



TOGETHER WE CAN SAVE ONE MILLION LIVES

"Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has."

Margaret Mead



A 501(c)3 Nonprofit

EXECUTIVE SUMMARY

The Problem: While the number of individuals dying from alcohol and drug addiction has skyrocketed over the last 30 years, the addiction treatment industry has remained in the dark ages. Only a tiny percentage (well less than 1%) of rehabs scientifically follow up with their patients after treatment to learn whether the patients are recovering or not. Nor has there been much real-world data to determine what type of treatment is most likely to be effective for specific individuals. As a result:

There's been no improvement in the effectiveness of addiction treatment in the last 30 years

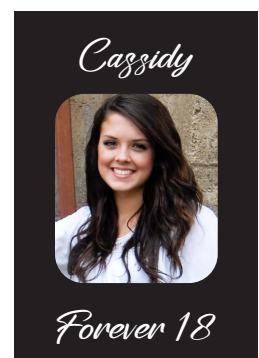
Conquer Addiction's Unique Position: Joanna Conti, Conquer Addiction's co-founder, experienced first-hand the critical need for rehab effectiveness data when her teenage daughter started drinking enough alcohol to potentially kill herself night after night. Over the next six years, Joanna had to repeatedly choose where to send Karina to treatment based solely on how nice the salesman was. After Karina achieved long-term recovery, Joanna started Vista Research Group in 2015 to help other families by measuring the effectiveness of addiction treatment centers.

Ten years later, Vista has monitored over 100,000 patients during addiction treatment and followed up post-treatment with over 40,000 of them. As Vista's sole owner, Joanna has bequeathed access to Vista's data in perpetuity to Conquer Addiction so the nonprofit can use it to achieve its mission of helping dramatically more people recover from addiction.

Conquer Addiction's Plans to Transform Addiction Treatment: As a 501(c)3 nonprofit, Conquer Addiction is looking for donors to help us fix both of the major issues keeping addiction treatment from being as effective as it could be:

Holding Rehabs & Health Insurers Accountable for Their Outcomes:

Vista's research shows that patient recovery rates vary dramatically depending upon both the rehab they attend and the health insurance company paying for treatment. Using Vista's research data, Conquer Addiction will create a predictive model that allows us to use claims data to estimate patient recovery rates for all major rehabs and health insurers across the U.S annually. Effective rehabs and health insurance companies will be invited to showcase their superior results to families and employers on Conquer Addiction's website.



Recommending the Best Type of Treatment for Individuals: Compared to other complex diseases, the addiction treatment industry is in its infancy in terms of being able to recommend the type of treatment most likely to be effective for a specific individual. By comparing post-treatment outcomes data for 25,000 patients attending medication-assisted treatment (MAT) centers with the data Conquer Addiction already has for patients attending short-term therapy-based centers, researchers will be able to predict the type of treatment most likely to be effective for someone based upon their drug use history and socioeconomic and psychographic characteristics.

Proposal: Conquer Addiction plans to raise \$5.0 million for these two projects -- \$1.75 million to hold rehabs and health insurers accountable for their effectiveness and \$3.25 million to recommend the most effective type of treatment for individuals based upon their personal characteristics. Assuming we are successful, we believe one million additional Americans will recover from addiction by 2030 (see Appendix II).

The Impact: Once an addicted individual can be advised exactly what type of treatment is most likely to be effective for them as well as where to find effective treatment of that type, many more patients should recover after treatment. As Appendix II shows, assuming the recovery rate increases by 25%:

With your help, one million additional people will recover from addiction by 2030

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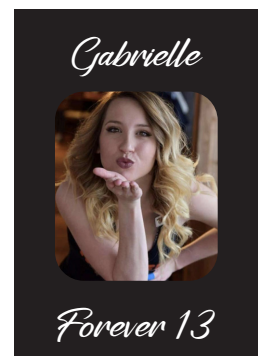
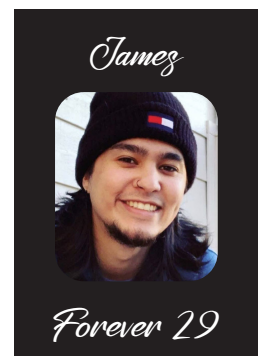


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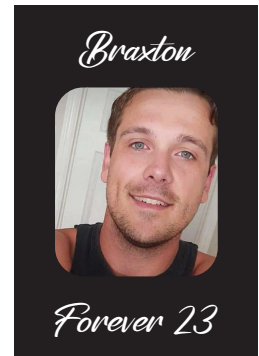
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*The pictures on the cover and throughout this proposal are from the Drug Enforcement Administration's
Faces of Fentanyl exhibit of people who died from a fentanyl overdose.*

OUR PLAN TO SAVE ONE MILLION LIVES

THE NEED

Imagine a mass casualty event in which 767 people die in a single day. Imagine the headlines, the 24-hour news coverage, the families involved who have lost young lives that had so much promise, the stories about what they are feeling, the devastation, the loss. What if someone you knew was among those who died; what if someone you loved was? Now imagine that this happened every single day in America: 767 lives lost in a mass casualty event.



This is exactly what has been happening in this country every day as a result of the addiction crisis.

767 people are losing their lives every day as a result of drug or alcohol addiction

This number only begins to touch on how substances are affecting the tens of millions of Americans who are addicted to them plus the impact on the families and loved ones of those who use them, the economics of our country and the effectiveness of our healthcare system.

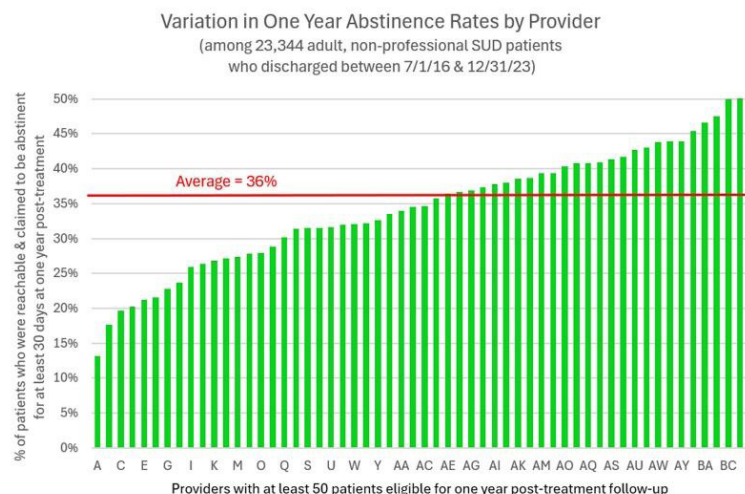
Despite this carnage, it is shocking to report that there's been no improvement in the effectiveness of addiction treatment in over 30 years (see Appendix I).

Why? Because we haven't addressed the two major issues that are keeping people from recovering.

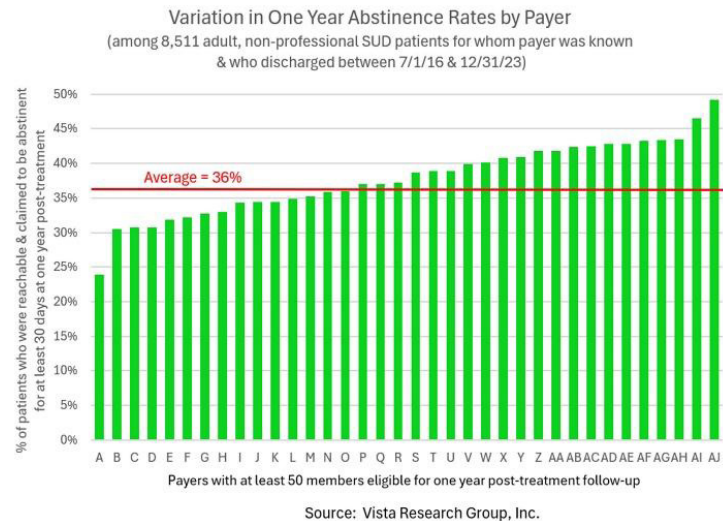
PILLAR ONE:

HOLD REHABS & INSURERS ACCOUNTABLE FOR THEIR OUTCOMES

The problem: Research shows that the percentage of patients who are in recovery one year after treatment varies dramatically by rehab. On average, 36% of patients are reachable and report abstaining from drugs and non-prescribed drugs for at least the last 30 days one year after leaving treatment. At the best rehabs, 50% of patients are in recovery one year later; at the worst, only 13%.



We see a similar variation in effectiveness by health insurance payer. At the best payer, 49% of members are in recovery one year later; at the worst, only 24%. Because families and employers have no way to find out their recovery rates, many payers are funding only very short treatment stays and/or creating networks of fairly ineffective rehabs.

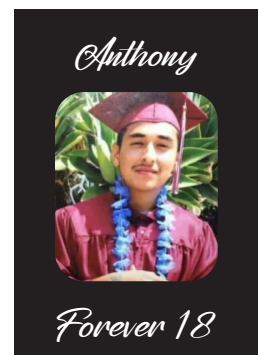
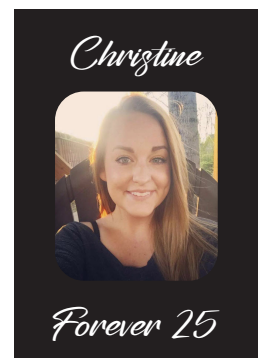


Progress to Date: Since 2020, Conquer Addiction has been helping families find effective treatment centers by publishing on our website the success rates of centers that have invested in scientifically following up with their patients after treatment. However, because only a tiny fraction (well less than 1%) of treatment centers are investing in this outcomes research, there are only a few dozen treatment centers whose effectiveness we are able to promote.

To really affect change, we need regularly-updated effectiveness data for major treatment centers and health insurance companies across the nation. Unfortunately, it's clear that relying on rehabs to pay for outcomes research isn't going to get us there. We need to develop a second source of truth. Because individuals in the throes of addiction use medical services very differently from those who are not, medical claims data can be a strong indicator of whether an individual is in recovery or not. A second chilling indicator that a patient likely returned to active use is their death.

Pillar One Solution: Through partnerships with three leading healthcare data companies, we will develop the first **comprehensive national database** that uses claims data to estimate the effectiveness of different treatment providers and health insurance payers. This initiative has three steps:

1. **Use patient outcomes to develop a predictive model.** Conquer Addiction has one year post-treatment outcomes from 23,345 patients who attended short-term, therapy-based addiction treatment between 2016 and 2023. We can match this outcomes data with comprehensive claims and death registry data for the vast majority of these patients. This unique matched dataset will be used to develop a model that predicts the likelihood an individual is in recovery one year after treatment based upon their claims and death registry data.



2. **Apply this predictive model to the claims and death registry data for over a million individuals who attended addiction treatment in 2024.** We will use the predictive model to estimate the likelihood that each of these one million+ individuals is in recovery one year after treatment. By combining the estimates for all patients who attended a particular treatment provider or were insured by a specific health insurance payer, we will estimate the 2024 recovery success rate for each entity.
3. **Share their estimated success rates with each provider and payer, and give them the opportunity to publicly showcase their results.** Treatment centers who wish to publicize their success rates can choose to promote their effectiveness on the [Conquer Addiction website](#) for a nominal fee (currently \$199/year). Health insurance payers will also be invited to share their effectiveness rating on the website to attract recovery-focused employers.

This research will be repeated annually so that families and employers can always find up-to-date information about the most effective treatment centers and health insurance companies.

Financial sustainability: After the first year, this project will be fully self-sustaining. Since claims data is both very difficult for treatment centers to access and tremendously useful in payer negotiations, we expect to be able to cover the cost of purchasing and analyzing new claims data every year by charging providers for in-depth analyses of their claims data.

Required Funding for Pillar One: \$1.75 million. This includes \$0.375 million to develop the predictive model and \$1.375 million to purchase and analyze the claims and death registry data for one million or more patients attending addiction treatment in 2024.

PILLAR TWO:

IDENTIFY THE TYPE OF TREATMENT MOST LIKELY TO BE EFFECTIVE FOR EACH PERSON

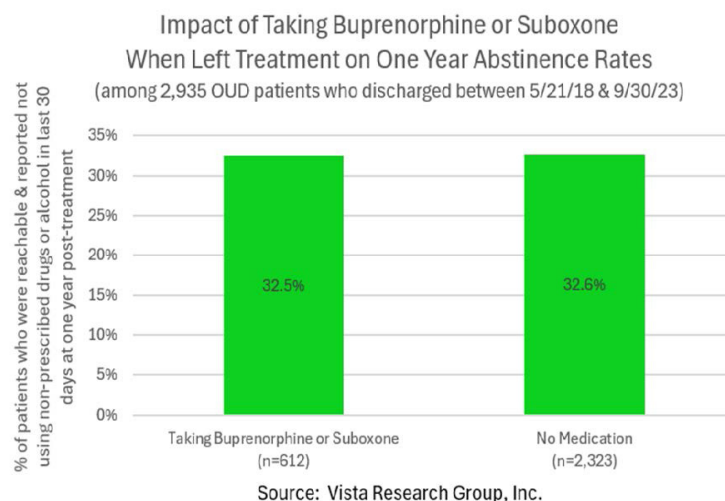
The Problem: Treatment plans for complex diseases tend to be highly individualized. The chemotherapy drugs an individual with leukemia receives, for example, will be based upon the person's DNA and the specific type and stage of their cancer. By comparison:

A person with addiction will tend to receive whatever type of treatment the rehab they walk into offers

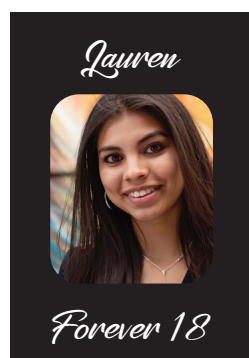
Addiction can be just as deadly as cancer, yet we haven't done the basic research to answer questions like whether the way an individual takes a drug (e.g. injecting, smoking, snorting, or swallowing a pill) affects the type of treatment that is most likely to help them recover. Other factors that might make one type of treatment more effective than another include how long they've been using drugs problematically, the number and type of previous treatment attempts, whether they have psychosis or severe PTSD symptoms, and whether they are living in a stable environment or on the street. Appendix III outlines the wide variety of information our research collects from each patient.

There is a schism in the addiction treatment world between groups that believe that long-term medication-assisted treatment (MAT) is the gold standard for addiction recovery and others who believe that short-term motivational therapy is more likely to lead to long-term recovery.

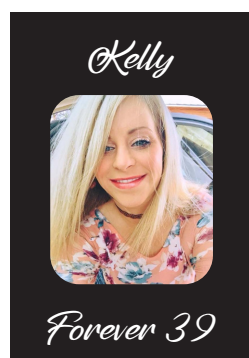
Conquer Addiction's initial data tells a more nuanced story: MAT is best for some, while short-term therapy-based treatment is better for others. For example, while Vivitrol and naltrexone significantly improve outcomes for many people with alcohol use disorder, individuals with opioid use disorder have similar outcomes regardless of whether they are taking buprenorphine or Suboxone opioid medication when they leave treatment.



However, Conquer Addiction's research was conducted primarily at short-term therapy-based centers, which may have influenced the results. At such centers, there is often a stigma against using an opioid-based medication. If the patients using MAT at such centers were made to feel ashamed for using the drug, this may have affected their recovery success. To ensure we're seeing an accurate picture, we need to expand our research to include patients who are attending MAT centers where most people are taking medication.



Progress to Date: Through our sister company Vista Research Group, Conquer Addiction has one year outcomes for more than 25,000 patients attending **short-term addiction treatment centers**. Each patient answers hundreds of detailed questions at the start of treatment about their substance use history, their quality of life (e.g., do they have stable housing?), their health, and the existence and severity of co-occurring disorders such as depression and PTSD. Vista monitors each patient's progress throughout treatment, and then follows up with them one, six and twelve months after they leave treatment to get comprehensive information about how they're doing.



Because **MAT centers** can treat the same patient for years, they require a different research protocol. Vista has spent four years developing comprehensive outcomes research that meets the needs of MAT centers while providing outcomes directly comparable to those for short-term treatment centers.

Unfortunately, leaders of MAT centers have been resistant to investing in following up with patients after treatment. While many of these organizations see the usefulness of monitoring their patients during treatment, they will only agree to move forward if Vista drops its per-patient pricing to less than 10% of its standard pricing. Vista Research Group is willing to do this to acquire this crucial data.

However, convincing patients who have left treatment to respond to post-treatment surveys requires incentivizing them with \$10 to \$25 gift cards and, often, multiple calls from outcomes researchers to the patients and their families. Outside funding is necessary to cover the \$120/patient cost (\$40 at one month, \$40 at six months and \$40 at twelve months) for such post-treatment outcomes research.

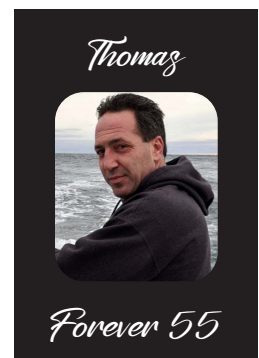
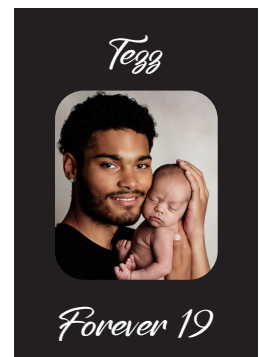
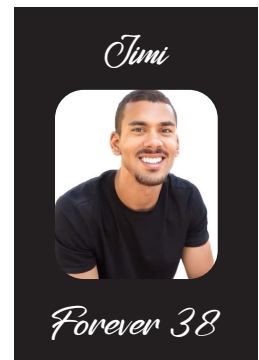
Pillar Two Solution: We currently have one year post-treatment research results for over 25,000 patients who attended short-term therapy-based centers, and this number increases daily. If we can combine this data with post-treatment outcomes for 25,000 patients who attended medication-assisted treatment centers, we will have an unparalleled real-world dataset upon which detailed treatment recommendations can be developed.

While we plan to follow up post-treatment with a random sample of 25,000 MAT patients, our research will provide us with during-treatment monitoring data (including crucial information about how long individuals remain in treatment) on far more patients than this.

Based upon how successful the SEER database has been over the last 50 years in improving cancer recovery rates (see Appendix I), we anticipate that analysis of this unique database will unlock a multitude of key findings that will allow dramatically more individuals to be alive and thriving one year after starting treatment.

Financial sustainability: We believe that the data on 25,000 MAT patients will be sufficient to identify the type of treatment most likely to be effective for an individual based on their drug use history and demographic/psychographic factors. In other words, this is a one-and-done cost. Furthermore, we anticipate that once MAT treatment centers see how useful having post-treatment outcomes data is for their payer negotiations, some of them will start covering the cost of following up with a sample of their patients who leave treatment, thus further expanding this dataset at no cost to Conquer Addiction.

Funding Required: Raising \$3.25 million will allow us to follow up over the post-treatment year with 25,000 patients who leave MAT clinics and publish our research results.



WHO WE ARE

Conquer Addiction, Inc. is a nonprofit organization founded in 2020 to help more people recover from addiction. The organization launched the [first nonprofit directory of addiction treatment centers with independently-verified success rates](#), and created the [Five Star Addiction Treatment Market](#) of rehabs who promise that if a patient relapses within 90 days of completing treatment, they'll cover the cost of a second episode of treatment.

Conquer Addiction's Board members have a wealth of complementary experience:



Joanna Conti, CEO & Co-Founder:

A chemical engineer and serial entrepreneur, Joanna founded Vista Research Group to provide rehabs with accurate, cost-effective outcomes research.



Karina Monesson, Co-Founder:

Karina is the Director of Global Strategic Workplace Insights at Great Place to Work where she speaks regularly on future of work research. Karina is in long-term recovery.



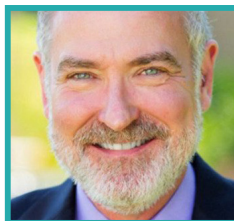
Bill Lawrence:

Currently Datavant's Practice Lead for Patient & Provider Registries, Bill has over a decade of experience utilizing healthcare data to improve patient outcomes.



Thomas Doub, PhD:

Tom is currently an Assistant Professor of Pediatrics at the Vanderbilt Health Center for Patient and Professional Advocacy. As CEO of Centerstone Research Institute, he secured more than \$150 million in grant funding and established influential partnerships with prominent universities and researchers across the nation.



Chris Hassan:

Chris is the VP, Substance & Opioid Use Disorder for UHS, one of the nation's largest providers of healthcare services. Previously, as CEO of Symetria, Chris analyzed commercial claims data to prove to insurance partners that their Suboxone treatment program saved insurers money while delivering unsurpassed patient outcomes.



Jamie Salsberg:

Jamie is a Licensed Clinical Social Worker who owns a private outpatient practice. She serves as the Director of Compliance for New Harbor Behavioral Healthcare, an outpatient facility for adolescents, and works on legal cases in treatment-related lawsuits to support ethical and quality patient care. Past positions include Clinical Director of Transformations Treatment Center.

FUNDING REQUEST & MILESTONES

Conquer Addiction aims to raise \$1.75 million to identify the most effective rehabs and health insurance payers and another \$3.25 million to conduct comparative outcomes research among 25,000 patients who've left MAT centers. The two projects are independent.

We have broken the funding required for these projects into tranches that are predicated upon Conquer Addiction reaching specific milestones (see Appendix IV for details):

Estimating Recovery Rates for All Major Rehabs & Insurers

| Tranche | Milestone | Requested Amount | Use of Funding | Projected Date |
|---------|--|--|--|----------------|
| First | None | \$375,000 | Purchase claims & death registry data for 23,000 patients; develop & validate predictive model | 9/30/25 |
| Second | Predictive model complete & validated | \$775,000 | Purchase claims & death registry data for all patients in addiction treatment during 2024; apply model | 3/31/26 |
| Third | Recovery rates estimated for all major rehabs & insurers | <u>\$600,000</u> \$1,750,000 | Share results with all major providers & insurers; publicize results for effective providers & insurers; publicize research findings; write journal articles | 9/30/26 |

Identifying the Most Effective Treatment Based Upon Individual Patient Characteristics

| Tranche | Milestone | Requested Amount | Use of Funding | Projected Date |
|---------|--|--|--|----------------|
| First | Agreement with at least 1 large MAT company to do outcomes | \$300,000 | Following up post-treatment with 2,500 MAT patients who leave treatment during the following year | 12/31/25 |
| Second | Effective 1 month post-treatment follow-up with first 1,000 MAT patients + | \$300,000 + | Following up post-treatment with second group of 2,500 MAT patients from first large MAT company + | 6/30/26 |
| | Agreement with 2nd large MAT company & multiple small cos. | <u>\$700,000</u> \$1,000,000 | Following up post-treatment with 5,000 MAT patients from second large company; \$100K for research | |
| Third | Agreement with 3 more large MAT companies & multiple small cos. to do outcomes | <u>\$1,950,000</u> \$3,250,000 | One year post-treatment follow-ups with 15,000 MAT patients over the next two years; \$150K for research | 6/30/27 |

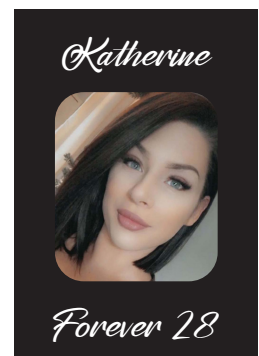
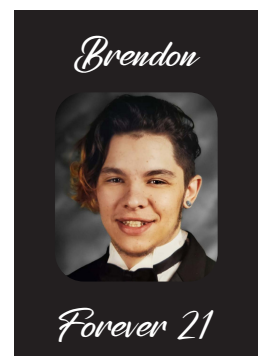
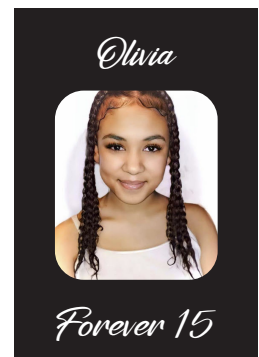
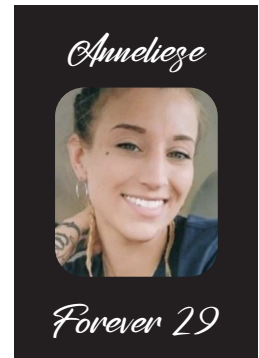
We anticipate that Conquer Addiction will be fully self-sustaining after this funding. As Appendix IV outlines, we anticipate that charging providers \$10,000 per year to be part of the Conquer Addiction Market plus selling \$15,000 claims analysis reports will bring in sufficient income to cover the cost of purchasing and analyzing new claims data every year as well as the organization's administrative expenses. The cost of running the research collaborative will be offset by \$15,000 annual fees from research organizations wanting to use Conquer Addiction's two unique datasets for research projects.

CREATING A RESEARCH CONSORTIUM

There is a tremendous amount that can be learned about how to help more people recover from addiction from the two unique, deidentified datasets Conquer Addiction is creating. We intend to allow researchers to join a Conquer Addiction Research Consortium to gain access to this treasure trove of deidentified data. These two unique datasets will be:

- **Vista Research Group's progress monitoring and outcomes data:** Vista has collected comprehensive data on over 100,000 patients attending addiction treatment at a wide variety of therapy-based treatment centers across the U.S, and has followed up post-treatment with 40,000 of these patients. Vista's owner (and Conquer Addiction co-founder Joanna Conti) has bequeathed access to Vista's data in perpetuity to Conquer Addiction.
- **Pre- to post-treatment claims for patients attending addiction treatment:** We will have a large dataset of claims, pharmaceutical and death registry data for U.S. patients who attended addiction treatment. At least one million patients will be added to this dataset each year.

The costs associated with creating this research consortium in 2027 and maintaining it in future years will be covered by proceeds from analyzing claims data for treatment centers and insurers.



JOIN US & CHANGE THE FUTURE

Conquer Addiction is preparing to revolutionize addiction treatment in America. Unlike other nonprofits focused on awareness and advocacy, Conquer Addiction is uniquely positioned to drive systemic change by making rehab centers and insurers accountable for their outcomes and identifying the factors that make one type of treatment more likely to be effective for an individual than another.

This is systems change. And in systems change, impact isn't linear. It's not as simple as "Donate \$10 and we help one person, donate \$100 and we help ten." We need the full investment to unlock the conditions for the entire change.

Five million dollars will save one million people from dying in the prime of their lives over the next five years.

That's why this work requires a more sophisticated kind of donor— someone who understands how change happens. Who understands the power in solving long-unresolved issues in the addiction treatment system. And when we do, we will unlock a system that saves the lives of an additional one million people over the next five years alone.

Imagine a world where every family can easily find out which rehabs work.

Imagine a world where every rehab center and health insurance company bases their treatment decisions on what's best for the patient, knowing they'll be held accountable for poor recovery rates.

Imagine a world where one million additional people (see Appendix II) — sons and daughters, husbands and wives, fathers and mothers — recover by 2030!

That world is possible—if you join with us in acting now.



CAN WE TALK?

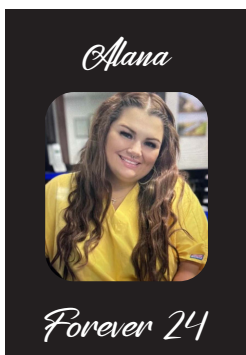
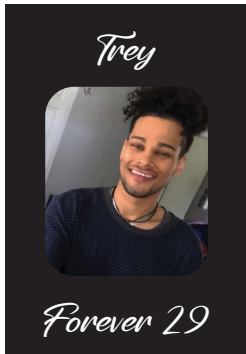
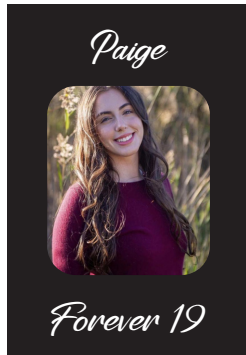
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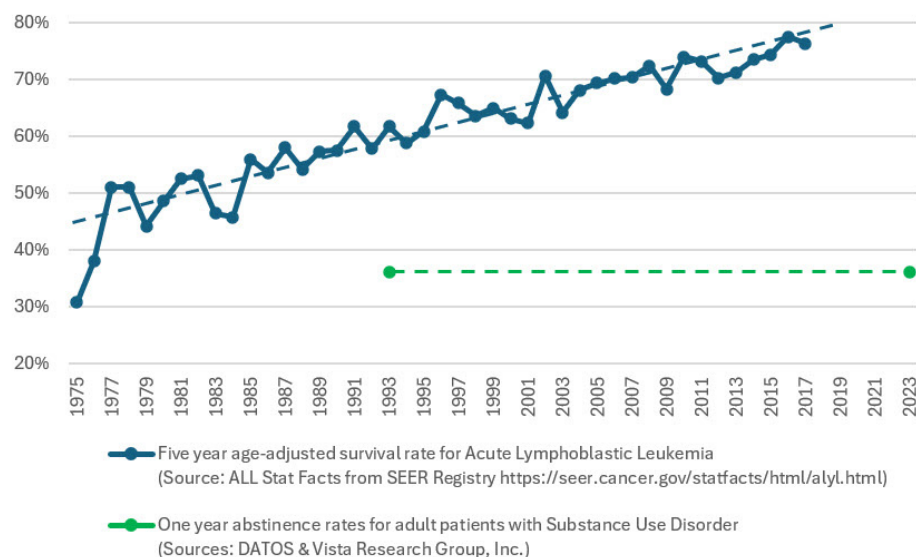
APPENDIX I:

TRACKING OUTCOMES INCREASES RECOVERY RATES

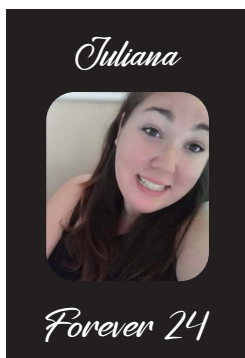
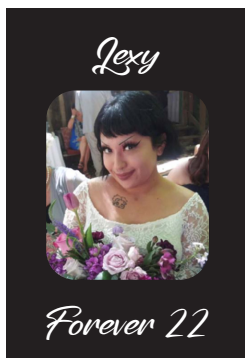
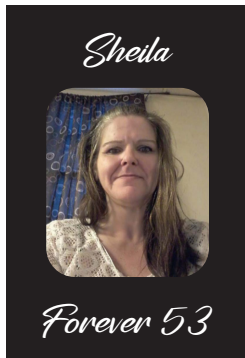


Shortly after Congress passed the National Cancer Act in 1971, the Surveillance, Epidemiology & End Results (SEER) registry started tracking the prevalence of, survival rates for, and treatments received by Americans diagnosed with different types of cancers. This has led to a dramatic increase in the survival rates of many cancers. For example, the five year survival rate for Acute Lymphoblastic Leukemia (ALL) has increased from 31% in 1975 to 76% to 2017:

Acute Lymphoblastic Leukemia & Addiction Recovery Rates

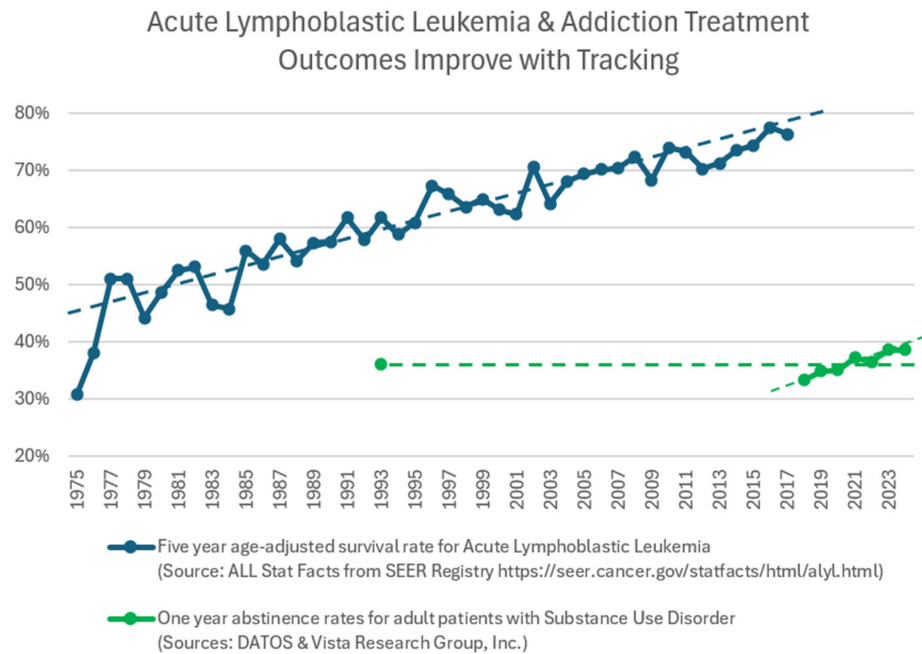


Unfortunately, Congress has not been similarly proactive about helping more people recover from addiction. The last federally-funded addiction treatment outcomes study, the Drug Abuse Treatment Outcome Study (DATOS), was conducted in 1993 with 3,194 adult SUD patients. It found that 36% of patients attending short-term, therapy-based addiction treatment programs were abstaining from alcohol and all non-prescribed drugs one year after treatment for at least the last 30 days. As shown above, Conquer Addiction's sister organization, Vista Research Group, found the same 36% one year abstinence rate for 23,345 adult patients who left treatment between 2016 and 2023.



Registries & Outcomes Tracking Improve Recovery Rates

Further digging into Vista's data, however, confirms the potential impact addiction treatment outcomes tracking can have. Vista's outcomes have been improving over time along a similar trajectory to those of ALL patients:



It's clear that Peter Drucker was right:

WHAT GETS MEASURED GETS MANAGED

Imagine the impact as our ability to monitor treatment effectiveness grows from a tiny fraction of rehabs to the vast majority of addiction treatment centers! Appendix II estimates that this expansion, combined with the ability to identify the type of treatment most likely to be effective for each individual, can save the lives of a million individuals between now and 2030.

APPENDIX II:

ESTIMATING THE NUMBER OF LIVES WE WILL SAVE

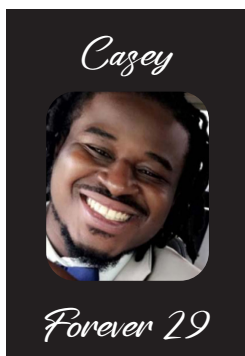
Patients Attending SUD Treatment: According to SAMHSA's 2023 National Survey on Drug Use and Health (NSDUH), 12.8 million people aged 12+ attended one or more types of substance use treatment in 2023. However, this figure includes individuals who received treatment in a hospital, a doctor's or therapist's office, or in jail.

Among people who reported attending a drug or alcohol rehab or treatment center, 2.6 million attended outpatient treatment and 1.8 million attended residential treatment.

However, these numbers are not mutually exclusive. If we assume that 50% of the individuals who attended a residential center also attended an outpatient center, our estimate is that **3.5 million people attended drug/alcohol treatment in 2023**.

This is a very conservative estimate since it ignores 2.9 million and 1.4 million individuals who reported receiving substance use disorder treatment at outpatient and residential mental health treatment centers, respectively. It also ignores 2.3 million individuals who reported receiving medication-assisted treatment for opioid use disorder and another 1.1 million who received MAT for alcohol use disorder, many of whom were likely treated in a doctor's office.

Patients Not Using Drugs or Alcohol One Year after Treatment: As Appendix I shows, over the last 30 years, an average of 36% of patients who've attended addiction treatment have been abstaining from illicit drugs and alcohol for at least the last 30 days one year after leaving treatment. Of the 3.5 million estimated to have attended rehab in 2023, 1.26 million can be assumed to be doing well one year later:



If 36% recovery rate: $3.5 \text{ million} \times 0.36 =$
1.26 million abstaining from drugs/alcohol one year later

If we can increase the percentage of patients who are in recovery one year later by 25%, from the current 36% to the 45% recovery rate that many of Conquer Addiction's best centers are achieving, this would result in 1.575 million abstaining from alcohol and illicit drugs one year later:

If 45% recovery rate: $3.5 \text{ million} \times 0.45 =$
1.575 abstaining from drugs/alcohol one year later

Increasing the average rehab recovery rate by 25% would result in an additional 315,000 patients recovering each year. Between January 1, 2027 and December 31, 2030, this would mean an additional 1,260,000 Americans would recover from addiction!

APPENDIX III:

PERSONAL FACTORS THAT MAY AFFECT TREATMENT EFFECTIVENESS

There are many factors that may affect which type of treatment is most likely to be effective for an individual. Conquer Addiction will be able to analyze the impact of each of these potentially differentiating factors:

- Drug use history:
 - How long the patient has been using their primary drug of choice problematically
 - How the patient uses their primary drug of choice
 - What other illicit substances the patient is using regularly
 - The severity of their addiction
 - What SUD medication(s), if any, the patient is taking or has taken in the past
 - How long they took SUD medication(s) in the past
 - The age at which they started using drugs or alcohol
- Demographic information:
 - Age
 - Gender
 - Educational level
 - Ethnicity
 - Marital status
 - Whether patient is living in a stable living environment
 - Whether patient is working full- or part-time or going to school
 - Whether patient has challenges paying their bills, travelling to treatment and/or paying for medical care
- Treatment factors:
 - No. of previous treatment attempts
 - Whether they receive one-on-one or group therapy, and how much they receive
 - What type of health insurance, if any, patient has
 - Whether they were mandated to attend treatment (such as by the criminal justice system)
 - How happy patient is to be taking their medication
 - What level of cravings patient is reporting
 - How satisfied patient is with the treatment they're receiving & their therapeutic alliance with their clinician

Samantha



Forever 40

James



Forever 70

Maggy



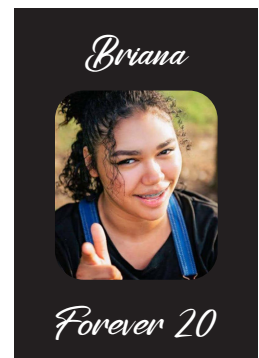
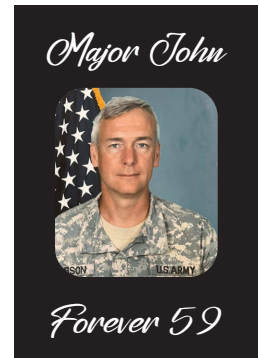
Forever 22

Aiden



Forever 21

- Psychographic factors:
 - Whether patient has good relationships with their closest family members
 - Which co-occurring disorders (such as depression, anxiety, PTSD, eating disorders, mania or psychosis) patient is struggling with
 - Patient's motivation to stop using & their confidence they can achieve these goals
 - The harm reduction goals the patient sets
- Medical factors:
 - Whether they have chronic pain
 - Whether they smoke or use tobacco, and how much
 - Chronic medical conditions they have, such as diabetes, COPD, or HIV/AIDS
- Behavioral factors:
 - Frequency of E.R. usage or unplanned hospital stays
 - Whether they exercise frequently
 - Whether patient has recently been arrested or jailed



APPENDIX IV:

CONQUER ADDICTION FINANCIAL PROJECTIONS

PROJECTED CONQUER ADDICTION INCOME

| | 2025 | 2026 | 2027 | 2028 | 2029 | TOTAL |
|--|-----------|-------------|-------------|-------------|-------------|--------------|
| Income: | | | | | | |
| Donations: | | | | | | |
| Holding Providers & Payers Accountable | \$375,000 | \$1,375,000 | \$0 | \$0 | \$0 | \$1,750,000 |
| Identifying Best Treatment for Individuals | \$300,000 | \$1,000,000 | \$1,950,000 | \$0 | \$0 | \$3,250,000 |
| Total Donations | \$675,000 | \$2,375,000 | \$1,950,000 | \$0 | \$0 | \$5,000,000 |
| Income from Fees: | | | | | | |
| Market Providers \$10,000 annually | \$0 | \$0 | \$600,000 | \$1,000,000 | \$1,250,000 | \$2,850,000 |
| Provider Claims Reports \$15,000 per report | \$0 | \$75,000 | \$450,000 | \$750,000 | \$750,000 | \$2,025,000 |
| Research Collaborative Fee \$15,000/year per org. | \$0 | \$0 | \$150,000 | \$180,000 | \$210,000 | \$540,000 |
| Conquer Addiction Pages \$199/year | \$5,970 | \$11,940 | \$49,750 | \$99,500 | \$149,250 | \$316,410 |
| Speaking Fees | \$0 | \$15,000 | \$30,000 | \$50,000 | \$70,000 | \$165,000 |
| Total Fees | \$5,970 | \$101,940 | \$1,279,750 | \$2,079,500 | \$2,429,250 | \$5,896,410 |
| Total Income | \$680,970 | \$2,476,940 | \$3,229,750 | \$2,079,500 | \$2,429,250 | \$10,896,410 |

PROJECTED CONQUER ADDICTION CASH FLOW

| Income From | 2025 | 2026 | 2027 | 2028 | 2029 | TOTAL |
|--|-----------|------------|------------|------------|------------|--------------|
| Income Less Expenses: | | | | | | |
| Administrative Pages + Speaking | -\$12,530 | -\$249,460 | -\$618,850 | -\$583,330 | -\$554,137 | -\$2,018,307 |
| Holding Payers & Providers Accountable Don. + Market + Claims Reports | \$164,400 | \$610,100 | \$1,060 | \$658,601 | \$889,173 | \$2,323,334 |
| Identifying Effective Treatment for Individuals Donations | \$0 | \$100,000 | \$150,000 | -\$154,462 | -\$92,320 | \$3,218 |
| Research Collaborative Research Collaborative Fees | \$0 | \$0 | -\$23,640 | -\$822 | \$16,637 | -\$7,825 |
| Total Income Less Expenses | \$151,870 | \$460,640 | -\$491,430 | -\$80,013 | \$259,353 | \$300,420 |

PROJECTED CONQUER ADDICTION EXPENSES BY PROJECT (Part A)

| | 2025 | 2026 | 2027 | 2028 | 2029 | TOTAL |
|---|----------|-----------|-----------|-----------|-----------|-------------|
| Expenses: | | | | | | |
| Administrative: | | | | | | |
| Executive Director \$150K | \$0 | \$37,500 | \$150,000 | \$157,500 | \$165,375 | \$510,375 |
| Operations Manager \$75K | \$0 | \$75,000 | \$78,750 | \$82,688 | \$86,822 | \$323,259 |
| Marketing Assistant \$75K | \$0 | \$18,750 | \$75,000 | \$78,750 | \$82,688 | \$255,188 |
| Data Analyst \$90K | \$0 | \$22,500 | \$90,000 | \$94,500 | \$99,225 | \$306,225 |
| Report Writer \$80K | \$0 | \$20,000 | \$80,000 | \$84,000 | \$88,200 | \$272,200 |
| Employer Taxes 12% | \$0 | \$20,850 | \$56,850 | \$59,693 | \$62,677 | \$200,070 |
| Benefits \$700/month avg. in 2027 | \$0 | \$16,800 | \$42,000 | \$46,200 | \$50,400 | \$155,400 |
| Insurance D&O, Liab. and Cyber | \$3,000 | \$7,000 | \$8,000 | \$9,000 | \$10,000 | \$37,000 |
| Legal | \$5,000 | \$10,000 | \$20,000 | \$20,000 | \$20,000 | \$75,000 |
| Web Site Maintenance | \$0 | \$10,000 | \$25,000 | \$27,500 | \$30,000 | \$92,500 |
| Conference Attendance | \$3,000 | \$15,000 | \$20,000 | \$20,000 | \$25,000 | \$83,000 |
| Marketing Expenses ActiveCampaign, publicity, etc. | \$3,500 | \$6,000 | \$25,000 | \$25,000 | \$25,000 | \$84,500 |
| Supplies | \$2,000 | \$12,000 | \$18,000 | \$18,000 | \$18,000 | \$68,000 |
| Misc. Expenses | \$2,000 | \$5,000 | \$10,000 | \$10,000 | \$10,000 | \$37,000 |
| Total Administrative | \$18,500 | \$276,400 | \$698,600 | \$732,830 | \$773,387 | \$2,499,717 |

PROJECTED CONQUER ADDICTION EXPENSES BY PROJECT (Part B)

| | 2025 | 2026 | 2027 | 2028 | 2029 | TOTAL |
|---|-----------|-------------|-------------|-------------|-------------|--------------|
| Predictive Model: | | | | | | |
| Data Purchases: | | | | | | |
| Forian Claims Data | \$50,000 | \$0 | \$0 | \$0 | \$0 | \$50,000 |
| Veritas Death Data | \$25,000 | \$0 | \$0 | \$0 | \$0 | \$25,000 |
| Datavant Matching | \$35,000 | \$0 | \$0 | \$0 | \$0 | \$35,000 |
| Total Data Purchases | \$110,000 | \$0 | \$0 | \$0 | \$0 | \$110,000 |
| Creating & Hosting Model: | | | | | | |
| Commercial Data Analyst (6 mos. 5E at 50% time) | \$36,000 | \$36,000 | \$0 | \$0 | \$0 | \$72,000 |
| Principal Investigator (1/3 time at \$150K) | \$25,000 | \$25,000 | \$0 | \$0 | \$0 | \$50,000 |
| Project Manager (FT post doc employee at \$125K) | \$31,250 | \$31,250 | \$0 | \$0 | \$0 | \$62,500 |
| Employer Taxes | \$3,750 | \$3,750 | \$0 | \$0 | \$0 | \$7,500 |
| Benefits | \$2,100 | \$2,100 | \$0 | \$0 | \$0 | \$4,200 |
| Database Hosting | \$2,500 | \$5,000 | \$5,000 | \$5,000 | \$5,000 | \$22,500 |
| Total Creating & Hosting Model | \$100,600 | \$103,100 | \$5,000 | \$5,000 | \$5,000 | \$218,700 |
| Total Predictive Model | \$210,600 | \$103,100 | \$5,000 | \$5,000 | \$5,000 | \$328,700 |
| National Claims Database: | | | | | | |
| Data Purchases: | | | | | | |
| Forian Claims Data | \$0 | \$200,000 | \$200,000 | \$200,000 | \$200,000 | \$800,000 |
| Veritas Death Data | \$0 | \$50,000 | \$50,000 | \$50,000 | \$50,000 | \$200,000 |
| Datavant Matching | \$0 | \$80,000 | \$80,000 | \$80,000 | \$80,000 | \$320,000 |
| Total Data Purchases | \$0 | \$330,000 | \$330,000 | \$330,000 | \$330,000 | \$1,320,000 |
| Applying & Hosting Dataset | | | | | | |
| Commercial Data Analyst (50% of 5E analyst for 12 mos.) | \$0 | \$108,000 | \$151,200 | \$158,760 | \$166,698 | \$584,658 |
| Principal Investigator (1/3 time at \$150K) | \$0 | \$37,500 | \$52,500 | \$55,125 | \$57,881 | \$203,006 |
| Project Manager (FT post doc employee at \$125K) | \$0 | \$93,750 | \$131,250 | \$137,813 | \$144,703 | \$507,516 |
| Employer Taxes | \$0 | \$11,250 | \$15,750 | \$16,538 | \$17,364 | \$60,902 |
| Benefits | \$0 | \$6,300 | \$9,240 | \$10,164 | \$11,180 | \$36,884 |
| Database Creation - Vista | \$0 | \$20,000 | \$0 | \$0 | \$0 | \$20,000 |
| Database Hosting - Vista Based on \$2K/month for 5TB | \$0 | \$18,000 | \$0 | \$0 | \$0 | \$18,000 |
| Database Hosting - Manifold | \$0 | \$100,000 | \$300,000 | \$300,000 | \$300,000 | \$1,000,000 |
| Database Storage - Manifold | \$0 | \$12,000 | \$54,000 | \$78,000 | \$78,000 | \$222,000 |
| Total Creating & Hosting Model | \$0 | \$406,800 | \$713,940 | \$756,399 | \$775,827 | \$2,652,966 |
| Total National Claims Database | \$0 | \$736,800 | \$1,043,940 | \$1,086,399 | \$1,105,827 | \$3,972,966 |
| Total Holding Providers & Payers Accountable | \$210,600 | \$839,900 | \$1,048,940 | \$1,091,399 | \$1,110,827 | \$4,301,666 |
| Identifying Effective Treatment for Individuals: | | | | | | |
| Purchasing Outcomes Research: | | | | | | |
| Vista Research Group 25,000 patients at \$120 each | \$300,000 | \$900,000 | \$1,800,000 | \$0 | \$0 | \$3,000,000 |
| Analyzing Results: | | | | | | |
| Commercial Data Analyst 5E: 14 months at 25% | \$0 | \$0 | \$0 | \$79,380 | \$13,230 | \$92,610 |
| Post-Doc (50% at \$125K) | \$0 | \$0 | \$0 | \$62,500 | \$65,625 | \$128,125 |
| Employer Taxes | \$0 | \$0 | \$0 | \$7,500 | \$7,875 | \$15,375 |
| Benefits | \$0 | \$0 | \$0 | \$5,082 | \$5,590 | \$10,672 |
| Total Identifying Effective Treatment for Individuals | \$300,000 | \$900,000 | \$1,800,000 | \$154,462 | \$92,320 | \$3,246,782 |
| Research Consortium: | | | | | | |
| Research Consortium Director \$120K | \$0 | \$0 | \$120,000 | \$126,000 | \$132,300 | \$378,300 |
| Employer Taxes 12% | \$0 | \$0 | \$14,400 | \$15,120 | \$15,876 | \$45,396 |
| Benefits | \$0 | \$0 | \$9,240 | \$9,702 | \$10,187 | \$29,129 |
| Conferences: | | | | | | |
| Attending | \$0 | \$0 | \$15,000 | \$15,000 | \$15,000 | \$45,000 |
| Hosting | \$0 | \$0 | \$15,000 | \$15,000 | \$20,000 | \$50,000 |
| Total Conferences | \$0 | \$0 | \$30,000 | \$30,000 | \$35,000 | \$95,000 |
| Total Research Consortium | \$0 | \$0 | \$173,640 | \$180,822 | \$193,363 | \$547,825 |
| TOTAL EXPENSES | \$529,100 | \$2,016,300 | \$3,721,180 | \$2,159,513 | \$2,169,897 | \$10,595,990 |

PROJECTED CONQUER ADDICTION CLAIMS REGISTRY EXPENSES BY PHASE

| | Phase One: Model Creation | Phase Two: Model Application | Phase Three: Sharing Results | Total Registry Dev. | Ongoing Year (Self-Sustaining) |
|---|--------------------------------|------------------------------|------------------------------|----------------------------|--------------------------------|
| | 6 mos. 10/1/25-3/30/26 | 6 mos. 4/1/26-9/30/26 | 6 mos. 10/1/26-3/31/27 | 18 mos. 10/1/25-3/31/27 | |
| Expenses: | | | | | |
| Administrative: | | | | | |
| Executive Director | \$150K | \$0 | \$75,000 | \$75,000 | \$150,000 |
| Operations Manager | \$75K | \$12,500 | \$37,500 | \$37,500 | \$75,000 |
| Marketing Assistant | \$75K | \$0 | \$37,500 | \$37,500 | \$75,000 |
| Data Analyst | \$90K | \$0 | \$0 | \$45,000 | \$90,000 |
| Report Writer | \$80K | \$0 | \$0 | \$40,000 | \$80,000 |
| Employer Taxes | 12% | \$1,500 | \$18,000 | \$28,200 | \$47,700 |
| Benefits | \$700/month avg. in 2027 | \$2,100 | \$13,860 | \$23,100 | \$39,060 |
| Insurance | D&O, Liab. and Cyber | \$2,000 | \$4,000 | \$2,000 | \$8,000 |
| Web Site Maintenance | | \$2,000 | \$6,000 | \$12,000 | \$20,000 |
| Conference Attendance | | \$5,000 | \$5,000 | \$10,000 | \$20,000 |
| Marketing Expenses | ActiveCampaign, social, etc. | \$1,500 | \$1,500 | \$10,000 | \$13,000 |
| Supplies | | \$3,000 | \$3,000 | \$6,000 | \$12,000 |
| Misc. Expenses | | \$5,000 | \$5,000 | \$10,000 | \$20,000 |
| Total Administrative | \$34,600 | \$206,360 | \$336,300 | \$577,260 | \$672,220 |
| Holding Providers & Payer Accountable: | | | | | |
| Predictive Model: | | | | | |
| Data Purchases: | | | | | |
| Forian Claims Data | \$50,000 | \$0 | \$0 | \$50,000 | \$0 |
| Veritas Death Data | \$25,000 | \$0 | \$0 | \$25,000 | \$0 |
| Datavant Matching | \$35,000 | \$0 | \$0 | \$35,000 | \$0 |
| Total Data Purchases | \$110,000 | \$0 | \$0 | \$110,000 | \$0 |
| Creating & Hosting Model: | | | | | |
| 5E Analytics Model Creation | 50% of analyst | \$72,000 | \$0 | \$0 | \$72,000 |
| Principal Investigator | 1/3 time at \$150K | \$25,000 | \$0 | \$0 | \$25,000 |
| Project Manager | Post doc employee at \$125K | \$62,500 | \$0 | \$0 | \$62,500 |
| Journal Article Writer | 1/2 time at \$100K | \$25,000 | \$0 | \$0 | \$25,000 |
| Employer Taxes | | \$10,500 | \$0 | \$0 | \$10,500 |
| Benefits | | \$4,200 | \$0 | \$0 | \$4,200 |
| Database Creation - Vista | | \$20,000 | \$0 | \$0 | \$20,000 |
| Database Hosting - Vista | | \$6,000 | \$6,000 | \$7,500 | \$19,500 |
| Total Creating & Hosting Model | \$225,200 | \$6,000 | \$7,500 | \$238,700 | \$20,000 |
| Total Predictive Model | \$335,200 | \$6,000 | \$7,500 | \$348,700 | \$20,000 |
| National Claims Database: | | | | | |
| Data Purchases: | | | | | |
| Forian Claims Data | | \$200,000 | | \$200,000 | \$200,000 |
| Veritas Death Data | | \$50,000 | | \$50,000 | \$50,000 |
| Datavant Matching | | \$80,000 | | \$80,000 | \$80,000 |
| Total Data Purchases | | \$330,000 | | \$330,000 | \$330,000 |
| Applying & Hosting Dataset | | | | | |
| 5E Analytics Model Creation | 12 months at 50% | \$72,000 | \$72,000 | \$144,000 | \$144,000 |
| Principal Investigator | 1/3 time at \$150K | \$25,000 | \$25,000 | \$50,000 | \$50,000 |
| Project Manager | FT Post doc employee at \$125K | \$62,500 | \$62,500 | \$125,000 | \$125,000 |
| Journal Article Writer | 1/2 to FT time at \$100K | \$25,000 | \$50,000 | \$75,000 | \$100,000 |
| Employer Taxes | | \$7,500 | \$7,500 | \$15,000 | \$15,000 |
| Benefits | | \$8,400 | \$9,240 | \$17,640 | \$20,328 |
| Database Creation - Vista | | \$20,000 | \$20,000 | \$40,000 | \$0 |
| Database Hosting - Vista | \$2K/month for 5TB | \$12,000 | \$12,000 | \$24,000 | \$24,000 |
| Database Hosting - Manifold | | | | \$0 | \$300,000 |
| Database Storage - Manifold | | | | \$0 | \$54,000 |
| Total Creating & Hosting Model | \$0 | \$232,400 | \$258,240 | \$490,640 | \$832,328 |
| Total National Claims Database | \$0 | \$562,400 | \$258,240 | \$820,640 | \$1,162,328 |
| Total Holding Providers & Payers Accountable | \$335,200 | \$568,400 | \$265,740 | \$1,169,340 | \$1,182,328 |
| TOTAL CLAIMS REGISTRY & ADMINISTRATIVE EXPENSES | \$369,800 | \$774,760 | \$602,040 | \$1,746,600 | \$1,854,548 |