

# Our bold vision

is a nation in which substance use disorder is understood and treated the same as any other chronic disease.

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## Executive Summary

Almost everyone knows a family profoundly strained by the anguish and isolation of substance use disorder.<sup>1</sup> Nearly 23 million Americans have an alcohol or other drug problem, yet only a small fraction will ever get help.<sup>2</sup> They are kept in the shadows because of fear and stigma, and because of barriers in today's care system that make it difficult to get well.

These obstacles to long-term recovery are deeply rooted in the predominant "acute care" treatment model and have been well chronicled by experts in the field. But the fact remains that substance use disorder continues to be addressed like a short-term problem, even though it has been long recognized by the scientific community as a chronic disease.

Over the past two years, the city of Sioux Falls, S.D. has united in an effort to fundamentally transform the way the community deals with substance use disorder. Led by co-founders Kevin Kirby, a person in long-term recovery, and Charlie Day, a start up strategist, the effort has spawned a new, innovative community recovery model designed to help dramatically more people and greatly improve quality of care.

### An Innovative Solution

As business executives, Kirby and Day understood the power of engaging the private sector in the battle against substance use disorder. Based on the notion that investing in recovery makes good economic sense, the new approach mobilizes the private sector, particularly employers and integrated health systems, to extend the local recovery support system into the workplace. The model reaches vastly more people and has stronger financial sustainability as a result.

At the heart of the new system is a dynamic recovery community organization, **Face It!™ Sioux Falls**, that serves as the public face and voice for recovery, links people to resources and provides peer support services. In addition, to draw more people into the system, the model includes a groundbreaking awareness program to wipe out stigma and shame and enhance understanding around recovery and substance use disorder.

The early success of the Sioux Falls experience has served as the catalyst for the creation of the Coalition For A World Class Addiction & Recovery Awareness Campaign, Inc., a new Sec. 501(c)(3) organization founded by Kirby and Day called "**Face It Together™**."

**Face It Together™** (FIT) has a national scope and a bold vision: *a nation in which substance use disorder is accepted and understood like any other chronic disease.*

### Face It Together™ : Building A Movement

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FIT's purpose is clear. Help radically more people get well by removing stigma and shame and by improving the quality of care. The non-profit will focus on driving grassroots change by helping other communities adopt their own version of the "South Dakota" recovery care model. **Face It Together™** is simply packaging proven tools from other arenas and bringing them to communities nationwide.

We will focus on three primary lines of business:

- 1) **Proliferating a world-class, proven awareness and education program** to shatter the stigma and shame around substance use disorder to empower more people to enter recovery.
- 2) **Facilitating system transformation** to reach more people and provide greatly improved recovery care. This includes helping communities:
  - Mobilize all community sectors – public and private – in system transformation;
  - Extend the community of recovery into the workplace through strategic employer partnerships;
  - Engage the private sector to create a financially sustainable recovery model; and
  - Foster the development of a holistic service network that reflects the chronic nature of substance use disorder.
- 3) **Championing evidence-based promising practices** for communities of recovery, developed with the help of an academic partner.

### A Call-to-Action

Thirty years ago, the term "breast cancer" was rarely uttered. Women with the disease often experienced their journeys alone and isolated. Families received little support. The shame, stigma and enforced silence around the disease then are relics in today's culture of pink ribbons, monthly self-exams and survivorship celebrations.

Susan G. Komen for the Cure® transformed the way the world thinks about and treats breast cancer. **Face It Together™** has the same ambition for substance use disorder. People and families struggling with this disease deserve dignity and respect. Our vision is a world where those affected by substance use disorder are not ashamed but empowered. A world where they are not alone but supported by the strongest care possible. A world where children and families have the best chance for a bright future.

It's time for change. Will you join us?

## History

Something was broken. As a longtime recovery advocate, Kevin Kirby had seen too often the futures lost to substance use disorder. People cycling in and out of treatment. Fear of asking for help. And deep shame for those who were suffering, and for their families. Why was it so hard to recover from this disease?<sup>3</sup>

Kirby, a person in long-term recovery from substance use disorder, felt the stirrings of a bold idea. A seasoned business executive and attorney, Kirby was also founder of Transitional Living Corporation, a Sioux Falls, S.D. non-profit with a network of sober living homes and a residential recovery program. He had already taken steps to meet a community need. But he realized that something far more fundamental had to change.

Kirby started by reaching out to local stakeholders, national recovery leaders and experts in the field to learn as much as he could. Then, he began to study, and immersed himself in a growing body of literature on an exciting, emerging recovery movement.

Through months of research, Kirby came to believe in a groundbreaking new approach, a “recovery-oriented system of care” (ROSC) model that could revolutionize the way communities deal with substance use disorder.<sup>4</sup> The model shifts care from a crisis, acute-centered approach to a chronic care approach that provides long-term supports embedded throughout the community.

Studies of the ROSC model have shown that it can help significantly more people and provide substantially better recovery care, while reducing the human and economic costs of the disease.<sup>5</sup>

The ROSC movement was well underway in a handful of other communities, thanks to a cadre of forward-thinking advocates and visionaries. In Sioux Falls, Kirby believed the new model could mean helping thousands of people – and their families – who were struggling silently with the disease.

Around the same time, Kirby connected with Charlie Day, a lawyer and CPA who was then serving as a senior finance officer for (now) Sanford Health, a large regional integrated health system. Day was an experienced start-up strategist and visionary business innovator ready to give back. Serendipity. Things were starting to get interesting.

### **Seizing An Opportunity**

Sioux Falls, a mid-sized community, is a pro-business city with a small-town, neighborly way of life. It has a long tradition of coming together to support important causes,

ranking year after year as one of the highest in the nation for giving per capita to the United Way.

The community is fast growing, with an MSA population of about 240,000. Its largest employers are government, healthcare and financial services. And the economy, despite the recent downturn, remains solid with an unemployment rate just below 5 percent.

Sioux Falls had a lot going for it. But Kirby and Day understood that fundamental change would require full community buy-in. And they knew that they would need help.

They approached angel investors to provide seed capital for the project. Ranging from private citizens to healthcare institutions, the donors understood that their investments would deliver benefits community-wide. Kirby and Day quickly raised \$800,000 to fund a grassroots organizing effort, including a series of town hall meetings and the establishment of a new non-profit.

Kirby and Day reached out to those on the leading edge of the ROSC movement. They consulted William White, the preeminent scholar in the recovery field, for his counsel, and relied heavily on his library of writings. They engaged Phillip Valentine and Cheryl Pacapelli, the leadership of Connecticut Community for Addiction Recovery (CCAR), a pioneering recovery community organization, to help guide them. Jim Wuelfing, a nationally recognized expert and facilitator in the recovery advocacy movement, came on board to help shepherd a community-wide effort.

They also worked closely with Gib Sudbeck, director of South Dakota's Division of Alcohol and Drug Abuse. While the department did not provide financial support, it was a key ally in shaping the initiative that was about to take hold in Sioux Falls.

Kirby and Day's goal – a first step – was to mobilize the entire community to collectively start building their own collaboratively developed version of a “recovery-oriented system of care.” It was time to get every sector involved in – once and for all – transforming the way Sioux Falls dealt with substance use disorder.

## **A New Approach**

Research shows that nearly 23 million people in the United States suffer from alcohol and other drug disease, making it our nation's top public health challenge.<sup>6</sup> It cuts across all demographic groups, affecting every walk of life.

In Sioux Falls, it's estimated that about 10 percent of those ages 12 and up have a substance use disorder.<sup>7</sup>

Unfortunately, just a fraction of those who struggle will ever get help. Each year, 21 million people who need help for a substance use disorder do not receive it.<sup>8</sup> In Sioux

Falls, about 9 percent of people (ages 12 and up) needed treatment for an alcohol problem in the past year but did not get help.<sup>9</sup>

People don't seek help for a variety of complex reasons – lack of support or access to care, financial concerns, and often, stigma, shame and fear. Many cite fear of losing a job, fear of being labeled, fear of what their neighbors and others might think.

The stigma – and ignorance – associated with substance use disorder is a very real barrier to getting well:

- More than 60 percent of Americans with drinking problems do not seek help due to the stigma of alcoholism.<sup>10</sup>
- Nearly a quarter of people in recovery report that they have personally been denied a job.<sup>11</sup>
- Two-thirds of the public believes that a stigma exists toward people in recovery.<sup>12</sup>
- Forty percent say they have experienced shame or embarrassment because they were in recovery.<sup>13</sup>
- More than one-third of Americans view addiction as a form of personal weakness.<sup>14</sup>

But getting well is also made difficult by significant barriers in the current system of care.

Science and medicine have long recognized substance use disorder as a chronic disease.<sup>15</sup> But today it is most often treated and managed like a short-term health crisis. The care delivery system's emphasis on "30 days" and isolated treatment episodes doesn't match the chronic nature of the illness. As a result, many people don't get the continuing care and support they need to sustain recovery for the long term.

The "recovery-oriented system of care" (ROSC) model revamps the way that communities treat the disease by adopting a chronic care, rather than "acute care" approach. It embeds a continuum of services and supports into the community's care delivery system to support people in various stages of recovery.

According to the U.S. Substance Abuse and Mental Health Services Agency, a recovery-oriented system provides:<sup>16</sup>

- Accessible services that engage and retain people seeking recovery;
- A continuum of services rather than crisis-oriented care;
- Care that is age- and gender-appropriate and culturally competent; and
- Where possible, care in the person's community and home using natural supports (those that occur and are provided by the relationships in the community – work/school, social and family.)

William White, the leading scholar on the ROSC model, describes a chronic care, recovery management approach this way:<sup>17</sup>

*“The recovery model wraps traditional interventions in a continuum of recovery support services...particularly distinctive is the model’s emphasis on post-treatment monitoring and support; long-term, stage-appropriate recovery education; peer-based recovery coaching; assertive linkage to communities of recovery; and, when needed, early re-intervention.”*

The model also emphasizes the importance of building a *community* of recovery, one that removes the stigma around the disease and treats those who are suffering with dignity and respect. To be effective, “recovery-oriented systems must infuse the language, culture, and spirit of recovery throughout their systems of care.”<sup>18</sup>

*“A major focus of a ROSC is to create the physical, psychological, and social space within local communities in which recovery can flourish. The ultimate goal is not to create larger treatment organizations, but to expand each community’s natural recovery support resources.”<sup>19</sup>*

A recovery-oriented system of care marshals the resources of the community to remove barriers to recovery, create a network of recovery supports and empower people to find their own paths to getting well.

Sioux Falls was about to show how one community could do it.

### **Building a Big Tent**

In October 2008, the “**Face It!**”™ project officially kicked off with a series of “Recovery Town Hall” meetings. The guiding principle was to build a big tent, to educate, empower and activate the community at-large. Kirby and Day would only succeed if they could get a broad cross-section of Sioux Falls to believe in the movement.

The monthly meetings were heavily promoted through paid ads, public service announcements, newspaper articles and word-of-mouth. The town halls would not only provide a transparent process, but also be a platform to make the case that every sector – public and private – has a stake in the problem of substance use disorder.

Participants were challenged to envision what a ROSC would look like in Sioux Falls in five years.

Spanning seven months, the meetings drew hundreds of volunteers from every sector of Sioux Falls. It was an historic effort. Business executives, elected officials, recovery



advocates, faith leaders, health and support professionals and many others gathered in a room to talk about what the community could do. With Wuelfing’s facilitation, participants identified the community’s priority needs, a vision, goals and a framework for building out a new recovery system in Sioux Falls.

At the heart of the system would be a vibrant “recovery community organization” (RCO) to serve as the hub of recovery support for Sioux Falls.<sup>20</sup> This independent non-profit entity would be led and governed by the local recovery community, including those in recovery, family members, friends and allies, recovery professionals and others.

The organization would focus on mobilizing resources within and outside the recovery community to help more people initiate and sustain long-term recovery. And it would serve as a public voice and face for recovery in the community for the first time.

The doors of “**Face It!™ Sioux Falls**” – the state’s first RCO – would open just 6 months later, near the end of 2009.

## Face It!™ Sioux Falls

**Face It!™ Sioux Falls, Inc.** has served more than 4,000 people in its first year of operation. Its ambitious vision, collaboratively defined by stakeholders, is “uniting the greater Sioux Falls community in acceptance of and support for the journey of recovery from addiction.”

The organization, established as a 501(c)(3) entity in February of 2009, is focused on helping more people and improving recovery care in Sioux Falls. Its mission is to “dramatically increase both the number of individuals and families in recovery and the quality and accessibility of services by creating a recovery-oriented system of care.”

Kirby and Day faced a big challenge in translating the community’s vision for **Face It!™** into something that would meet the needs of stakeholders and be economically sustainable, attracting the financial and human resources for long-term success. So they went back to their roots – business.

In studying the problem of substance use disorder, they realized the tremendous costs associated with the disease – not only the devastating human and social costs, but also the staggering financial costs. In Sioux Falls alone, substance use disorder is estimated to cost the community at least \$117 million each year.<sup>21</sup>

As they learned more about the financial burden of this disease, Kirby and Day saw an opportunity. They would engage the private sector by showing that investing in recovery

makes good economic sense. They moved forward to develop a set of value propositions that they would deliver to private sector companies, healthcare providers and other organizations to attract support. The involvement of the private sector would help build sustainability into **Face It!**<sup>TM</sup> for the long term.

This innovative private-sector orientation would make the Sioux Falls ROSC unique in the nation.

## Lines of Business

**Face It!**<sup>TM</sup> **Sioux Falls** ([www.faceitsiouxfalls.org](http://www.faceitsiouxfalls.org)) has three primary lines of business to help support its vital mission: Recovery Support Services, Advocacy and Awareness.

### Recovery Support Services

The work of **Face It!**<sup>TM</sup> draws on the success of the Connecticut Community for Addiction Recovery (CCAR), one of the nation's most robust recovery community organizations. **Face It!**<sup>TM</sup> uses a peer-to-peer service model that relies heavily on volunteers – most often persons in recovery – to design and deliver services that help individuals and families in various stages of recovery. These include social supports, linkage to community services and a full range of human services that facilitate recovery and wellness for an improved quality of life.<sup>22</sup>

**Face It!**'s<sup>TM</sup> services include peer telephone recovery support, help with housing and employment, computer access, support groups, life skills training and sober social activities. **Face It!**'s<sup>TM</sup> growing peer telephone support program has made more than 1,800 calls to more than 100 individuals in the Sioux Falls area.

Research shows that the types of Recovery Support Services provided by **Face It!**<sup>TM</sup> are effective in sustaining recovery, such as recovery check-ups, active linkage to recovery supports following treatment, peer services, recovery coaches and other low-cost social and community supports.<sup>23</sup>

### Advocacy

**Face It!**'s<sup>TM</sup> "Advocacy" line of business is focused on making the local ROSC model – as envisioned by the community – a reality. The goal is to dramatically improve the quality of recovery services, by taking a more holistic, "chronic care" approach, and to enhance access by reaching more people in more places, including the private sector.

The effort to build out and implement the model is led by a committee of some of the community's most seasoned and respected healthcare, addiction, higher education and treatment professionals. They are charged with being relentless agents of change – enlisting and charting the role of virtually every community sector in the model and measuring the results.

Elements of the “Advocacy” line of business include the following:

#### Workplace Initiative

The centerpiece of the model’s private-sector orientation is **Face It!’s**™ innovative employer initiative, which aims – with the help of local healthcare providers and insurance companies – to extend recovery support into the workplace. Currently in its second year, the program has 20 employer partners, reaching about one-third of the community’s workforce. Participating employers represent a wide range of industries, including healthcare, manufacturing, financial services, social services and local government, among others.

Employers participating in the program share a common belief that substance use disorder is a chronic disease. With the help of their health plan and providers, they commit to integrating substance use disorder into their existing chronic disease management or employee wellness programs to promote understanding, acceptance and support of the journey of recovery.

The mission statement for employer partners is:

***“Believing that addiction is a chronic illness and that companies can be a part of creating a recovery-oriented community in Sioux Falls, our companies join forces to use the winning elements of our wellness programs and services for the employees to open new doors and remove barriers to recovery.”***

Substance use disorders among workers and their families are tremendously costly for employers because they directly contribute to higher healthcare expenses, lost productivity and increased absenteeism, disability and turnover. But these costs can be drastically cut by workplace policies and practices that help reduce alcohol and other drug problems, promote education and wellness and support early intervention.

Not addressing substance use disorder in the workplace is costly...

- Healthcare costs for employees who have alcohol problems are twice those for other employees;<sup>24</sup>
- People with an alcohol problem use twice as much sick leave as other employees and are five times more likely to file workers compensation claims;<sup>25</sup>
- More than half of working family members of those with an alcohol problem report that their ability to function at work and at home was negatively impacted by their family member’s drinking;<sup>26</sup> and
- Alcoholism is estimated to cost 500 million lost workdays annually.<sup>27</sup>

...but the benefits of supporting and promoting recovery are significant:

- Savings from investing in treatment and recovery can exceed costs by a ratio of 12 to 1.<sup>28</sup>
- Reported job problems, such as incomplete work, absenteeism, tardiness, work-related injuries, mistakes and disagreements with supervisors are cut by an average of 75 percent among employees who have received treatment and are in recovery;<sup>29</sup> and
- Addressing addiction in the workplace leads to better health and lower total healthcare costs over time, less absenteeism, improved job performance, reduced costs related to disability and workers compensation and fewer accidents.<sup>30</sup>

In addition to delivering significant cost savings, the workplace initiative also offers employers, providers and health insurers an opportunity to implement an integrated, strategic response to federal healthcare reform. Health care and parity reform will put more demands on employers to better manage health care costs, particularly related to chronic disease. The workplace initiative's emphasis on encouraging and supporting the health of employees – and their families – helps employers respond to and further the goals of reform, providing another incentive for participation.

The goals of the workplace initiative include:

- Change attitudes and reduce stigma around substance use disorder so more employees feel comfortable asking for help;
- Provide worksite education to improve awareness of recovery benefits for employees and their families;
- Promote a culture of recovery by demonstrating a top-down approach to acceptance of and support for employees with substance use disorder; and
- Improve knowledge of substance use disorder and recovery, including community resources, among enterprise leadership and employees.

Program activities include:

- A template of customizable educational activities that can be tailored based on the organization's needs, resources and labor force;
- Monthly meetings with human resource executives from participating companies, including on-site educational experiences to learn about community resources;
- Training of worksite wellness coaches;

- A recovery speakers bureau of trained presenters – persons in recovery – to help de-stigmatize the disease and improve awareness; and
- Dissemination of printed materials and other resources.

Employer partners in the initiative have also defined clear outcome measures for the program to demonstrate cost-effectiveness and return on investment (more details on page 15).

#### Helping to Integrate Provider Resources

The second element of **Face It!**'s™ “Advocacy” line of business is focused on helping the community’s treatment and recovery care delivery system better reflect the chronic nature of the disease.

In addition to developing a network of care that is integrated and holistic, this initiative provides other benefits as well. Principal among these is facilitating the emergence of a “specialty carve out” network made up of licensed and selected unlicensed substance use disorder providers. This type of network provides a needed response to changes wrought by federal health care reform and helps providers prepare for the expected increase in service demand driven by **Face It!**'s™ awareness initiative (see below).

**Face It!**™ is fortunate to have on its board representatives of the insurance arms of the community’s two integrated delivery systems, Sanford Health and Avera Health, as well as Avera’s Employee Assistance Program (EAP) and Avera Behavioral Health, the region’s largest and most highly regarded behavioral health facility. This team has been invaluable in driving real change in the community’s care system.

#### **Awareness & Education**

**Face It!**'s™ third business line is committed to helping dramatically more people by transforming the way people think about this disease.

Seventy five percent of those who need help for an alcohol problem will never receive treatment in their lifetimes, often because of barriers like stigma and shame.<sup>31</sup> The only way to change that is through the “mother of all” awareness programs to attack the myths around this disease.

The vision for the awareness program is inspired by the groundbreaking success of movements like Susan G. Komen for the Cure®, which revolutionized society’s understanding and acceptance of a once-stigmatized disease. The initiative will be world-class, research-based and unlike anything Sioux Falls has ever seen.

The awareness program is being designed with input from some of the nation’s leading experts, including members of the 2008 Obama Campaign team, national recovery advocates and public health communicators. Key leadership from Komen and

LIVEstrong have also been consulted for advice and direction. **Face It!**<sup>™</sup> has also engaged a best-of-class research firm and creative talent to design and deliver messaging for the initiative, which will launch in 2011.

The program will be privately funded by seed capital being sought from local and national investors. **Face It!**<sup>™</sup> **Sioux Falls** will provide governance and oversight of the program in collaboration with its primary partner, Avera Health, one of the community's most trusted sources for health-related messaging. Moving forward, the goal is to continue the local program under the banner of Avera and other potential corporate sponsors to sustain the program's impact on the community.

The awareness program will saturate the Sioux Falls market with bold, carefully crafted messages to normalize recovery, improve knowledge about the disease and inspire people to get help. It will include an unprecedented level of paid and donated advertising, digital communications and social networking, community events, public education activities and high-visibility partnerships, to extend messages throughout the community – where people work, live, play, learn and otherwise spend their time.

The program's approach and messages are being developed based on a rigorous qualitative and quantitative research protocol. In addition, the initiative will be formally evaluated and continually adapted to ensure it is meeting objectives and drawing more people into the recovery system in Sioux Falls.

### **Business Model**

Unlike most RCOs across the country, which tend to be government-supported and closely linked to public-sector goals, the **Face It!**<sup>™</sup> **Sioux Falls** business model differentiates its funding sources from the nature of services the funding supports. In particular, **Face It!**<sup>™</sup> **Sioux Falls** is a primarily private sector funded enterprise that delivers traditional RCO/ROSC services to the community at-large.

The centerpiece of the funding model is delivering defined and measurable value propositions to the private sector in exchange for an expectation of sustainable funding streams. This funding is in turn used to support the activities of the RCO at the heart of the recovery system.

Current primary funding sources include employer support, the United Way and private philanthropy. The board has an active, seasoned development committee that is executing a plan to generate additional private donations and grant funding. This is just another reason **Face It!**<sup>™</sup> is focused on collecting volume data and outcome measures with a university partner.

Given that **Face It!**<sup>™</sup> is primarily volunteer-based, its expenses are low relative to the number of people the organization serves. **Face It!**'s<sup>™</sup> business plan calls for a staff of

up to 4 full-time employees, with an annual operating budget of approximately \$400,000.

The organization's executive director, Mary Hitzemann, recently came on board after serving in human resource leadership positions in the private sector for more than 33 years, including 18 years with Home Federal Bank, a workplace initiative partner. Hitzemann was instrumental in establishing the workplace program as a volunteer board member for **Face It!**<sup>TM</sup>. The organization's other staff include professionals with a passion for recovery and training and expertise and capabilities with relevance to the private sector-oriented business model.

## Measurement

From the inception of the **Face It!**<sup>TM</sup> project, Kirby and Day recognized the importance of capturing data. Early on they engaged the University of Sioux Falls (USF) to serve as an academic partner in the initiative.

The schools of business and social work at USF are both active in studying and evaluating various elements of **Face It!**<sup>TM</sup>. USF is measuring attitude and awareness change among employees for companies participating in the workplace initiative. A baseline survey was conducted at the beginning of the effort and follow up surveys are planned to measure change over time.

In addition, participating employers have defined their own metrics to help show return on investment in the program. Some of these include studying changes in claims data (in conjunction with insurers and providers), EAP usage and the number of employees and families contacting **Face It!**<sup>TM</sup> for help. More qualitative measures include the development of peer-to-peer support processes in the workplace and the engagement of senior management.

USF is also working on validating outcomes of the local ROSC model to the community, and similar efforts are planned in conjunction with other important stakeholders, potentially including providers, health plans and local government.

In addition, a professional research firm will evaluate the impact of the awareness program. They will study changes in awareness, attitudes and knowledge around to substance use disorder and recovery, as well as familiarity with resources available in the community. We will also study process measures related to the awareness program, such as website visits, requests for materials, community presentations and other outreach efforts.

## SHARING OUR VISION

### The South Dakota Model

As Kirby and Day began to see their vision unfold, they realized an opportunity. What had been created in Sioux Falls by the community – and what was coming with the awareness program – was highly replicable. There was no reason other communities across the country couldn't learn from their experience.

The model was highly portable. The key elements included the strategic community mobilization, the private-sector orientation to enhance funding sources and reach new populations, the emphasis on evidence-based promising practices and the world-class, research-based awareness program. The backdrop of healthcare and parity reform provided another impetus for success of the model. While each community would have to make the process and program their own, the fundamentals would remain the same.

Their realization served as the catalyst for the creation of a new organization – **Face It Together™** (FIT) – that would focus on proliferating their model to communities nationwide. FIT would promote what some have started to call the “South Dakota” ROSC model:

*A world-class, private-sector financed system of care that broadens the reach of and builds sustainability into traditional recovery models by delivering value propositions to the private sector and by eliminating barriers.*

**Face It Together™** is determined to become the national model for recovery awareness and system transformation, much like Susan G. Komen for the Cure® has done so powerfully for breast cancer.

### About Face It Together™

*Face It Together's™ vision is a nation in which substance use disorder is understood and treated the same as any other chronic disease.*

FIT intends to do that by leveraging its evolving experience to build a grassroots movement to fundamentally change the way communities deal with substance use disorder. Its goal is to stimulate community-wide consideration of and potential adoption of the “South Dakota” recovery-oriented care model to dramatically increase the number of individuals and families in recovery and the quality and accessibility of services available.

### Lines of Business



**Face It Together™**, a 501(c)(3) organization headquartered in Sioux Falls, will have a national scope and operate independently of the local RCO (**Face It!™ Sioux Falls**). It will focus on three primary areas – (1) proliferating the awareness program, (2) improving service delivery and funding opportunities by helping communities of recovery reach into the private sector and (3) promoting promising practices.

The organization's "customers" or Affiliates are envisioned to include a wide variety of entities with a financial and/or programmatic "stake" in the problem. These include, for example, recovery community organizations, traditional public sector ROSCs, large employers, health systems, health insurance companies, economic development organizations, government entities and others.

FIT's three main lines of business include:

### **Awareness & Education**

**Shatter the stigma and shame around substance use disorder to empower more people to enter recovery.** **Face It Together™** will deliver to communities a proven, sustainable world-class awareness program, modeled on the success of LiveSTRONG and Susan G. Komen for the Cure®, to change the way people think about this disease. The program will be based on what is learned in Sioux Falls and will be customizable for other communities. The awareness program will draw those suffering into a holistic recovery system designed and supported by the community-at-large.

### **System Transformation**

**Foster a strategic process to mobilize all community sectors in system transformation.**

Through a collaborative initiative, FIT will help communities create a "recovery community organization" at the heart of a unique recovery model designed by stakeholders to meet local needs. The organization will serve as a hub, coordinating the community's support of recovery.

**Extend the community of recovery into the workplace.** Communities can help vastly more people and produce new sources of financial support for recovery initiatives by bringing a culture of recovery to the workplace. **Face It Together™** will help by identifying potential local employer partners, fostering collaboration and providing proven worksite programming to promote and support recovery.

**Help communities engage the private sector to create a financially sustainable recovery model.** FIT will use defined and measurable value propositions to show that private sector investment in recovery makes good economic sense. By integrating substance use disorder into their chronic disease management programs, employers not only encourage healthier employees and families but also respond strategically to the demands of healthcare reform. This innovative initiative delivers a return on investment for the private sector in exchange for an expectation of sustainable funding streams.

**Facilitate the development of a holistic service network that reflects the chronic nature of substance use disorder.** **Face It Together™** will assist recovery community organizations in collaborating with behavioral health care providers in the creation of "specialty carve outs" to insure quality and accessibility of substance use disorder services. Such carve outs provide a spectrum of reimbursable medical and non-medical treatment and recovery services and help advance the goals of healthcare reform.

### **Promising Practices**

**Champion promising practices to transform communities and save lives.** FIT will serve as a change agent in the field by identifying evidence-based promising practices for communities of recovery, developed with the help of our university partner. We will share what we've learned with partner communities nationwide to inspire more revolutionary change.

### **Structure & Governance**

**Face It Together™** will have a national board of directors of notable leaders and innovators, representing a number of fields, who are deeply committed to advancing the recovery revolution. The board will be comprised of individuals that can help attract the human and financial resources to the organization to ensure its success on a national scale. FIT's leadership will include Kevin Kirby as CEO and Charlie Day as COO, in addition to a number of other key professional staff.

### **Business Model**

FIT's start-up funding of approximately \$2 million is being sought from local and national donations from individuals as well as from organizations that have a stake in the issue and would be responsive to defined value propositions. In its first 18 months of operation, **Face It Together™** will be focused on demonstrating "proof of concept" of the South Dakota model by tracking outcomes data related to the employer initiative and piloting the awareness program in Sioux Falls, including formal evaluation.

Beginning in 2011, **Face It Together™** will enter into Affiliate relationships on a fee-for-service model. FIT will provide a host of consulting services to customer communities to support the creation and implementation of the local private-sector recovery model. These services are expected to include, among others, strategic planning and counsel, technical training and facilitation. In addition, modeled after Susan G. Komen for the Cure®, affiliates will have access to the trademarked brand, identity, messaging and program activities of the awareness initiative to draw more people into the local recovery model.

In addition to these funding sources, FIT has an aggressive development strategy with a national focus on foundations, grant opportunities and high net-worth individuals with a connection to our cause.

Over the long term, FIT also plans to generate additional operating support through cause marketing by engaging corporate partners that have values aligned with the battle against substance use disorder. These shared values, coupled with the tremendous number of Americans touched by this disease, provide companies with a powerful opportunity to reach millions of families in a deeply meaningful way.

Unlike the analogous models it will emulate, **Face It Together**<sup>™</sup> does not expect to require a large infrastructure. It projects an annual operating budget of approximately \$2 million in order to support a team of world-class revolutionaries. The organization plans on 8-10 full-time employees in areas including marketing, affiliate growth and support and finance.

## A Call-to-Action

We believe this is the right moment for change.

Our nation is in the early stages of an exciting top-down and bottom-up recovery revolution. The forces of change are *legislative* (health care and parity reform), *administrative* at the Federal and state levels (evidenced by the implementation of SAMHSA's 8 Strategic Initiatives) and *viral*, with the growth of the ROSC movement at the grassroots. Our vision is to unleash the revolution by providing it and its revolutionaries with new and powerful tools.

More communities have begun to adopt elements of a recovery-oriented model but are dependent almost entirely on public funding. Transformative change can't happen unless every sector – public and private – is mobilized.

More people in recovery are beginning to speak out and share their stories of living with this disease. But no national organization has stepped forward to attract the requisite human and financial resources or provide the leadership to harness this energy into a unified awareness effort to bury painful stereotypes and eradicate stigma for good.

More companies – in part due to health care and parity reform – are grappling with how they can help their employees better manage chronic disease. Their engagement in the battle against substance use disorder will help substantially more families while boosting the bottom line.

More than 22 million people in our country have this disease – far more than those with breast cancer, heart disease or Alzheimer's. Millions more (perhaps four to five times as many) are in pain because of a spouse, child or friend who needs help.

The disease is also inextricably linked to a whole host of other devastating human and social costs that touch every community in the nation.

This is the right moment for change. **Face It Together™** has a vision that it believes should be shared with those ready to embrace it as part of the recovery revolution. Millions of lives will be transformed for the better. We encourage you to become a champion and supporter of our efforts to change the way our country deals with substance use disorder.

***A nation in which substance use disorder is understood and treated the same as any other chronic disease.***

It's time.

## Appendix

### Contact Us

Please contact our team for more information.

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### Leadership Bios

**Kevin Kirby, Co-Founder & CEO**

Kevin Kirby is in long-term recovery from substance use disorder and is an experienced board-level strategist in a wide array of settings with special interest and skill in strategic planning. He has extensive hands-on experience in finance, investments and senior management in both for-profit (private and public) and non-profit sectors, including public/private collaborative ventures. He is also a philanthropist and seasoned fundraiser.

In 2003, Kirby founded Transitional Living Corporation (TLC), a non-profit organization in Sioux Falls, SD, dedicated to advocating for and implementing the community's 12-step program of recovery. In 2008, he founded **Face It!™ Sioux Falls, Inc.**, both to design and implement a local recovery-oriented system of care and to eliminate the psychological barriers keeping people from recovery. Today, in addition to being co-founder of **Face It Together**, Kirby is Chairman of the Board of TLC and a director of **Face It!™ Sioux Falls**. Kirby also previously served as a director of Faces and Voices of Recovery, one of the nation's leading advocates for recovery.

### **Charlie Day, Co-Founder & COO**

Charles T. Day is a lawyer and CPA by training. Among other activities, he has enjoyed a successful career as a tax partner in one of the original Big 8 accounting firms, as senior finance executive in one of the nation's most prominent regional integrated health systems and as a start-up oriented entrepreneur with a variety of companies. In addition to serving on the board of a regional bank and its publicly held parent company, he is Vice Chairman of TLC and co-founder of **Face It!™ Sioux Falls** and **Face It Together™**. Charlie is also an experienced board-level strategist in a wide array of settings. While he is not a person in recovery, Day is strongly committed to supporting efforts that offer children the best possible futures and that help individuals realize their personal abilities and gifts.

### **Erika Batcheller, Chief of Staff, Face It Together™**

Erika Batcheller is a seasoned public relations professional with 15 years of leadership experience in the public, private and non-profit sectors. She previously served as vice president in the Washington D.C. office of Fleishman-Hillard, a leading global communications firm, where she managed national public education programs for the agency's social impact practice, including the Federal government's unprecedented media campaign to prevent and reduce illicit drug use among youth. She also served in communications leadership positions in the U.S. Senate and at the White House for First Lady Hillary Rodham Clinton. She has been part of the **Face It!** team since 2008.

### **Mary Hitzemann, Executive Director, Face It!™ Sioux Falls**

Mary Hitzemann has served for more than 33 years in human resource leadership positions in the private sector, including 15 years in healthcare settings. She previously was an HR leader for a behavioral health and chemical dependency hospital with extensive outpatient services including an EAP. Hitzemann most recently served for 18 years as senior vice president of HR for a large regional bank, where she started a corporate employee wellness and disease management program. Prior to joining **Face It!™** as executive director in 2010, she served as chair of the organization's board. In that capacity she was instrumental in developing and growing the non-profit's innovative workplace initiative. Hitzemann is a longtime community volunteer and an adult child of an alcoholic and considers herself to be in recovery.

### **End Notes**

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<sup>1</sup> "Substance use disorder" is defined as "a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by 2 (or more) of the following, occurring within a 12-month period:

1. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household)
2. Recurrent substance use in situations in which it is physically hazardous (e.g., driving an

- 
- automobile or operating a machine when impaired by substance use)
3. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights)
  4. Tolerance, as defined by either of the following:
    - a. A need for markedly increased amounts of the substance to achieve intoxication or desired effect
    - b. Markedly diminished effect with continued use of the same amount of the substance (Note: Tolerance is not counted for those taking medications under medical supervision such as analgesics, antidepressants, anti-anxiety medications or beta-blockers.)
  5. Withdrawal, as manifested by either of the following:
    - a. The characteristic withdrawal syndrome for the substance (refer to Criteria A and B of the criteria sets for Withdrawal from the specific substances)
    - b. The same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms (Note: Withdrawal is not counted for those taking medications under medical supervision such as analgesics, antidepressants, anti-anxiety medications or beta-blockers.)
  6. The substance is often taken in larger amounts or over a longer period than was intended
  7. There is a persistent desire or unsuccessful efforts to cut down or control substance use
  8. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects
  9. Important social, occupational, or recreational activities are given up or reduced because of substance use
  10. The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance
  11. Craving or a strong desire or urge to use a specific substance.

Source: American Psychiatric Association. Draft DSM-5 Criteria (2010).

<sup>2</sup> Substance Abuse and Mental Health Services Administration, *Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of National Findings* (Office of Applied Studies, NSDUH Series H-38A, HHS Publication No. SMA 10-4856 Findings). Rockville, MD, 2010.

<sup>3</sup> Recovery from alcohol and drug problems is defined as “a process of change through which an individual achieves abstinence and improved health, wellness and quality of life.” Center for Substance Abuse Treatment, *National Summit on Recovery: Conference Report*. DHHS Publication No. (SMA) 07-4276 Rockville, MD: Substance Abuse and Mental Health Services Administration, 2007.  
[http://rcsp.samhsa.gov/\\_pubs/summit\\_rpt.pdf](http://rcsp.samhsa.gov/_pubs/summit_rpt.pdf)

<sup>4</sup> A recovery-oriented system of care is defined as “the complete network of indigenous and professional services and relationships that can support the long-term recovery of individuals and families and the creation of values and policies in the larger cultural and policy environment that are supportive of these recovery processes. The ‘system’ in this phrase is not a federal, state or local agency, but a macro-level organization of the larger cultural and community environment in which long-term recovery is nested.” William White, *Recovery Management and Recovery-Oriented Systems of Care: Scientific Rationale and Promising Practices*. Jointly published by the Northeast Addiction Technology Transfer Center, the Great Lakes Addiction Technology Transfer Center and the Philadelphia Department of Behavioral Health/Mental Retardation Services, 2008.

[http://www.facesandvoicesofrecovery.org/pdf/White/recovery\\_monograph\\_2008.pdf](http://www.facesandvoicesofrecovery.org/pdf/White/recovery_monograph_2008.pdf)

<sup>5</sup> White, 2008

<sup>6</sup> SAMHSA, 2010

<sup>7</sup> Substance Abuse and Mental Health Services Administration, *Substate estimates from the 2006-2008 National Surveys on Drug Use and Health* (Office of Applied Studies), Rockville, MD, 2010.

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<sup>8</sup> U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, 2010.

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<http://www.nattc.org/recoveryresourc/docs/RecoveryManagement.pdf>
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- <sup>20</sup> A recovery community organization has traditionally been defined as an "independent, non-profit organization led and governed by representatives of local communities of recovery. These organizations organize recovery-focused policy advocacy initiatives, carry out recovery-focused community education and outreach programs, and/or provide peer-based recovery support services." Phillip Valentine, W. White & P. Taylor. *The Recovery Community Organization: Toward a Working Definition and Description*, 2007. [http://www.facesandvoicesofrecovery.org/pdf/valentine\\_white\\_taylor\\_2007.pdf](http://www.facesandvoicesofrecovery.org/pdf/valentine_white_taylor_2007.pdf)
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