

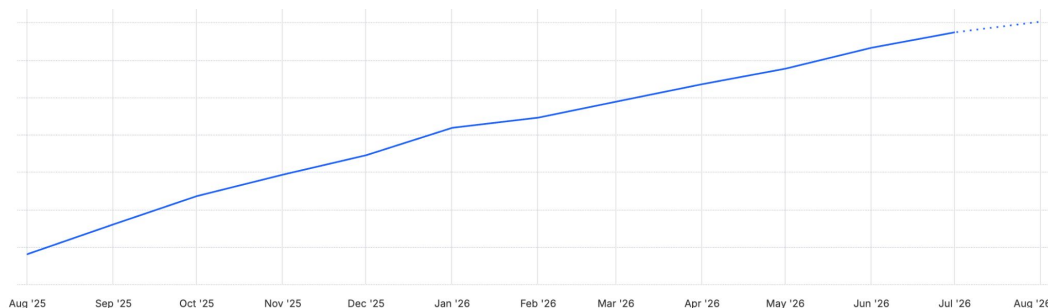


Creating the most epic wave of real-life comeback stories the world has ever seen



Sober Sidekick Growth

Surpassed **1.5 Million**
All-Time Downloads
Worldwide



No Member Has Ever Gone Without Support.



**Sober
Sidekick**

Louisiana Is Already Recovering With Sober Sidekick

Sober Sidekick's Presence in Louisiana Today

4,000+

active Louisiana members today

\$0

spent acquiring a single one of them

48.2%

relapse reduction, Validation Institute certified

PRESENTED BY

Jeff Goe, Chief Growth Officer · Zach Zobel, President Healthcare Solutions
Sober Sidekick by Empathy Health Solutions



PROOF OF DEMAND

We are already in Louisiana Today.

4,000+ active Louisiana members, acquired entirely organically. No marketing spend in the state. No referral contracts. No clinical infrastructure.

4,000+

active Louisiana members
663% growth, last 12 months

20,000

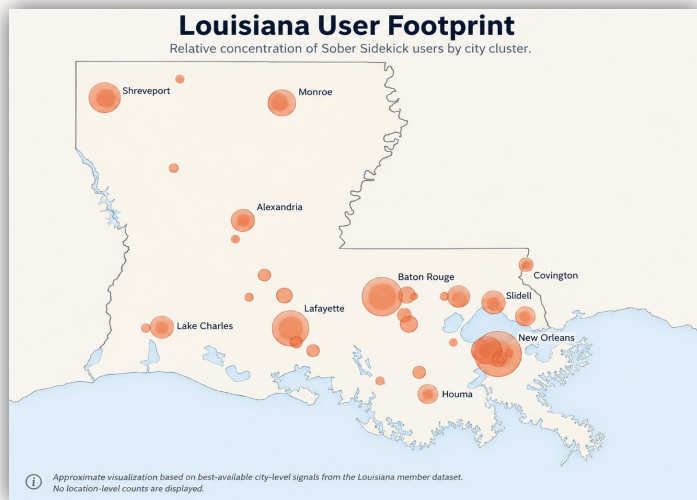
peer support engagements
between Louisiana
members

8,000

virtual AA/NA meetings
attended from Louisiana

90%

of members came back
after reporting a relapse



WHAT WE'VE LEARNED IN LOUISIANA THUS FAR:

The need is real, and Sober Sidekick is already trusted in the market.

We have an opportunity to more deeply engage each of these members as we evolve our Louisiana model.

WHERE OUR SOBER SIDEKICK MEMBERS ALREADY ARE

Urban centers New Orleans · Baton Rouge · Lafayette · Shreveport

Rural parishes St. Landry · Acadia · Evangeline · Iberia

THE MODEL

Predict. Prevent. Recover.

1.5M+ app users · Largest relapse data set in recovery

Predict

In-app behavioral signals that enable us to act before a member falls

Predictive Intelligence

Prevent

Data-driven engagement to action

Smart Alerts

Every signal routes into a clinical action

RECOVERY CARE

Empathy Health clinical arm

Immediate Access to Care

Relapse Reduction Counseling

1:1 licensed clinicians

Personalized Recovery Plan

Built from member data

Transitions Follow-Up

Day 1–30 post-discharge

Care Gap Closure

Quality measures closed

Reduce SUD spend. Build recovery resiliency.

Always On Support

One Recovery Care Program, Three Entry Paths

Every entry path lands in the same clinician-led, peer-supported virtual recovery care model.



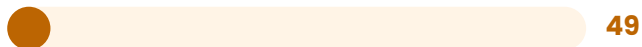
Virtual (POS 02) · F10–F19 primary diagnosis · E/M billed on date of service · G2086 / G2087 billed last day of month · One G2086 + up to five G2087 per member per plan year

We can already tell you who in Louisiana is at risk.

Every active Louisiana member is scored continuously against behavioral and social signals. This is the last 12 months of Louisiana members, stratified.

LOUISIANA MEMBERS BY RELAPSE RISK

High risk



Medium risk



Low risk



Acuity is not fixed. Engagement moves members down the stack.

LAST 12 MONTHS IN LOUISIANA

790 = ~\$3.5M savings in adverse relapse events avoided

estimated relapses avoided among engaged Louisiana members

RELAPSE RESILIENCY: WHEN SETBACKS HAPPEN

288

members self-reported a relapse

90%

of them came back into the community to engage with peers

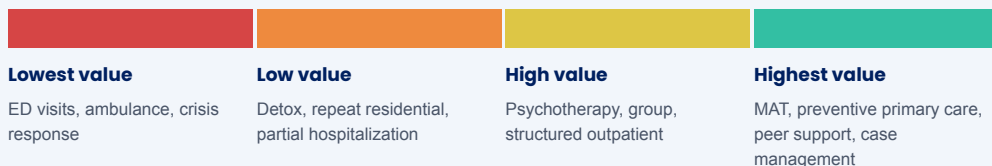
Louisiana platform data, trailing 12 months. Relapses avoided derived from the Charm Economics Prevention to ROI model applied to the engaged Louisiana cohort.

The Economics of Relapse Prevention

HMA and Wakely built the SUD utilization value spectrum off the 2023 ACA database. Charm Economics built the relapse-prevention ROI model, certified by the Validation Institute.

HMA & WAKELY · SPECTRUM OF SUD UTILIZATION VALUE

3.6:1 low-value SUD spend outpaces high-value SUD spend



LOW VALUE · REACTIVE



HIGH VALUE · PEER SUPPORT + MAT

\$2M in savings per 1,000 members on the glidepath from lowest/low-value care to high/highest-value care.



2024 Louisiana MCO Ratio was **4.8:1** representing a \$633M savings opportunity

Sources: HMA & Wakely 2023 ACA database; Charm Economics Prevention to ROI model, certified by the Validation Institute.

CHARM ECONOMICS · PREVENTION TO ROI

48.2%

reduction in relapse from a single peer interaction

\$4,442

avoided cost per actively engaged Medicaid member, per year

\$4.4M

avoided relapse cost per 1,000 engaged users, annualized

SUD members average 1.7 relapses a year at \$6,244 per episode. More peer interactions drive higher savings; this model uses one as the baseline.



Louisiana spends \$4.80 on low-value SUD care for every \$1 on high-value care.

189 HCPCS codes, 27.9M claims, \$1.68B in estimated MCO paid amount. Louisiana runs about a third worse than the national benchmark.

4.8:1

low and lowest value spend for every \$1 of high and highest value

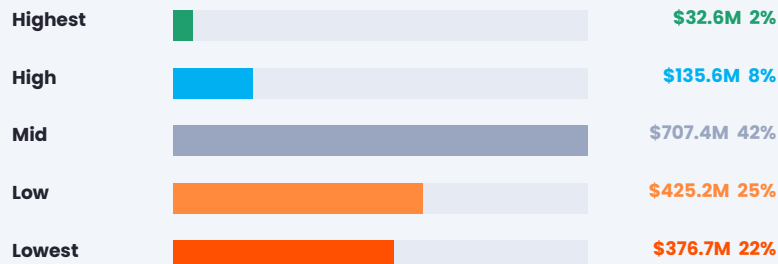
National benchmark 3.64 : 1

\$633.7M

annual opportunity if that spend shifts to high-value care

Against known diagnosed SUD members

WHERE THE \$1.68B SITS, BY RECOVERY-VALUE TIER



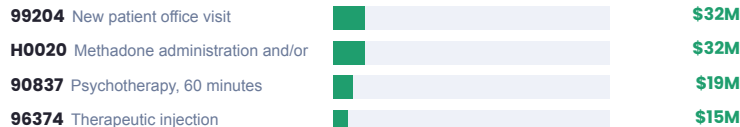
19 of 189 codes carry 48% of the spend. The 37 high-value codes carry 10%.

THE BIGGEST LINES ON EACH SIDE OF THE LEDGER

LOW AND LOWEST VALUE · CRISIS AND SHORT-CYCLE CARE



HIGH AND HIGHEST VALUE · SUSTAINED RECOVERY · SAME DOLLAR SCALE



Source: Wakely Consulting Group, an HMA Company. 2024 LA SUD-related HCPCS utilization and estimated spend, 189 codes. Utilization is actual; paid amounts are Wakely estimates built from the Medicare fee schedule adjusted to Medicaid using the Urban Institute state Medicaid-to-Medicare fee index, with national FFS pricing where no Medicare rate exists. National 3.64:1 benchmark is the HMA and Wakely 2023 ACA database analysis.

What it actually takes to recover.

Three things a person with a substance use disorder needs. Today they live in three different places, and we ask the person in crisis to go find each one.

01 IN THE MOMENT

Someone to turn to

The moments that matter are at 10:30 at night, not 10:30 in the morning.

- A 24/7 peer community, no appointment
- Every post gets a reply
- No member has ever gone without support

SOBER SIDEKICK

02 WHEN THEY ARE READY

An expert care team

Activation does not wait for a waitlist to clear.

- Licensed clinicians, in the app they already have
- Relapse-prevention counseling and a real plan
- Head-to-toe medical review, with follow-up

RECOVERY CARE

03 FOR AS LONG AS IT TAKES

Ongoing support

Recovery is longitudinal. The system treats it as an episode.

- Pulse self-checks between visits
- Give support to get support
- 90% come back after a setback

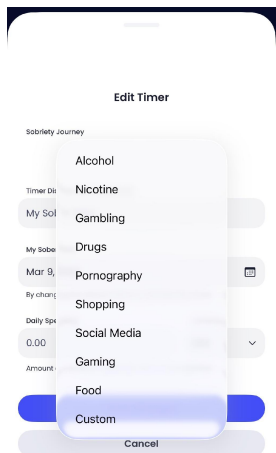
CONTINUOUS

Three disconnected systems today.

We built all three into one platform

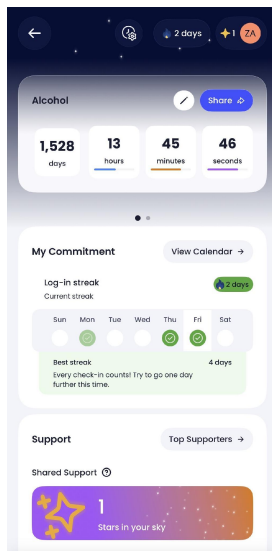
Always on, in the phone they already have.

Live in the Sober Sidekick app today. No appointment, no referral, no waiting room.



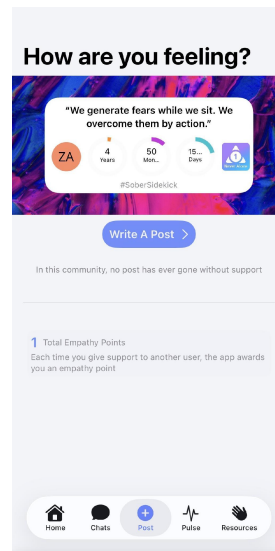
Multi-substance sober timer

Alcohol, nicotine, gambling, drugs, food, gaming, or anything they name themselves.



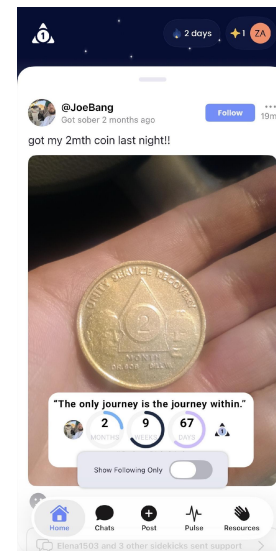
Check-in streaks and stars

Daily check-ins build the habit. Stars are earned by supporting someone else.



One tap to ask for help

A guided composer with prompts, so reaching out does not require the right words.

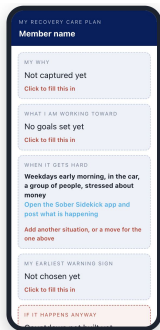


Every post gets a reply

Peers respond in minutes, around the clock. No member has ever gone without support.

What a Recovery Care visit actually delivers.

Licensed clinicians, virtual, wrapped around the member. 60+ clinical minutes a month, billed to Medicaid codes that already exist.



Before you turn the screen around, 10 things still missing
Click any row, or any card on the left, to go straight to it.

- Their why: the line, plus what matters most [fill this in →](#)
- At least one goal [fill this in →](#)
- Two high-risk situations, each with a move [fill this in →](#)
- The earliest warning sign chosen [fill this in →](#)
- The countdown built [fill this in →](#)
- Someone on the support team with a phone number [fill this in →](#)
- At least one commitment [fill this in →](#)
- A barrier we own, with a name and a date [fill this in →](#)
- Crisis plan reviewed [fill this in →](#)
- Next visit on the calendar [fill this in →](#)

The plan lives in the member's hand

Their why, their goals, and their highest-risk situations.

Support team, crisis plan, and what our team owns next.

1 The weekend early morning, in the car, alone, ashamed COLLAPSE

Open the Sober Sidekick app and post what is happening

WHEN

Early morning Mid-morning Lunchtime Mid-afternoon After work Evening Late at night Overnight Any time of day

Other (specify)

WHICH DAYS

Any day Weekdays Friday **The weekend** Payday Holidays A specific date each year Other (specify)

WHERE

At home Someone else's place **In the car** At work Out at a bar or restaurant A specific street or neighborhood At a store

Someplace I used to use Anywhere Other (specify)

WHO IS AROUND

Alone One specific person A group of people Family Coworkers Strangers Other (specify)

WHAT IS GOING ON IN ME

Bored Angry or disrespected Lonely Stressed about money In pain Cannot sleep Celebrating something

Feeling confident and safe **Ashamed** Grieving Nothing, no reason at all Other (specify)

So when that happens, what do you do instead? [Show all moves](#)

Narrowed to the moves that fit being alone out. One move, specific enough to do at 9pm on a Tuesday.

Text or call my sponsor before I do anything else [Open the Sober Sidekick app and post what is happening](#) Do a Pulse check-in in the app

Support someone else in the app to get out of my own head Message my mentor in the app Call a specific person on my support team

Leave right away, before I talk myself out of leaving Drive a different route and do not stop Go straight home instead of anywhere else

Go to a meeting Get out of the house and walk Hand my cash or cards to someone I trust Eat something and drink water first

Shower and go to bed Ten minutes of urge surfing, then decide Put my phone on do not disturb and block the contact

Turn on something loud that I like Other (specify)

Relapse-reduction counseling

Real scenarios out of the member's own history, each paired

with the move to make. Rehearsed before the moment, not after.

Cardiometabolic Diabetes, hypertension, lipids, endocrine Largest total excess spend of any category [CLEAR](#)

Not relevant for this member

☐ A1c above 9, or no A1c in 6 months [FICP](#)

☐ BP 140/90 or higher on two readings [FICP](#)

☐ Not on a statin when indicated [FICP](#)

☐ Missing doses of a cardiometabolic medication [CARE MOVE](#)

☐ Foot or eye exam overdue [FICP](#)

Cardiac and cerebrovascular Heart failure, ischemic heart disease, arrhythmia, stroke Highest excess PPM in the data (\$4,365) [CLEAR](#)

Respiratory and tobacco Asthma, COPD, smoking and vaping Asthma \$2,569 - COPD \$2,428 excess PPM [CLEAR](#)

Liver and GI Alcohol-related liver disease, pancreatitis, hepatitis C, GI bleeding, anemia Liver \$3,308 - anemia \$3,346 excess PPM [CLEAR](#)

Kidney Chronic kidney disease, acute kidney injury CKD \$2,586 excess PPM [CLEAR](#)

Infection and injection-related HIV, HTV, endocarditis, skin and bone infection, dental HIV \$3,128 excess PPM; serious infection is a top avoidable admission [CLEAR](#)

Chronic pain and musculoskeletal Back pain, arthritis, chronic pain Arthritis is the 2nd largest total excess category; back pain >50% general rate [CLEAR](#)

Neurologic and psychiatric Seizure, withdrawal risk, serious mental illness, cognition Epilepsy \$3,687 excess PPM [CLEAR](#)

Reproductive and perinatal Pregnancy, postpartum, contraception Highest-cost episode category a plan encounters [CLEAR](#)

Care access and social needs Medication continuity, PCP attachment, transport, housing, food, follow-up The domain that turns the other nine into admissions [CLEAR](#)

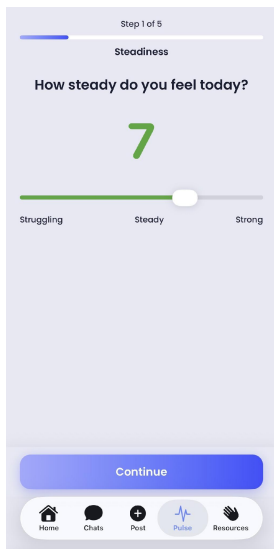
Medical cost-driver sweep

Cardiometabolic, liver, respiratory, kidney, infection, neuro

and psychiatric. Findings route appropriately

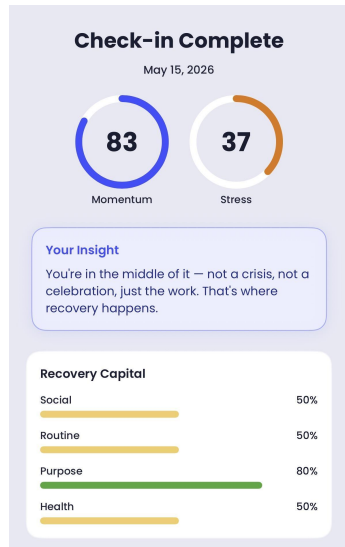
Recovery is longitudinal. So is the platform.

Between visits, after setbacks, and in the parishes where the nearest meeting is 40 minutes away. 90% of Louisiana members came back after reporting a relapse.



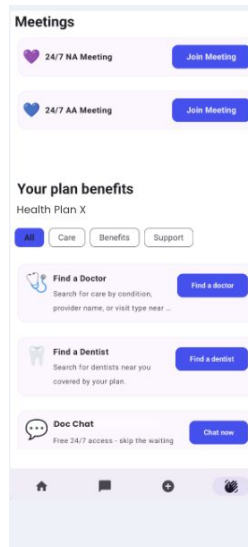
Pulse self-check

Five minutes, anonymous. Mood, cravings, sleep, stress, and connection.



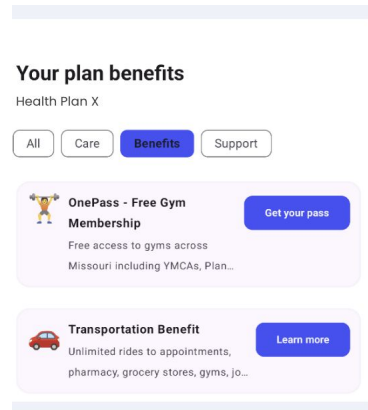
Momentum and recovery capital

Every check-in returns an action plan and scores the care team can act on.



24/7 meetings from the phone

AA and NA meetings a member can join without driving anywhere.



Plan benefits, in the app

Care navigation, transportation and gym access, surfaced inside the app.

Three User Moments and How We Designed for Them

We are building a recovery system that meets people wherever they are in the journey.



MOMENT 01

Needs help right now

It is 10:30 p.m. **John** is 11 months sober and tonight is hard. Every clinic is closed.

HOW WE DESIGNED FOR IT

Peers answer within minutes.
Every post gets a reply, 24/7.

Sober Sidekick · Peer support

MOMENT 02

Ready for treatment

Sarah has been struggling for months. Today she decides she wants real help.

HOW WE DESIGNED FOR IT

We route her to licensed clinicians now, not onto a waitlist.

Recovery Care · Empathy Health

MOMENT 03

Treated, then drifting

Mike finished his program. Six weeks later, his engagement drops off.

HOW WE DESIGNED FOR IT

Our signals flag the risk and our team reaches out first.

Smart Alerts · Proactive outreach

Three people. Three moments. One platform that treats recovery as continuous.

Positive Impact being Heard from Thousands



Ratings & Reviews >

4.8

★★★★★
8K Ratings

Review Summary - Users find the app helpful for their sobriety. They appreciate the supportive community and the 24/7 meetings. Reviewers also like the personal and deep content.

Automatically summarized from reviews

Most Helpful Reviews

Great resource

★★★★★ Jun 19 · Rickbay516

I've been clean for over 36 years now and found my calling because of it. Love this app. Recovery needs more communities like this. So important!!

Amazing support tool

★★★★★ Jun 4 · My thoughts yo

This app is simply amazing. Everyone is super supportive and you don't have to deal with anyone treating it like a pickup/dating app. It has helped immensely

Best Sober App

★★★★★ Jul 10 · Dlynxreasol

I LOVE LOVE LOVE THIS APP. I spend time in rehab and detox and coming back out to the real world this app has really been helping me! 24 hour meetings I love this!

KG

★★★★★ Feb 17 · Kledog

This has been the biggest blessing in my 653 day journey of sobriety - the day counter and the 24 access to meetings makes this my favorite tool. Thank you.

4.8

App Store rating

8,000+

member reviews

SEE FOR YOURSELF

Scan to read thousands of member reviews.



No download required, just read what real members wrote.

"My recovery has been an amazing journey. Sober Sidekick has helped me manage through my sobriety and find other people just like me, especially during my hard times. My dark days are nowhere compared to my bright sober days. Of course Louisiana being considered a party state, the recovery side of Louisiana is still huge and thriving everyday!"

• THE ASK

How We Partner in Louisiana Together

Together, we can expand recovery access statewide, connect more Louisianans to timely care, and build a more coordinated support system for long-term success.

01

Scale Membership

Leverage Sober Sidekick's 1.5 million global downloads and 4,000 existing Louisiana members to grow the state's recovery community by several thousand more over the next 12 months.

02

Recovery Care

Give every Louisianan already on the platform immediate access to our Recovery Care clinician team for counseling, education, and additional recovery resources.

03

Continuous Support

Ensure the member experience is not fragmented by pairing always-on support with strong coordination across Louisiana's existing care ecosystem.

Building the largest wave of real-life comeback stories the world has ever seen.

Jeff Goe, Chief Growth Officer · jeff@sobersidekick.com · 602-628-0535

Zach Zobel, President Healthcare Solutions



Appendix



We know when a recovery trajectory changes, in real time.

Our predictive model reads behavior on the platform every day, so a member moving toward risk becomes visible while there is still time to intervene.

HOW THE SYSTEM SEES IT TODAY

The relapse happens. No data exists anywhere.

The member shows up in the ED, an admission, or a readmission.

The claim is filed, adjudicated and paid.

It surfaces in the data months later.

MONTHS LATER

After the money is spent.

THE WINDOW TO INTERVENE

Where an episode can still be prevented, and where Recovery Care goes to work.

WHAT WE SEE

Engagement drops, or daily check-ins are missed.

The member's risk score updates in real time.

A smart alert routes to our care team.

Outreach, counseling and a plan, before the event.

SAME DAY

Before the adverse event.

AND IT SCALES WITH THE POPULATION

TODAY

4,000

engaged Louisiana members

790 relapse episodes avoided

\$3.5M in avoided cost

10x

AT SCALE

40,000

engaged Louisiana members

~7,900 relapse episodes avoided

~\$35M in avoided cost

Right now we can see the 49 Louisiana members at highest risk.

Every one of them still reachable