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A Unique Model for Promoting Personal, Family, and Community Recovery: An Interview with Kevin Kirby (kkirby@wefaceittogether.org)

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Introduction

Communities across the United States are organizing grassroots efforts to expand addiction recovery support resources. Many of these efforts have been launched by new recovery advocacy and support organizations, while others are flowing from larger community coalitions. One of the most distinctive emerging models is that of Face It TOGETHER, launched in Sioux Falls, South Dakota under the leadership of Kevin Kirby and Charlie Day. I have had the pleasure of meeting with both of them over the intervening years to explore how their model is evolving and being adapted in other U.S. communities. I recently had the opportunity to interview Kevin about the birth and evolution of Face It TOGETHER and its current programs. Please join us in this engaging conversation.

Background

Bill White: Kevin, could you describe your journey from personal recovery to the motivations and ideas that led to the founding of Face It TOGETHER?

Kevin Kirby: Sure, but first let me say thanks for conducting this interview and for your guidance and counsel over the years. As will become apparent throughout this interview, you have been a big influence on my life.

Like many people who have survived a brush with death, I emerged with a clear sense of purpose: to utilize my particular gifts to do something meaningful in the field of addiction. I am a 15-year survivor of addiction. My education is finance and law and my career included owning and operating a financial services business, private equity, extensive governance experience in a variety of public, private, for-profit and non-profit settings, and leadership of numerous civic organizations and projects in my hometown of Sioux Falls, South Dakota. I've been married to Peggy for 40 years and have 3 adult children and 2 grandchildren, all living in Colorado.

In the late '90s, I was a success by any secular measure. I had success in business, was chairing or serving on numerous boards of directors and had a stable and fulfilling family, stature in my community, and a second home and all the toys and trappings of wealth. But inside I was dying a slow death. I had been getting increasingly depressed and anxious. I wondered if I was crazy. Things that used to interest me no longer did. I felt utterly alone, absolutely incapable of trusting anybody with my inner secret. On the outside, I was a perfectionist, making sure that nobody would ever know the real me. As these feelings intensified, I relied on alcohol to keep up the charade. I am living proof of the old adage that liquor was but a symptom of my difficulties – I had to get down to causes and conditions.

In 2000, my act was nearing its end. I was consuming so much alcohol, trying for the perfect balance, that it too started to contribute to my challenges. Eventually, my medicine quit working. I was left with a large portfolio of living problems without a remedy of any kind. Finally, it was my idea to try treatment for alcoholism, even though, at the time, I didn't know what alcoholism was or that I had it.

Thus began a 2½-year period of my life that spiraled downward at an accelerating rate. I spent 255 days in four highly regarded residential treatment programs, did a couple of stints in behavioral health facilities and had too many encounters with detox, emergency departments, and intensive care units to count. I lived with suicidal ideations throughout this period and made one suicide attempt. Nobody knew what to do for me, to me, about me -- including me.

Eventually, and because a court determined that I was a danger to myself or others, I was forced to enter a 4½ month extended care program. It was that act of being ordered to do something that set in motion a remarkable transformation. Up until that time, I had been driving the bus, picking which treatment facility I would go to, for how long and what I'd do upon completing the program. I had to be rendered powerless in

order to comprehend what powerlessness meant. The moment I learned that a process had begun over which I had no control, my recovery journey took on a whole new look. It was as if a tremendous weight had been removed from my shoulders. I was no longer in charge. I went into the extended care program as a sponge, soaking up everything I could. It was an incredible opportunity of which I took full advantage.

It was during that last treatment episode when it started to become clear to me that I should use my gifts to do something meaningful in the addiction field. I started by returning to my community, surrounding myself with seasoned recovery community veterans, forming a non-profit organization, Tallgrass Recovery, and identifying and meeting the unmet needs of my community. We started with transitional homes and eventually added a residential, 12-step immersion model. That organization and its facilities and programs are thriving today, though I no longer have any formal affiliation with them.

As positive as that experience was, I got the distinct impression that I hadn't yet found my niche. The longer I worked in the addiction field, the more I realized it was barely scratching the surface of the problem. I learned that addiction is clearly our nation's most significant health and societal challenge, that the vast majority of those who need help don't get it and that the service delivery system we've inherited is broken, treating the chronic disease of addiction with episodic care. Then I knew I had to be part of a bigger solution.

I looked around. I searched for something like Susan G. Komen for the Cure, a national organization with grassroots affiliates that has been an important catalyst, changing virtually everything we think and do about breast cancer in this country. What I found were three distinct fields of addiction, treatment, and recovery, each terribly fragmented and fraught with competition, inconsistencies, unsubstantiated claims, public sector dependency, and endless debates about almost everything. In my view, there was no world-class organization with national aspirations designing and

executing real and meaningful solutions to our nation's biggest problem.

That's what we've worked to create in Face It TOGETHER. Today, we are essentially outsiders looking in, advancing comprehensive, sustainable solutions to addiction. We've spent the last several years doing what entrepreneurs do. We have availed ourselves of all that is known in fields as diverse as health care, population health, the health insurance market, employer wellness, and chronic disease management programs, addiction treatment, the emerging science of peer-based recovery supports, social movements, communications, community activation, technology platforms, data analytics, and more. We've also worked collaboratively with strategic partners to invent, prove, and commercialize products and services to accomplish our mission. We have built a national model for grassroots application in communities across the country. We've created the elusive template, in the form of a very comprehensive playbook, that now provides the road map and tools that communities need to solve addiction, all in one place.

Bill White: By way of background, describe the state of addiction care in Sioux Falls, South Dakota, when you began this effort.

Kevin Kirby: I think my community was pretty typical. We had an assortment of conventional in-patient and outpatient treatment providers, counselors, and the like that, collectively, were missing 90% of the market year after year, and those who were providing services were not being held accountable for outcomes. This is not an indictment of the people delivering services. Many of them are good friends of mine. It is a commentary on the brokenness of our nation's service delivery system. And, just like everywhere else, addiction was being ignored by health care, and employers were generally out to identify and remove those who suffered, rather than help them. Again, not an indictment of anybody. Until then there had never been a compelling business case for health care to be in the addiction management business or for employers to

treat addiction just like any other health issue.

Bill White: Describe the planning process that was involved in launching Face It TOGETHER.

Kevin Kirby: It was 2007 when I first reached out to you. Having read just about everything you'd ever written, especially on the topics of Recovery Oriented Systems of Care and Recovery Community Organizations, I distinctly remember asking you to send me the template for community transformation. If memory serves me right, you kind of chuckled. It didn't exist.

We started by following your advice about orchestrating an inclusive, grassroots, big tent approach to bring virtually every sector of our community together to imagine what it would look like if we really believed addiction was a chronic disease. I knew if I could just tap into my community's rich legacy of leadership, vision and generosity, it would step up to the plate with new and innovative solutions.

I wasn't disappointed. Leaders from virtually every sector were there -- employers, health care, social services, the recovery community, treatment, counseling, education, the mayor and other public officials, criminal justice, public health, faith, and others. We recruited seasoned experts and facilitators in the form of Jim Wuelfing, Phil Valentine and Cheryle Pacapelli to join us for one full Saturday each month for seven months; literally thousands of man hours dedicated to the process. It was an awe-inspiring effort that quickly focused on the design of solutions.

The most visible manifestation of this process was the creation of what today is Face It TOGETHER Sioux Falls (FITSF). Its mission is, quite simply, to get addiction sufferers well and its vision is a community that has solved the disease of drug and alcohol addiction. Bold on both counts for sure. As we'll get to later, it's basically an RCO on steroids. It does what conventional RCOs do but it reaches every community sector and sustains itself by delivering value to community stakeholders.

These days, as I'm speaking about our model in communities across the country, I often say, "In order to solve this community's most pressing health and societal challenge, only one thing needs to change: everything." I'm convinced that communities can solve addiction, not by throwing more money at fatally flawed systems (by building bigger jails or polishing up old, broken down machinery), but by making a collective, community-wide declaration that business as usual is over and every community sector is committed to being part of a real solution.

Bill White: What have been some of the key historical milestones in the development of Face It TOGETHER?

Kevin Kirby: Easily, the most important milestone in our history was what Carl Jung would call a synchronicity -- the unlikely partnership forged between my co-founding partner, Charlie Day and me. Charlie's background includes being a partner at one of the nation's leading public accounting and consulting firms, a practice he parlayed into a specialty on health care mergers and acquisitions. Charlie had only been in town for a couple of years when our paths crossed. He had been hired by a regional integrated health care delivery system for a short-term stint in a senior finance position. He graciously agreed to help me out with some governance and management issues at Tallgrass Recovery. In so doing, he gave me the liberty to bury myself in research, all of which culminated in the creation of Face It TOGETHER. Then he never left town. Even after his health care work, he made a commitment to me and to the ideas that were starting to surface. Nearing the final chapter in his distinguished career, he was intrigued about the possibility of being part of something special. In Charlie's case, what really pulled at him was the impact of addiction on children.

Charlie was really the first to think in terms of monetizing recovery from addiction. What we mean by that is identifying those with a financial stake in solving the problem, then designing products and services to

solve those problems in order to deliver value. So when the planning process was underway in Sioux Falls, Charlie worked with his friends in the health care and payor markets to identify a group of about a dozen employers most likely to be interested in incorporating new and innovative ideas around addiction into their already existing chronic disease management and/or wellness programs. We affectionately refer to these employers today as the low hanging fruit. At Charlie's urging, they were the inventors of what is still the heart of our model -- the Workplace Initiative. Today there are 35 employers representing about about a third of the local workforce participating in this effort.

Other milestones relate specifically to the success of our first affiliate in Sioux Falls. They represent what we believe to be several firsts for any recovery organization. This includes our award-winning, research-based community awareness program, which launched in 2011 and set new standards for messaging around addiction as a chronic disease; earning United Way partner agency status in 2013, reflecting our commitment to proving outcomes and their social impact on the community; securing Community Reinvestment Act dollars from banks; and winning the Bush Prize for Community Innovation in 2014. Two other defining milestones were the opening of our state-of-the-art recovery center in 2014, a space that was designed to remove the psychological barriers to getting help; and the development of our Addiction Management Services technology platform, which provides the tools for us to capture invaluable data about how people get well so we can advance this learning in the field.

However, arguably the most important milestone for our Sioux Falls affiliate is its sustainability. As a result of some of the above, it is able to sustain itself year after year with funding almost exclusively from its partners and customers in the private sector.

We've also enjoyed some key milestones for the national organization, Face It TOGETHER. This includes earning recognition from Ashoka, the world's leading

international network of social entrepreneurs, and a Bush Fellowship for our own David Whitesock, who probably serves as the nation's only Addiction Informatics Officer. We also broke new ground in forging a partnership with a large, integrated health care system to implement our Addiction Chronic Care Model. Most currently, we're in the final stages of scaling our model into four new communities and expect to be in another half dozen or so later in 2016.

Face It TOGETHER Operations

Bill White: How would you define the mission and vision of Face It TOGETHER?

Kevin Kirby: Our vision is bold -- a nation that has solved addiction. Our mission is to get drug and alcohol addiction sufferers well. Face It TOGETHER affiliates share this vision and mission at the local community level. Not surprisingly, we spent a lot of time crafting our vision and mission. Basically, every community has two common problems around addiction -- too few who suffer get the help they need and too few get well. So it's all about quantity and quality. If we are to solve these problems, everything we do must be geared to impact either quantity or quality. While there is certainly some overlap in our portfolio of products, they are collectively designed to 1) remove barriers so dramatically more people will access care; 2) transform the quality of addiction care so sufferers can get well and stay well; and 3) measure outcomes so we know how people get well and can demonstrate value.

Bill White: What do you mean when you say that you are out to "solve addiction"?

Kevin Kirby: As you can probably tell by now, we are very intentional about everything we do. The choice of words in our vision is no exception. The quick answer is "I don't know." We include the word "solved" in our vision not so much because we pretend to have all the answers but rather to convey a sense that we are committed to helping stakeholders shape the answers. Solve is

going to mean different things to different people. For somebody suffering from the disease of addiction, solve might mean cessation of consumption or restoration of relationships or a job or successfully managing the disease or remission or maybe even wellness. For family members, solve might mean harm reduction, personal safety or the safety of a loved one. For employers, solve might mean higher productivity, less turnover, few accidents or lower health care costs. For health care providers, solve might mean keeping patients healthier so they don't cycle in and out of costly services. For payors, solve might mean getting people well and keeping them well. For treatment providers, solve might mean delivering evidence-based care and being transparent about outcomes and costs in a new world order of accountable care. For communities, solve might mean a dramatically lower incidence of the disease, reduced demand for social services or reduced criminal justice expense.

A foundational element of our model is to measure all of these and other variables such that over time, we will demonstrate its impact. In the final analysis, solving addiction is going to mean fundamentally changing what we think and do about addiction in the United States.

Bill White: What is the governance structure of Face It TOGETHER?

Kevin Kirby: I'm glad you asked that question, as I am convinced there are few topics more important to the success of an organization than its governance structure. As you know, I've spent decades in board rooms. When it came to putting together a governance package for Face It TOGETHER, my partner, Charlie, and I availed ourselves of the best thinking we could find. Both of us had been students of governance for some time, so we had a lot of practical wisdom from which to draw but we knew Face It TOGETHER's vision and mission were bold, very bold. In order to be successful, it would need a world-class governance structure. After a thorough look at both the literature and organizations from

which we thought we could learn a thing or two, we put together a comprehensive governance package which leaned primarily on two reputable resources; the National Association of Corporate Directors (NACD) and Jim Collins.

NACD, of which I've been a member for many years, is the recognized authority on advancing excellence in corporate governance, and Jim Collins is a renowned American author, business consultant and lecturer known best perhaps for his NY Times Bestseller, *Good to Great*. Basically, we designed our governance package informed by best governance practices and tailored it to reflect the boldness of our vision and mission. It contains all of the expected tools and probably several that are not so common. Most importantly, we very intentionally define the position description of a director to be identical to that which one might expect to find in, let's say, a Google or Apple, pushing the organization to greatness, with one very important addition. Directors of excellent non-profit organizations must not only be prepared to do the job of a typical corporate director; they must also be willing and able to be an active resource for the CEO.

Today our board consists of four directors, including myself, with a variety of private sector backgrounds -- everything from a CEO of a publicly traded technology company to a marketing small business owner to an award-winning journalist. Clearly, I work for the board. I happen to be an uncompensated CEO but I am held accountable to perform in the same way as others. My board is fully versed on the dynamic strategies and operations of Face It TOGETHER and has been an important asset at this still early stage of our evolution. Interestingly enough, every one of us is willing to step aside whenever it might be best for the furtherance of our very important mission. We hold these positions to further the organization, not the other way around. Our plan is to slowly add additional directors as our footprint expands beyond the Upper Midwest, quite possibly to include representatives from some of our more significant strategic partners.

We apply the same intentionality and rigor to the governance of our affiliates. Included in the affiliate playbook is a comprehensive governance model reflecting these same ideals.

Bill White: How is your community model different from a typical Recovery Community Organization?

Kevin Kirby: I'll start by talking about what our affiliates do. Our work is tailored to each community but our affiliates carry out their mission in six general ways: advance system-wide change; remove stigma through public education; mainstream addiction care into healthcare; mainstream addiction wellness into the workplace; provide peer-based addiction management support services; and use technology to deliver services and measure outcomes.

While I'm no expert in the operation of a typical RCO, I think you'll see some things in here that distinguish our model. First of all, from a customer's perspective, the people we serve step into a very different space. We're really intentional about requiring our affiliates to meet some pretty important design standards consistent with our brand and values. We believe strongly that our offices must have the high quality look and feel of those normally associated with serving customers in a health care setting. We don't do this to make us look good, but because we must be cognizant of the explicit and implicit messages we're sending to our communities and to those who need our help. If we're going to change what we think and do about addiction, we'd better start with what the organization looks like and where it's located.

Also, and this was covered in some detail in the previous question, you'll notice that we don't subscribe to the proposition that community organizations dealing with addiction need to be organized by or led by the recovery community. Our model is designed to solve a community-wide, deeply entrenched societal problem. Our experience tells us that boards of directors must reflect the whole community and be

equipped to lead broad community transformation.

That is not to say that the recovery community isn't critical to our success or that those in recovery aren't involved in governance. To the contrary, some of our most effective directors have the whole package -- fitting the director profile and in recovery. Here again, if we're going to change what we think and do about addiction, we might consider rejecting the notion that only those in recovery are qualified to do this work. I'm not diabetic but I think I could add value to an organization committed to meaningful and sustainable changes around diabetes. We have some wonderful directors as passionate, empathetic, and committed as any of us in recovery.

Bill White: How is Face It TOGETHER funded and how has that changed since its inception?

Kevin Kirby: Even before FITSF was created, I was able to attract some early angel investors to fund its start-up. In its first 2 or 3 years of operation, it was able to attract a sufficient amount of employer partners, United Way support, private philanthropy, and net proceeds from events to sustain itself.

The primary source of funding for the national effort, Face It TOGETHER, has been "angel capital." Like a lot of start-up entrepreneurs, I went to family and friends to raise the money. Among my family and friends, which included our region's leading health care delivery systems, we've raised and spent about \$6M since inception, most of it focused on the last three years.

Our funding strategy has evolved in a rather predictable fashion as our business has matured. Again, like a lot of start-ups, we spent angel capital doing research and development work to create products and services that can be commercialized. Over the last six months, we've been actively managing a pivot away from reliance on philanthropy toward a fully self-sustaining business delivering products and services to customers. I expect that by 2017, Face It

TOGETHER will be thriving through a combination of revenues from customers throughout the country and from a small group of philanthropists.

We believe we can be successful long term in accomplishing our mission without building a lot of overhead into the national organization. Our experience tells us that a team of, let's say, 15 to 20 talented social entrepreneurs can effectively scale our model such that by about 2025, we'll be in 50 communities.

Bill White: What would you describe as the core focus of Face It TOGETHER's work as a national organization?

Kevin Kirby: That's an easy one. Our core focus is our mission -- getting addiction sufferers well. Nobody ever said this was going to be easy. I'm convinced that we can be successful to the extent we remain absolutely steadfast to this mission. Everything else is just noise. Today, we have a well-conceived package of strategies designed to further our mission. Tomorrow, we'll have a different set. We don't really care how we get there. The mission trumps everything else. I suspect, however, that a primary mechanism to further our mission will always be empowering a network of affiliated communities with new, proven, and innovative tools to go where nobody has gone before.

Bill White: How have you engaged with health care providers and payors?

Kevin Kirby: Before I get to the how, let me begin by saying that meaningful and sustainable solutions to addiction are simply not possible without the robust participation of both health care and payors. We've spent a lot of time and resources understanding the needs of these players and designing products to meet them.

If you talk to anyone involved in the traditional health care system, they'll readily admit that they have no idea what to do with patients suffering from addiction. It's a problem they've ignored, so most health care providers today are totally ill-equipped

to help people with addiction get well, and the costs to health care are tremendous. But as outcomes-based health care reimbursement becomes a reality, they also understand that they can no longer avoid dealing with this disease.

We work with health care partners, such as integrated delivery systems, to help them successfully address addiction in the new era of patient-centered, outcomes-driven care. Our tools and programs are designed to help providers better care for addiction sufferers by making more accurate diagnoses, referring patients to appropriate levels of care, and building and connecting patients to a continuum of care that extends beyond the walls of treatment and the clinic.

Our Addiction Chronic Care Model draws on a well established approach to care for other chronic illness. It helps health care providers enhance the patient experience, improve outcomes and reduce costs around addiction. It's based on the patient-centered medical home model, with a coordinated, team-based continuum of care connecting the clinic with community resources. For example, we're working with Sanford Health, the nation's largest rural health care system, to train and support Face It TOGETHER peer navigators in primary care clinics. These peer support advocates guide patients through the complexity of clinical and community addiction care and provide long-term recovery coaching. We'll also be able to provide these kinds of peer supports to patients remotely - such as via smartphone, text or video -- through our new technology platform, which is fully HIPAA compliant.

On the insurance side, we know that payors succeed when people get well and stay healthy. We help them do this in a variety of innovative ways around addiction. Payors are already engaged in care coordination, wellness, and disease management with their covered lives. So we help strengthen and enhance these initiatives by better managing population health specifically around addiction. We offer technology, tools, services, and analytics to improve long term addiction support and help payors better manage costs.

And, finally, even though you didn't ask about the engagement of treatment providers, they too are a requisite piece of meaningful and sustainable solutions. Treatment, as you know, is in the midst of a revolution. All the buzz these days is about consolidation, largely motivated by scaling efficiencies and increased volumes due to more insured lives and parity. What hasn't been getting the attention it deserves is the impact on the treatment industry of the demise of the fee-for-service reimbursement system. Those who are at financial risk for patient and/or covered lives are simply not going to sustain any longer an industry that isn't wholly committed to joining the 21st century movement of accountable care.

Our health care and payor partners recognize that they are going to be a powerful force in shaping the future of the treatment industry. Treatment providers will thrive to the extent that they deliver service as part of a continuum of care and are held accountable for their outcomes relative to cost. This is a dramatic transformation in the cultures of these institutions. Not all are going to make it. Here again, we look to partner with those treatment providers who are interested in working with us and our customers to build meaningful and sustainable solutions.

Bill White: What role do employers play in your model?

Kevin Kirby: Employers are the foundation upon which our model rests. Unfortunately, employers have historically been ignored or viewed as adversaries by many in the traditional recovery movement. But because employers and the private sector bear some of the greatest costs when it comes to addiction, they're also positioned to effect the greatest change. About 70 percent of those with addiction issues are employed either part or full time. Most hide their disease due to stigma, shame, and fear of consequences at work, driving tremendous costs in the workplace. Through our Workplace Initiative, we help employers integrate addiction into their chronic disease management or corporate wellness

programs. The goal is to remove stigma and build a culture of addiction wellness through workplace education, outreach, and peer-to-peer support. Employers embrace the program because they help employees and their families and strengthen the bottom line.

Our Workplace Initiative is also the linchpin to our successful affiliate business model. The investment from Workplace Initiative partners helps ensure long term financial sustainability so our affiliates aren't dependent on public dollars.

Bill White: How has your model evolved over time and what's your process for innovation?

Kevin Kirby: While we're bold in our conviction that addiction can be solved, we don't pretend to have all the answers. Our model has gone through many iterations since our inception six years ago. We're a learning organization and we've made a commitment to doing the things that support innovation, including nurturing a culture of collaboration and transparency and encouraging healthy debate so we can be open to new ideas. We routinely draw insights and learning from other fields. We're also working to capture and use the right data in order to better understand how our work should evolve. And we're in the early stages of convening an outside Advisory Board of thought leaders from health care, social entrepreneurship, data analytics, addiction treatment, and other fields to challenge us and stimulate improvements to our model.

Bill White: What are the key paid and volunteer roles within Face it TOGETHER Affiliates?

Kevin Kirby: We're similar to a typical RCO in that we have a combination of paid staff and volunteers providing addiction management support services, such as recovery coaching and telephone support. However, we have two key roles that probably look very different. Our Executive Director profile is much more business focused, with an emphasis on the qualities

and skills of social entrepreneurship. Our Executive Directors must be able to lead change through a market-based approach. We also have a paid Director of Partner Relations whose role is managing and growing the employer relationships for the Workplace Initiative. Again, this role is one that requires a strong business orientation.

Bill White: Describe your approach to recovery support services and the technology you're using to enhance this work.

Kevin Kirby: Our recovery coach training curriculum is modeled on best practices in peer support for chronic disease as advanced by Peers for Progress, a global program of the American Academy of Family Physicians Foundation. Also, peer recovery coaches at our affiliates use a proprietary web-based technology platform, powered by Welkin Health -- a leading digital health company -- to help coaches provide quality, continuous peer support. The platform organizes workflow to make providing support easier and more effective and it allows clients to communicate with their coach whenever and wherever they need it, including by phone, email, or text. The platform also tracks and records interactions and other data so we have real-time understanding of what's working for clients and what's not. It's also HIPAA compliant and can integrate with other systems, such as Electronic Health Records.

Bill White: What community partnerships have been most important to the work of Face It TOGETHER?

Kevin Kirby: We've touched on many dimensions of this question, but engagement with the private sector has really been the key to our success given its importance to the financial sustainability of our first affiliate. But I'd be remiss if I didn't also point to our commitment to collaboration and serving as a neutral party so we can bring all sectors to the table to effect fundamental, systemic change. This includes everyone we've talked

about in the public, private, and nonprofit sectors.

Bill White: How has the local community response to Face It TOGETHER evolved over time?

Kevin Kirby: That's an interesting question. As you know, our pilot community of Sioux Falls, South Dakota, jumped in with both feet right up front. Among the roles of FITSF is keeping the momentum going by being a catalyst to ignite various sectors and reminding stakeholders of their interest in being part of meaningful solutions. We've made tremendous progress working with some sectors like employers, health care, payors, banks, United Way, and others. Largely due to resource limitations, however, not every sector is yet part of the solution.

As we expand our footprint, we are getting exposure to more communities. We are learning from each one. Generally, the community responses have been overwhelmingly positive. In the case of our home town, everything was new. I was just a guy with some big ideas and no organization yet existed. Today, when we first start talking with community representatives, we have years of experience, a talented team, and a portfolio of products that have been designed, proven, and commercialized to meet the needs of customers everywhere.

Working in these new communities, we've discovered a common thread among stakeholders. While there is very little we can explain to community stakeholders that they don't already know about their community's addiction-related problems, we are perceived as different from yet another in a long line of "next big things." We are a business operating in the social sector focused on delivering value to customers. One comment we hear often is, "you guys are neutral, transparent, and collaborative."

Bill White: You have emphasized the importance of collecting and reporting measurable outcomes in the work of Face It TOGETHER. Could you describe the data management system you use and some of its key elements?

Kevin Kirby: We believe that the future of addiction care lies in good data. That's why we've invested significant resources in developing the technology and systems to measure and track our recovery support services and outcomes. We're currently using a proprietary database and technology platform to identify the individual, social, and community factors and health care interventions that help or hinder a client's ability to get well.

At the foundation of our evaluation model is the Recovery Capital Index (RCI). As you well know, the architecture of the RCI is based on three primary domains shown to play an integral role in someone's ability to get well from addiction: physical and human capital, family and social capital, and cultural capital. The RCI and our tools allow us to measure the manifestations of the disease of addiction and the elements that influence addiction care, recovery, and wellness. We're also working to measure the social impact of our model on communities and other stakeholders, such as employers.

Bill White: You have had other communities seeking to replicate or adapt the Face It TOGETHER model through an affiliate process. Could you describe how this affiliate process works and its current status?

Kevin Kirby: Sure, but first let me address our rationale for building a network of affiliates. We concluded early on that success in our home town is limited to the extent that many of the messages that contribute to the stigma and stereotypes around addiction come from national sources, like TV, newspapers, movies, websites, and the like. In order for communities to overcome the resulting psychological barriers, we had to create something capable of bringing these messages into the 21st century. We are convinced that a growing network of affiliated community organizations is capable of attracting the types of cause partners required to reshape the messaging around addiction on the national stage.

Again, the most successful application of this strategy can be found with Susan G. Komen for the Cure.

Now, for how the affiliation process works. In 2011 we formed a separate nonprofit entity, Face It TOGETHER, to build out a national network of Face It TOGETHER affiliates. We're working with several new communities now in North Dakota, Minnesota, Texas, Colorado, Massachusetts, and New Hampshire, and expect to have around ten new affiliates operating in 2016.

We don't choose affiliate communities, they choose us. We go where we're invited by leaders with the ability to effect change. The three phase affiliation process generally runs about seven months. We've designed the process very deliberately to ensure the organization has a strong foundation for success. It includes significant time invested in developing community leadership and securing engagement from key stakeholders. We help identify and enlist a broad spectrum of champions, conduct outreach to educate the community, and provide guidance in tailoring the Face It TOGETHER model to local needs. Following that, the process includes the nuts and bolts of establishing the organization, laying the groundwork for proper governance and a business plan. The final phase includes hiring and training key staff and getting the doors open.

Bill White: Describe your relationship with affiliates and the benefits of affiliation with Face It TOGETHER.

Kevin Kirby: Face It TOGETHER affiliates are independent 501(c)(3) organizations that are community owned and operated but have a formal affiliation agreement with the national Face It TOGETHER organization. The affiliation agreement is designed to define and govern the relationship in a collaborative, mutually accountable way. Affiliates benefit from the relationship in many tangible and intangible ways. Under the affiliate relationship, we provide communities the roadmap, along with the tools, technology, programs. and support

necessary to effectively implement our model locally. Our model is financially sustainable, which is very appealing to existing RCOs. We provide a full operational playbook to implement our programs and ongoing training and support to do that well. Another benefit is the use of our brand identity. The values and principles embedded in our brand help power our work in communities. Affiliates will also reap the lessons learned from aggregated data and analytics. Lastly but probably most importantly, affiliates benefit from joining a network of other like-minded changemakers and all of the collaboration opportunities that come along with that.

Reflections on Work to Date

Bill White: What do you think have been Face It TOGETHER's most important achievements to date?

Kevin Kirby: As with any start-up operation, and especially one with bold aspirations, survival has been our most important achievement. Beyond that, we have made all of the typical early mistakes so that our affiliates don't have to make the same ones. Each time, we failed forward. Today, we own the space of incorporating addiction into chronic disease and wellness programs, into population health management, into data analytics, and into chronic care models of health care delivery. We have what the Silicon Valley start-up folks call a "minimum viable product" -- one that will continue to get better but that today delivers sufficient value to be viable in communities across the country. We have a template that provides all of the tools necessary for communities, whether they have an existing RCO or not, to solve addiction.

Bill White: What would you say have been the greatest challenges you have faced in this effort?

Kevin Kirby: Well, nobody said solving our nation's most pressing health and societal challenge was going to be easy. Every day, every new customer, every opportunity

presents a new set of challenges. Arguably the biggest challenge we've faced since day one, though, has been being accepted for what we are. Our greatest attributes -- our neutrality and our talent -- can be an obstacle in a field that has evolved in rather insular ways for decades and is characterized mainly by silos. I think it's been pretty easy to ignore us until now, having tipped the scale from aspiration to proof. In retrospect, there's nothing terribly revealing about that. History is filled with examples of outsiders transforming industries. Rarely have disturbing innovators been welcomed with open arms. Having said that, we look forward to working collaboratively with partners everywhere who are interested in real solutions.

Bill White: What do you feel best about in terms of what you have achieved through Face It TOGETHER?

Kevin Kirby: I feel blessed to act as a packager of all of the great ideas and solid principles given to us by you and others. If it weren't for you, I don't think I'd have landed on the notion of building service delivery systems to match the chronic nature of the disease. If it weren't for people like William Moyers and others, I don't think I would have understood nearly as well the magnitude of psychological barriers that must be overcome. If it hadn't been for Faces & Voices of Recovery, we might not have the opportunities afforded by parity legislation. If it hadn't been for the most disruptive transformation in the history of health care, I don't think we would be resonating like we are with the industry's giants. So, to answer your question, I feel like I'm a lucky survivor who happens to be in the right place at the right time. Today, I have the best job on the planet. I'm surrounded by really talented people availing ourselves of all that is known and intentionally and systematically developing, proving, and commercializing the missing pieces to do something really special. I couldn't ask for more than that.

Bill White: Recovery community organizations around the country are looking

at models of financial sustainability that will allow them to continue their work in public and professional education, policy advocacy, and the delivery of peer-based recovery support services. Is the model you have developed in Sioux Falls a viable model for such RCOs to consider?

Kevin Kirby: Absolutely. We have RCOs calling us every week looking for help in establishing a more financially stable business model. The vagaries of public spending, changes in the health care industry, and other external forces are going to squeeze RCOs even more going forward. We help RCOs evaluate whether the model can work for them and their community and what the affiliate development process is like. Some expect it to be like flipping a switch but we've learned that transitioning RCOs can take almost as much effort and time as starting a new organization from scratch.

Bill White: What are some of the most important lessons you have learned through the work of Face It TOGETHER?

Kevin Kirby: Well, we've learned a lot of important lessons along the way. I think that first and foremost, we've come to grips with the fact that we need to be empathetic to our audiences. While we don't pretend to have all the answers, I think we sometimes come off that way. We embrace our role as disturbing innovators but that doesn't mean we can afford to be perceived as the bull in the china shop. It's a fine balance though. On the one hand, we know that solving addiction is going to require extraordinary measures and that, from time to time, there will be those who've done things the same way for so long that they are reluctant to or are fearful of change. Experience tells us that being inclusive and transparent every step of the way is the best way to get buy in. But, we're never going to keep everybody happy. That's not our job. Our job is to solve addiction.

Another valuable lesson we learned the hard way is to only go where we're invited by those with the capacity to effect

our model. Early on, we were hired by a public sector entity to establish an affiliate in a community. It didn't work. We spent a lot of time and resources trying to identify champions in the community to lead the charge. They simply didn't exist. We were pushing a rope. Today, we determine at a very early stage whether there are community leaders willing and able to lead the effort. That doesn't mean that we'll never get to those other communities. It just means that, given our current slate of customers, we have other priorities with more immediate payback.

Bill White: In closing, is there any final personal advice you would offer individuals who are considering launching an organization like Face It TOGETHER in their local community?

Kevin Kirby: At the risk of sounding self serving, my advice is to connect with us. Our vision requires that communities everywhere solve addiction. We are eager to help move the ball down the field wherever that may take us. Whether you are a person in recovery passionate about doing something meaningful in this field or a community leader passionate about doing something in

your community, or a health care leader interested in integrating addiction into a population health strategy, we are prepared to help identify the steps necessary to be effective.

Bill White: Kevin, thank you for taking this time to share this progress report on Face It TOGETHER. I wish you the very best in your continued efforts.

Kevin Kirby: You are very welcome. It is an honor to be interviewed by a guy for whom I have the utmost respect. You blazed many important trails that make our work possible. Stay prolific. Our field needs you.

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