Apr;11(2):225-232. doi: 10.32598/bcn.11.covid19.2549.1. Epub 2020 Jul 8. PMID: 32855782; PMCID: PMC7368098.
2. Abramson, A. (2021, March 1). Substance use during the pandemic. *Monitor on Psychology*, 52(2). <https://www.apa.org/monitor/2021/03/substance-use-pandemic>
3. Center for Disease Control and Prevention: Deaths from Excessive Alcohol Use in the United States (last reviewed July 6th 2022) <https://www.apa.org/monitor/2021>
4. Association of American Medical Colleges: 21 million Americans suffer from addiction. Just 3,000 physicians are specially trained to treat them. (last reviewed December 18th 2019) <https://www.aamc.org>
5. Substance Abuse and Mental Health Services Administration. (2019). Treatment Episode Data Set (TEDS): Admissions to Discharges From Publicly Funded Substance Use Treatment.
6. Brandon TH, Vidrine JI, Litvin EB. Relapse and relapse prevention. *Annu Rev Clin Psychol*. 2007;3:257–84. [PubMed] [Google Scholar]
7. Internal Company Data on File

Appendix



Additional Slides



SUD symptom clusters

PATIENT COMPLAINTS OR OBSERVATIONS

- Gastrointestinal issues
- Tremors
- Jaundice and yellowing of eyes
- Burst capillaries in nose and cheeks or rosacea
- Headaches
- Dental issues
- Rapid increase in weight (sometimes abdominal area bloating) and appearance of "puffiness"
- Rapid decrease in weight
- Anxiety
- Depression
- Difficulty focusing

MEDICAL ASSESSMENTS OR LAB TESTS:

- Multiple vitamin deficiencies
- Increased liver enzymes (AST/ALT)
- Elevated Gamma-glutamyl transferase (GGT)
- High blood pressure
- High cholesterol (Increased triglycerides that can lead to diabetes, pancreatitis and stroke)
- High blood sugar



AWARE STAFF

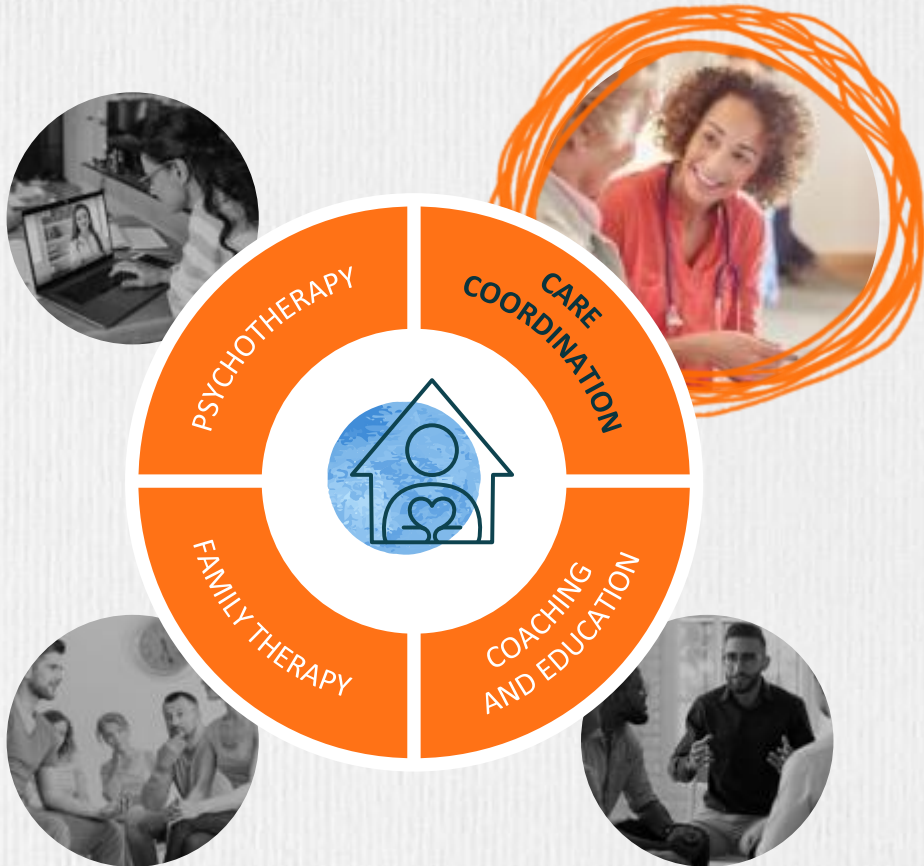
- Medical Director
- Integrated Health Director
- Clinical Director
- Director of Recovery Services
- Individual Therapist
- Marriage and Family Therapist
- Licensed Care Coordinator
- Certified Recovery Advisor
- Family Education Facilitators
- Client Engagement

OUTSIDE SUPPORT STAFF

- Primary Care Provider
- Psychiatric Prescriber
- Medical/Behavioral Specialists



Coordinating **whole-person** health in real time



CARE COORDINATOR (CC):

RN or Licensed Master Level Clinician

- **Matched** based on the behavioral / medical needs of the patient
- Administers evidence-based **medical and clinical assessments**
- Reviews Board Certified addiction psychiatrist's or psychiatric APRN's **psychiatric evaluation**
- Uses the **ASAM social determinants of health**
- Creates and adjusts **customized ASAM Treatment Plan** every 30 days
- Coordinates **Medication Assisted Treatment (MATs)** if needed
- **Coordinates care** including **outside clinical specialists** (e.g. prescribers, specialized therapists, PCP, medical specialist, etc.)

Using **proven interventions** to treat patient and family



CLIENT RECOVERY ADVISOR (CRA):

(NCRC, CAC, RSS, CPRS, CARC, CADDC)

- Often has **lived recovery experience** and is matched by age, gender and story
- Guides client and allies through ARC's **52-week curriculum** based on **6 ASAM Dimensions**
- Trained in **Motivational Interviewing** to guide clients through the stages of change
- Utilizes over **108 customized interventions** based upon the client's treatment plan
- Assists the client in accomplishing their **ASAM-based Treatment Planning goals**
- Performs **home safety check**
- **Clinical supervision** by MLDAC or LCSW

Using **proven interventions** to treat patient and family

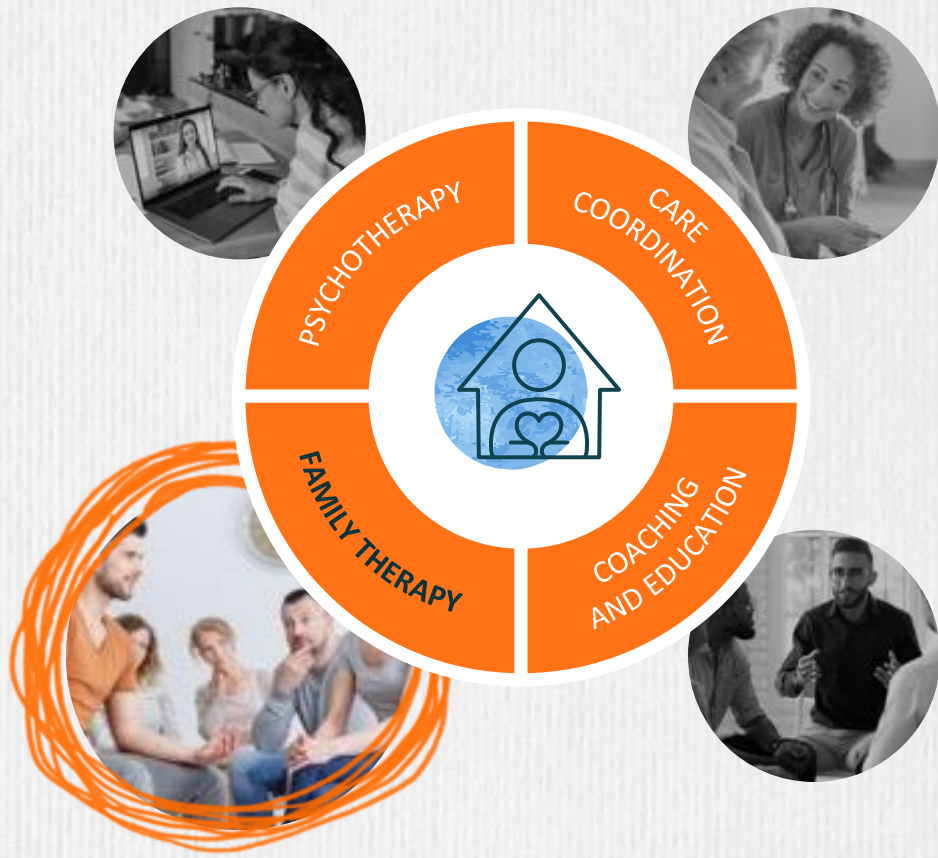


FAMILY EDUCATION FACILITATOR (FEF):

(NCRC, CAC, RSS, CPRS, CARC, CADC)

- Administers ongoing **family support**
- Support Family Wellness team **assesses cohesion, adaptability, and communication progress**
- Provides **Psychoeducational curriculum** including: family roles, boundaries, 12-Step integration, disease model, family wellness plans and recovery process
- **Accompanies family** to initial Al-Anon or Nar-Anon meeting
- **Oversight** by LMFT

Treating **the family** to create a **sustainable environment**



FAMILY SYSTEMS THERAPIST (FST):

(LMFT, LCSW, LICSW, LPC, LMHC, Ph.D., PsyD.)

- **Conducts Family Systems Therapy assessment** that informs the Care Team on best strategies for working with families
- **Communicates with Care Coordinator** to best meet the needs of the family.
- **Collaborates with the Family Education Facilitator**
- **Coordinates referrals** to vetted external Family Therapists and specialists as needed.

Applying **evidence-based** psychotherapy at home



Internal Psychotherapist (IPT)

(LCSW, LICSW, LPC, LMHC, Ph.D., PsyD)

- Follows the diagnosis made by the **psychiatric evaluation and treatment plan**
- Conducts **evidence-based therapies**: DBT for SUD, CBT, MI, Seeking Safety, Integrated therapy for dual diagnosis treatment.
- **Collaborates** with the treatment team and outside specialists as needed and attends Care Collaboration Meetings
- **Assesses client** for ongoing therapeutic needs and provides referrals for specialists if clinically indicated
- Provides **clinical support and stabilization strategies** for acute mental health or addiction recurrence