

YOUTURN CEO BAIDEN: So do I call you

brothers and sisters or guys and gals? What do you

guys want to be called?

Jamie [sic] stole my thunder. He wasn't supposed to tell you I'm in recovery because I was going to play around with that for a little bit, but...

So let's talk frankly here. I have a couple of rules that I do. Well, first of all, I'm hyperactive by trade, so I like to walk. So you guys, I may be walking behind you a little bit. I told them to put a wireless Mic on me.

GENERAL PRESIDENT HADEL: The floor is yours.

YOUTURN CEO BAIDEN: The floor is mine.
All right.

I'm going to promise you -- I usually like giving this talk in the morning because most people are hungover as hell and they're like, holy shit, we got to talk about drugs and alcohol and stuff like that. So I want everybody to participate in this.

So I have a question. You can yea or nay me. I get very passionate when I talk about this and curse words may slip out, so you can have that version or you can have the very politically

correct version. Which one do you want?

("Crazy version" from the delegation.)

The crazy version. All right. All right. That's what we're going to go with.

So I want to take you back to 1987.

So I grew up in South Carolina. My dad was a general contractor. He was also a two-star General, grew up Southern Baptist, very middle class. I got a full academic scholarship to the Citadel, which is a military college in South Carolina. Didn't really drink that much. Went to the Citadel and, boy, I learned how to drink.

When I was 19 years of age, I was at a party and woke up in the middle of a river. And beside me was my 1987 CJ7 Jeep bubbling down in the water down to 25 feet. Swam to the shore, went up on the bridge. A couple was up there. Anybody from the South? You guys know what shrimping is? So they had a spotlight and they were shrimping and they put the spotlight in the water and the first question they asked me is, Are you okay and is anybody with you? I knew the answer to the first question. I didn't know the answer to the second question. That scared the living shit out of me. I

had no idea if I was alone or not. I had no idea if the guy that was in the car with me earlier I had either dropped him off or he was dead.

Here's the funny part about this story. I was 19 years of age. I didn't get sober until I was 42. I didn't have a problem. That was just a bad night. I drank a little bit too much. I must have taken some medicine.

Guys, I got sober the traditional way, which what that means is I hit bottom. You guys have all heard that, right, hitting rock bottom. We're going to talk a lot about that today because that is the biggest bullshit in the entire world. Everybody's bottom is different. 135,000 people died of a drug overdose last year. That was their bottom. We cannot treat dead people.

So let's get into this and talk about this. The only rule that I have is if you want to go to the bathroom, if you want to ignore me, if you want to be on your phone, I don't care. If you are going to listen, all I ask is you keep an open mind because I'm going to share some stuff with you that is very different than probably things that you guys have heard before.

So that's my glamour shot. Blah, blah, blah, very exciting. I have been in healthcare for about 35 years. I have run a couple of companies. The interesting thing about my recovery journey is when I was struggling no one on the face of the earth except for one person knew I was struggling and that was my wife. When I got sober and decided to go to rehab, I had people that came up to me and said you're not an alcoholic. I think they were a little worried about themselves, but they're like you're not an alcoholic. There's nothing wrong with you. No one knew. I went to work every single day. I was phenomenal at my job and no one knew.

The second thing that was very interesting is leading up to that point, I saw doctors all of the time because I was always sick. I saw a counselor every week. I saw a psychiatrist every month and I was on tons of medication, all for things associated with alcoholism.

Who was paying for that? My company was paying for it and the insurance company was paying for it. Guess what happened when I got sober, all of those costs went away. So if you guys

own businesses, if you work for businesses, those businesses, those employers are bearing the cost of this and we're going to talk a little bit about this.

So you guys are going to hear me use the word behavioral health many times today. I just want to set the stage for what that means. I use the word behavioral health because it's all-encompassing. Stress, anxiety, PTSD, mental illness, substance use disorder and substance misuse, if you don't know what substance misuse is, substance use disorder is a continuum. It's much like cancer. We have Stage 1 all the way to Stage 4. Substance misuse is the beginning stages of this stuff. You are going to hear me use the word behavioral health because it's just easier than saying all of those words over and over again.

So the impact of this is enormous. You guys all know this. I'm not going to spend a lot of time on it. Productivity, overall performance, engagement in the workplace, engagement in the family, relationships, physical health and communication. It is encompassing everything we do today.

So the question is what's the problem. So we're going to do a little game here. I want everybody to raise your right hand. Okay. If you have had a family member that has struggled with any of the things I mentioned, substance misuse, substance use disorder, mental illness, I'm going to keep going, depression, PTSD, anxiety, here is the big one, stress, put your hand down.

If anybody's hand is still up, if you have ever struggled with any of those things, including stress put your hand down.

So there's two people here that have never struggled with stress. You guys are the weird ones.

(Laughter.)

Seriously, look around the room. This shit is normal. We all deal with it. It's just how do we deal with it when we deal with it.

So I want to make this very clear. There is a stigma out there. It's really cool to be a badass hard worker, right? Is it cool not to be able to handle your alcohol? No. It's seen as a weakness. It is what it is. It's bullshit but it is what it is. So let's stop tiptoeing around the

fact that there is stigma. There is stigma but let's talk about what this is doing to us.

So industries with the highest risk of suicide have the following factors. Jamie has already mentioned that construction workers are up there. We're going to talk about that.

Male-dominated workforce, no offense to the females in the room; a widespread substance abuse problem; a shift work system; so working various shifts; access to lethal means for suicide; and a fearlessness in a risk taking environment.

I say that construction workers are like two other groups in this country. Who wants to try to guess what they are?

("Military" from the delegation.)

That's one, military.

("First responders" from the delegation.)

First responders. You guys are all the same. You guys are badasses. You pick up a shovel. You do whatever the hell you do. You sit on a roof for 12 hours. You don't give a shit. You're going to get the job done.

If you're hurting, you're going to

take an opioid and you're going to show up to your job. Because guess what, you've got to pay for those baby's shoes. You're going to do what you have to do and you're not going to raise your hand and admit there's a problem.

So what does that actually look like?

It was really interesting. I was in the back and I was listening to all of the resolutions and I still don't know if the first one passed or not. I couldn't figure that one out, yea, nay. It was pretty close.

(Disruption from the delegation.)

But we had a -- oh, God. We had a video on -- sorry if I just caused an issue.

We had a video on safety in the workplace, right? That's a huge topic for you guys, right, and it should be. We spend a shit load of money on this. Out of 100,000 people, how many people die every year -- oh, I thought you were coming to yell at me.

(Laughter.)

How many people die every year from on-the-job fatalities? 9.4. How many people die by suicide? 53.3. Six times more people die by

suicide but do we ever -- and I know we started talking about it but where is the focus.

Then it gets even worse. 162 die by overdose. Now, these two numbers I think can be in interchanged because a lot of times people will die by overdose and they did it on purpose and a lot of times people die by overdose and they say they died by suicide but they didn't mean to do it. Is this eye opening to you guys? If it's not, it should be.

12 percent of construction workers have an alcohol use disorder. An alcohol use disorder is Stage 4. That's where I was. That is not somebody that drinks recklessly. That is not someone that's just drinking and binge drinking a couple times a week. That is the end of the stage of this stuff.

20 percent of Americans who die by suicide, 1 in 5 people in this country that die by suicide are construction workers. 25 percent of fatal overdoses among workers are from the construction industry. So 1 in 4 people that die by overdose from opioids is a construction worker and 80 percent of construction workers have experienced stress at work.

Some other statistics that will make you think. Before the pandemic, 105,000 people died of a drug overdose. Actually, I don't even like that statistic. Let's talk it this way. 20 years ago how many people died of an overdose that year, 20 years ago? Somebody take a guess. 9,000. In the last 12 months, over 140,000 people have died by overdose. Now, that sounds like a staggering number and it is but I want you to think about something. What do we have now that's readily used that we didn't use 20 years ago? What is it? Narcan. Narcan is the save shot. So if Jaime is overdosing on heroin, I go shoot it up his nose. He comes back to life. That has been used over 500,000 times last year. So now think about it. If we didn't have Narcan, you'd have over 600,040 deaths of overdose.

75 percent of people that have a substance use disorder have what? Jobs. These are not the people living underneath the bridge. This is everyone in this room. This is me. This is family members. It affects us all. The odds of dying from an opioid overdose are now greater than dying in a car crash.

In the construction industry why is this a big deal here? Deadline driven work, limited control for the individual worker, financial strain, being tough and strong are emphasized and highly valued, long hours and time away from the family and chronic pain from the highly physical nature of the work you guys do.

What is the -- so let's just say you don't give a shit about people and you don't care about anything that I've said so far but let's say you own a business and you care about the financial impact, this is the financial impact.

Employers on average for every employee that has mental distress spends \$15,000 more a year on that employee than an employee that does not have mental distress and it shows up in a lot of different ways. It shows up in turnover. It shows up in people showing up for work late. It shows up in attendance, things of that nature, and it shows up in healthcare costs. A mentally distressed worker is 3.5 times more likely to have a substance use disorder but the good news is for every dollar we invest in this, it turns around being a \$4 return on investment.

Now I will bet you money that 75 percent of you in the room do not believe that last statistic because if we did we would be spending money on this stuff all day long.

Okay. So does everybody agree we have a problem in the country and we have a problem in construction with this? Does anybody not believe it? Okay. That's not the problem.

A DELEGATE: Can you repeat that last statistic?

YOUTURN CEO BAIDEN: Which one?

A DELEGATE: Go one slide back.

YOUTURN CEO BAIDEN: I don't know how to do that, dude.

(Laughter.)

Let me try it. Let me try it. All right.

For every \$1 you invest in something having to do with mental health or behavioral health treatment for your employees, there is a \$4 return on investment.

So let me give you an example. Remember when said I was drinking like a lunatic. I was running a \$1.5 billion company. My company was

paying all of my healthcare costs that were elevated because I was drinking like a lunatic.

As soon as I got sober, all of those costs went away. Here's the problem. I didn't get sober for 25 years. If I changed my behavior 20 years ago, my company would have only had five years of that expenditure. Does that make sense?

Look guys, some of you guys -- I'm actually older than I probably look. Does anybody remember the old Fram oil filter commercials, pay me now or pay me later? This is what we're talking about. It's very simple. Is that good?

A DELEGATE: Thank you.

YOUTURN CEO BAIDEN: No problem.

So we've admitted we have a problem, but that's not the problem. The problem is the way we treat it. This is why I created this company and this is why we do what we do. There are three big gaps in the treatment of behavioral health.

Gap No. 1 only 6 percent of people that struggle ever get help. That is plain and simple. Okay. Why is that? So you guys throw out some reasons why people don't get help. Scream so I

can hear you or you can do it up here.

What's that?

A DELEGATE: Shame.

YOUTURN CEO BAIDEN: Shame.

Can't hear you.

A DELEGATE: Pride.

YOUTURN CEO BAIDEN: Pride. Yeah, that's good. Finances.

A DELEGATE: Denial.

YOUTURN CEO BAIDEN: Denial. Denial is a river in Egypt, my friend. Denial, get it. Denial.

(Laughter.)

All of those are good reasons. The most overwhelming reason that people give that they don't get help is because it's too scary. So the only person's name I know up here -- tell me what your first name is again. Jim. The only person's name I know up here is Jim. So I'm going to pick on Jim most of the time unless Mitch wants to get picked on. So let's pick on Mitch.

So let's say Mitch comes to me after this talk and says, Hamilton, I was really moved by what you said. I'm very proud of you. I think I have a problem and we'll just say with alcohol.

What would I say to Mitch? The first thing I would do traditionally is I would say, Mitch, thanks so much, man. You're an alcoholic. So I just called him fat, basically. When you call people an addict and alcoholic -- they've done studies on this -- those words engender the same physiological response as the word, Hitler, murderer, rapist and porn. They've actually hooked people up to electrodes and done this.

So the first thing I did was scare the shit out of him. And then what am I going to tell him? Mitch, dude. Thank you so much. This is really simple. Here's what you got to do, all of those friends you hang out with, you've got to get rid of them. You've got to quit drinking today, quit drinking forever. And if you can't do that on your own, you've either got to go to these really cool meetings called AA or you have to go to treatment for six weeks and leave your job. Then when you come back act like it never happened. How does that sound?

SECRETARY-TREASURER TERHAAR: Not too good.

YOUTURN CEO BAIDEN: Yeah.

The first thing -- and this is where the cussing is going to start because I get pissed off. The first thing Mitch is going to say is he's going to look at me and say, Have you lost your fucking mind? He is. That's what 94 percent of people do.

If he's got bipolar disorder, I say it's really simple. You have to go get mental health treatment. You have to go see a therapist every week for probably two years and then you've got to be on medication for the rest of your life. And he's going to say the same thing.

We have to address this differently. Here is the criminal part of this whole scenario. It hasn't even happened yet. Here is the criminal part. When Mitch acts like a normal human and says, Hamilton, I cannot do that. I have a family. I have to work. I can't be in rehab for six weeks. I cannot do that. I look at him and say, Mitch, tell me what you said back there again, sir. Denial. I look at him and go, Mitch, you're just in denial. Keep doing what you're doing and then when you hit all at one time rock bottom, you will raise your hand and ask for help.

I want you guys to think about something. I live in Scottsdale, Arizona, and I'm an idiot. I love to play golf and I don't wear sunscreen. I know it's stupid but I don't care. I like to be tan.

Let's say I go to the dermatologist because I've got a mole on my arm and the dermatologist says, Hamilton, I regret to inform you, you have melanoma. Melanoma is cancer. And he goes but I'm a Mohs surgeon and I can take that off in 10 minutes. You'll be cancer free.

But, you know what, I thought about it and I think you're going to go right back to the golf course and not wear sunscreen. So here's the new plan. I'm going to wait until it metastasizes to your liver and your brain and you have Stage 4 cancer. You're going to come back in six months. I'm going to treat you with chemo. How does that sound? That sounds ludicrous, right?

You tell me what's the difference in that than what I just did to Mitch.

I'll put it in even a deeper perspective to you. Mental illness and substance abuse in this country, the side effect of those two

diseases is something called irrational thinking. So we're telling the person who has a disease that causes irrational thinking, when you have a moment of clarity raise your hand and I'll be there to help you. It is the dumbest fucking thing we have ever done in healthcare in this country.

If aliens came to this country and heard the way we were treating this, they would literally blow us up with their laser and they'd move onto another planet. Okay. That's gap No. 1. That's a big gap.

Gap No. 2 is the family. I'm going to tell you guys a story. We had a construction worker that was on one of these lifts -- and I'm going to say the wrong thing because I'm not one of those guys. He's supposed to have a safety harness or something. 30-year track record of safety. He turned around and stepped off the lift and fell. Forgot to click the safety harness. When they did the whatever you guys do to safety examination, whatever the hell it is, they asked him why. He lived. And he said I had gotten a text from my daughter who suffers from a mental illness and she was suicidal.

25 percent of workers in this country are going home to a family member that is actively dealing with behavioral health issues. Here is my favorite saying about this. No one brings you a casserole when your kid gets diagnosed with behavioral health. I don't have a son so I always say this. If I had a son and he was diagnosed with cancer, think about it, how many people would come to my house tonight with casseroles and wrap their arms around me and tell me they feel bad for me and they would help me and my family. If my kid is addicted to heroin, how many people do you think show up? More importantly, how many people am I telling?

We have to help the family. Most of the time if we get to the family and get them educated, we can get to the individual and help them.

And then the final gap and the most important and I'm spending a lot of time on this slide because this is the most important thing I'm going to talk about today is engagement. Now this is where you have to open up your mind. We have been taught from the movies and from TV shows

because it makes a good story, right, that when Hamilton is struggling, he has to go to rehab for 28 days, get better and live happily ever after. That is true for some people. That is what has to happen.

40 percent of people struggling with the beginning stages of all of this stuff that I'm talking about they get better on their own. They get educated -- and you want me to prove it to you? How many people in this room know someone that used to drink too much and got into cross fit or religion and they don't drink as much any more? Everybody does. Why the hell is that person not just as much in recovery as I am? We need to stop counting sober days.

I mean, look, when you get to the stage that I was in, I have to be sober. Because I'm an Olympic fucking champion drinker and I'm going to drink anyone under the table and it's going to be fun.

And if I ever pick it up again, I'm going right back to where I was. So that's the path I had to choose. The problem is it's not black-and-white for everyone. There are different

paths to get better. What we know is if we can get people involved in some type of positive change, it can be treatment like we're going to take Mitch to, it could be seeing a therapist, it can even be self help. Here's the caveat. They have to stay engaged for six months or longer, 75 percent get better. That is a fact. That was a study done by Dr. John Kelly out of Harvard.

Here's the ugly truth. In behavioral health, the adherence rates at six months are dismal. So I'll compare it.

Diabetes in this country. 90 percent of people that are diagnosed with diabetes, six months later, they are either eating healthier or they're taking their insulin. With behavioral health, six months later, only 11 to 12 percent are doing what they signed up to do. Does that make sense?

If we can change these three gaps, we can change the face of this stuff. And I'm going to pause here for a second. I asked Jaime if I can take questions.

Does anybody have any disagreements about this? And I'm totally fine if you do. I'm

going to tell you you're wrong, but I'll listen to you. Just kidding. Anybody? Is this eye opening for people? Okay.

What do we do about it? So there is a lot of different things we can do. The first thing is we need to observe. We need to see these people. We need to treat them as human beings and we need to know what to look for. Behaviors, coming in late, leaving early, arguing, disengaging, cancelling, withdrawing, all behaviors of this stuff, appearance, disheveled clothing, unkept, looking tired. Now, if Jim always comes to work with his shirt untucked and one boot untied and he looks like he hasn't shaved in three months and he just keeps doing that, that's not an issue.

What we're talking about is appearance changing, feelings, worrying excessively, sad, irritated, no longer interested in hobbies, hopelessness. Those are the things you look for. Concentration, focusing issues, being very indecisive, self blame, criticism, hopelessness and we have training that can train you guys what to look for to help spot people.

What are the best practices? We

should all have a drug policy. Now, I have a hard time with this because if you have a drug policy and somebody tests positive and you're going to fire them, they're never going to fail their drug test. Does everybody understand that? If you tell me -- if I'm taking opioids and I know I have a drug test, I have Jim's pee right here in my bladder and that's the pee that I'm using to pass the drug test. It's plain and simple. I know there's certain industries where you have to drug test and it's important for safety and things of that nature but we need to have a drug policy and we need to talk about it openly.

We need to provide employee education on behavioral health. Leaders need to talk about it. We need to update policies and programs annually to reflect key initiatives. Let me give you an example on that. If they're not working, don't use them. How many people in this room know what an EAP is? Employee Assistance Program. That's the 800 number they give you to call if you and your wife are fighting and you need a counselor or whatever the hell it is. How many people in this room have ever used an EAP? I think there's one hand. The national average of using an EAP -- two

hands -- is 1 percent. 1 percent of employees will ever use an EAP and I'll talk about why in a minute.

So why do you have it? Is it to check a box? You're not going to get people better by checking a box.

And that leads to the last point on this is ensure your organization is actually deriving engagement and outcomes from programs in place. It makes no sense to have programs that people aren't using.

Get involved, identify, promote, measure the existing programs in place. If they don't work, get rid of them. Recognize the diverse needs and desires for support among employees. Some people like watching videos. Some people like reading stuff. Some people like talking to people. We talk about putting hardhat stickers, putting stuff in the Porta Potties. There's all different things that you can do.

Ensure that those resources are easily accessible. Most important thing, explain how these resources are confidential. We're going to talk about this. And then I've already talked about it, leverage multiple engagement techniques.

So those are all things that we should be doing. If you're not doing them already, you should be if you really want to get people better. But how do you innovate and change the game differently?

So I'm going to tell you a little bit about what we've done at Yeturn Health. We can always talk to the Union about helping you guys. We have a national partnership with the Association of General Contractors, with the National Safety Council, but this is not a sales pitch for Yeturn Health. Take what I'm telling you. If you can innovate and do your own programs, if you can do it on your own, I have -- my job is to change the face of behavioral health, not to sell Yeturn Health, so let's just leave it at that.

But have we done? We have built a program to close these three gaps. Basically, the way I like to describe this is if I left here today going back to the airport and I get in car accident and I have a head injury, who is going to come get me at the car accident, the paramedics, right? They're going to save my life. They're going to get me to the University of Nevada Trauma Center.

They're going to save my life and then they're going to send me to a rehabilitation place for six months that's going to make sure I follow what they told me to do and I'm pretty much going to be okay.

Everybody agree with that?

If I drive to the airport and I have a behavioral health car accident, I'm going to lie on the side of the road until what, until I have a moment of clarity, I pick myself up and I drive myself to the hospital. That's the difference. We're treating this all wrong.

So we created Youturn Health really to close those three gaps. And there three parts to this program, engagement, peer coaching and family support.

So the first thing that we do is we go into the organization and we totally engage, whatever tools that you guys use to get to employees we will tag onto. The cool thing about what we've built is this is not only available for every employee, this is available for every family member and here's the important part. We do not define family. Who am I to tell Paul who his family is?

Let's say Paul and Jim have been

buddies since they were five years of age. Is that true? Okay. If Jim is struggling, it may affect you more than if your wife is struggling. Now, that's no -- I mean, that's no comment that you don't love your wife but your best friend. So Paul gets to tell us -- excuse me -- Paul gets to tell us who his friends -- who his family is and we don't care who that is.

So we do everything that we can to get people engaged. We go on site. We do webinars. We do onsite events. And here is the really cool part about this. We are never going to come to your place of work and do a webinar on who's drinking too much or taking grandma's Percocet because guess how many people will show up. I would show up because I think that would be a fascinating webinar but no one else is coming to that because no one wants to talk about that shit.

Now, if I do a webinar on who's stressed out and wants to learn mindfulness techniques because they're working 80 hours a week or use tips to deal with their stress that are free, everyone shows up because it's cool to talk about stress.

The purpose of all of this is to get people here to our platform. So what we have created is basically Netflix for behavioral health. There's no one here that works for Netflix, are there? They may get pissed off about me saying that but that's basically what it is.

So Youturn the platform is the largest collection of counselor-lead, evidence-based videos on the planet. We have training, recovery first aid, mental health first aid, stress management, all different types of modules.

There's three things about the platform that are very different. Number one, it is completely anonymous and confidential. So if Mitch goes on because he's struggling with alcohol and he wants to learn and get hope and advice from others, we are never going to share that with his employer, completely separate. We de-identify all of the data. We will never break that confidentiality.

If Jim goes on because his wife is struggling or his kid is struggling, same thing. He starts to get educated, get hope and advice from others. Let me give you an example. Jim comes home and he finds a bag of weed in his 16-year-old kid's

car. Without us Jim starts freaking out. He goes to Google. The next thing you know Jim's 16-year-old kid is in rehab where he learns to do heroin and crack. There is no reason for that 16-year-old to go to rehab right out of the gate. There's not.

We have to talk to them. We have to find out what's going on. There's intervention steps that you can get, plus it saves a lot of money on the back end as well.

And then the final thing about this platform that's different and to me it's the most important is the vibe of the platform. Who remembers Nancy Reagan? What was she known for?

("Just say no" from the delegation.)

Just everybody -- it's crazy.

Everybody knows it. Just say no. That bullshit does not work. This is your brain. This is your brain on drugs, the fried egg. That bullshit does not work. It makes people run the other way.

So, years ago, when we started Youturn Health, we were actually only doing the coaching part. And what happened is every time we would get Mitch who had a wife that was struggling or a kid

that was struggling, we had to sit down with him and spend an hour educating him, what is the neurobiology of addiction, what is PTSD, what is stress, what is anxiety, blah, blah, blah, blah.

So we went to the Internet to find really good content to make us more efficient so Jim could go and watch it, get up to speed and then we can start working with him. And so we went to the Internet to find really good content and the bottom line is it all sucked. And I'm going to give you guys an example.

There's a place in Washington called the Addiction Policy Forum and they were given over a million dollars by the federal government to create the national response to the opioid crisis. So they created a video platform -- and this is no bullshit what I'm getting ready to tell you. It was black-and-white cartoons. And this is the best illustration I can give you. They had a video. It was talking about -- they called it The Hijacker and it was talking about what happens when you go from recreational use to full-blown addiction, what happens to your brain, which is actually a really important thing to know. And the way they

illustrated it you have a businessman. He's walking down the hall, black-and-white cartoon, and as his brain switches to addiction, syringes grew out of his head. He became a monster.

So if any of you guys have ever been on opioids or have ever struggled with this stuff, does that sound like you? It doesn't sound like me. I'm turning that video off immediately.

So we went completely the opposite way. This entire platform speaks to motivational interviewing, positive psychology, meeting people where they're at. We don't label people. We don't call them names. We use laughter. It is a safe place to go and start this journey. This is the tool that we use to get that 94 percent of people that are never going to raise their hand and go to the safety guy or go to human resources. They're just going to sit and struggle until they hit rock bottom. So hopefully that makes sense.

And then the second part of this is peer support or peer coaching. Now, I don't really like the term peer support. I've been in healthcare for 35 years and the reason I don't like it is because a lot of people do it. And I'm sure some of

you guys do it. There's probably a guy on each of your crews that's he's the guy to go to if you're struggling. But there's so many different ways it's done. It's kind of the Wild West. And we use a very specific model called Assertive Community Engagement. Guys, this is so simple, it's stupid.

Number one, I'm going to meet you wherever you are on this journey. But first and foremost, I'm going to treat you as a human being. So let's go back to the conversation with Mitch. When Mitch comes to me and says, I really appreciate your story but I cannot quit right now and I cannot go to treatment. Instead of saying, well, you're just in denial. I look at him and I go, cool. No one said you had to go to treatment. No one said you even had to quit drinking. But obviously you're dealing with something. There's consequences to your actions in some way. How can I help you?

And the difference is, is I'm going to give him someone just like him, a construction worker or a Roofer that has struggled with this stuff before and overcome it. Because here's the deal, if Mitch is a veteran. My dad was a two-star General. I went to a military school. If I call

Mitch, even though we're struggling with the same thing and he's a veteran, he's not talking to me. You know why? I'm not a veteran. You've got to pair the people up with the right people.

The other thing this works for is the family. So if I'm Barbara, a 53-year-old mom who's a professional that has a kid struggling with heroin addiction, I'm going to give her another Barbara that's had a son that struggled with heroin addiction.

And the model is very simple. We're going to get you motivated to move forward. If you need clinical support, we're going to get you to those clinical resources. Believe it or not, there are enough clinicians out there to help people. If you don't believe me, call any treatment center right now and ask if you can get in. They're going to say yes. None of them are filled up. The problem is people aren't using them.

But here's the difference in the model. Once I connect with Mitch, I'm going to stick and stay. I'm not going to leave him until we get him better. And here, guys, if you don't listen to anything I say, this is the most important thing

I'm going to say today. And you guys have kind of heard me talk about it.

For 70 years in the treatment of this stuff, we've always left it up to who? We leave it up to Mitch. When I got sober, they literally called me an alcoholic. They said this is what you need to do to get better and then they turned around and said good luck. So we're leaving it up to the person that by definition has irrational thinking. It literally boggles my mind.

So all we've done is we've shifted the responsibility. So if I'm connected to Mitch and Mitch is supposed to be going to counselor every week or Mitch is supposed to be going to AA meetings every week and he doesn't show up, it's not Mitch's fault. It's my fault. I've got to figure out how the hell to motivate him to get him there.

And I'll just give you a really quick funny way that this can make a lot of sense to you.

If -- hold on. I've got to pick on you now.

If Bob here wanted to become a Speedo model in six months --

(Laughter.)

How many people think Bob could do it?

And I went to Bob and I said, Bob, we're going to help you achieve your goals. Here's a workout plan. Here's the nutrition plan. I actually bought you a gym membership. I'll see you in six months. He's got a shot, right?

What happens if come to Bob's house every morning, bring him a cup of coffee, a healthy breakfast. I grab him by the back of the neck and I say, Get your ass up. We're going to work out together and I do that every day for six months. Which Bob has a better chance of being a Speedo model? It's really that simple. It's really that simple.

Now, the million dollar question is does this model work? And I'm going to close up with this and I don't even know how long I've gone but hopefully I saved enough time for a couple of questions.

In 2019, we were lucky enough to get into a clinical trial. This was done in South Carolina with the largest health system, Clemson University and the University of South Carolina.

What's cool about this trial it was

strictly around addiction but every single person in this trial was laying in a hospital bed for something to do with drugs or alcohol. So think Mitch is laying there because he has end-stage liver failure because he drank for so many years. Jim is there for encephalitis from shooting drugs. So these guys are at bottom, right? They should be very motivated to change.

The control group is a social worker comes in, meets with them both, says we love you. You're an addict. You're an alcoholic. We're going to get you into treatment. They physically walk them into treatment. That's Group 1.

Group 2, the only difference is they get one of our coaches, which we call Ace Coaches and here is the results you can see on the screen.

So the black line is treatment as usual. This is why we exist, guys. You can see at 30 days half of the people in the control group have gone to treatment, the other half have already dropped out. At six months, only 11 percent are still doing what they signed up to do. That's the adherence rate.

If they have Ace Coach, six months

later, 89 percent are not only still talking to the coach, whatever treatment plan they signed up for they are still doing. This has now been picked up by the National Institute of Drug Abuse for a three-site clinical trial on overdose survivors.

Look, guys. This stuff works. Bob is not becoming a Speedo model unless he has someone there with him for the journey. Sorry, Bob. You may make it. I don't know.

So that's really what we're here to talk about. We've got to think about this stuff different. It doesn't mean we blow up everything that's out there. Therapists are great. Clinicians are great. Treatment centers are great. They're all great but let's just do some simple math. If you have 1,000 people, based on the numbers I told you, we're going to use round numbers because my math isn't very good. Let's just say 10 percent raise their hand and ask for help. That's 100 people. Now, we get that 100 people involved in something positive. Six months later, only 11 are still doing what they're supposed to do. So out of 1,000 union members that are struggling with the current model, we help 11. We've got to do it

differently.

All right. I don't know how much time I have left but that's it. I am happy to take questions if you have questions. If you don't, if you got to kick me off the stage, I'm happy to do that too.

GENERAL PRESIDENT HADEL: Does anyone have any questions for Hamilton? I thought it was an excellent presentation. You hit it right on the head.

YOUTURN CEO BAIDEN: Thank you, sir.

One of you guys has to ask a question. There's got to be a question. Just say, Hamilton, you're full of shit. Just ask that question.

(Laughter.)

Go ahead.

GENERAL PRESIDENT HADEL: Come up to the microphone, please.

YOUTURN CEO BAIDEN: He wants to know what the cost associated with it is. So we've designed this to be very inexpensive. We have some different tiers that you can do. We can get people started in Yeturn Health for as little as \$5,000 a year. It's \$416 a month. It doesn't matter what size your

company or your organization is.

If we do it for the Union as a whole, we even lower the price. Because here is what you have to think about, guys, and I'm just going to be very brutally honest with you. If I go to see a therapist or a counselor or a clinician, how much does that cost? About \$250 an hour. Basically, our rough average is if we enroll someone -- so if enroll Mitch in coaching, Mitch gets a coach, it's unlimited use for the entire month. If I text Mitch 30 times, if I have two Zoom calls with him, if I talk to him on the phone 100 times, that's all included for the 300 bucks a month.

Here it gets even better. If we can get Mitch's wife a coach, if we can get his parents or a kid a coach, that's all included for free. And let me explain why it works so much better. Let's say poor Jim here is trying to get better about drinking. He sees a therapist every Wednesday but he's got a wedding on Friday night to go to with a bunch of you lunatics and he's going to be drinking like a lunatic, how is that therapist going to help him on Friday night when he's walking into that wedding? Not going to help him at all.

But as his coach, I can text him on the way and say, Jim, I'm here for you, buddy. I know it's going to be hard. Call me 30 minutes in or I'll call you. Coaching is in the moment. If you've ever seen a therapist, most people go every week. And before you walk into a therapist, because I've been to lots of them as you can probably tell, it's like holy shit, what happened this week, what do I need to talk about? It doesn't mean it's not important but coaching works so well because it's in the moment. And, look, Dude, at the end of the day, we're here to change the face of this stuff. We'll figure out the money part.

A DELEGATE: I was wondering how that would affect our program as a whole?

YOUTURN CEO BAIDEN: Yeah, we would -- we'd just have to talk through it. I mean, look, I'll be honest, unions are a little different because we can deal with the individual companies. We deal with the unions. We signed up the Heat and Frost Insulators Union last year. They were our first union that we worked with. So if you do want to have conversations, we're happy to do that but that's obviously not why I'm here.

Any other questions?

A DELEGATE: So how do you approach a friend or family member that doesn't have a problem?

YOUTURN CEO BAIDEN: How do we approach the friend or family member that doesn't have a problem? So you're saying I'm working with you, and you want me to talk to your 21-year-old son because he doesn't have a problem. Here's what I will tell you. That 21-year-old knows he has a problem. The 21-year-old doesn't want to get help the traditional way.

Look, there are always exceptions to the rule but I can promise you this, I dealt with this shit for 42 years of my life. I knew I had a problem but I was not ready to quit drinking and I sure as shit wasn't going to tell anybody about it, but I knew I had a problem and I wanted help. I mean, I used to Google all of the time how to drink in moderation, how to do this.

Actually, I'll tell you a guys a funny story. If you keep a spreadsheet on how much you drink every week, that's not normal. I did that. I did that.

(Laughter.)

And for all of you alcoholics in the room that want a really good laugh -- I'm joking -- I made the dumbest rule ever. I told my wife here's what I'll do. I will have no more than ten drinks a week and no more than two a night. So Monday I wouldn't drink. Tuesday I wouldn't drink. So that's cool, right. Now I've got 10 drinks for the rest of the six days -- or the rest of the four days or five days but I made the decision to not drink more than two a night. I was fucking miserable for three and a half weeks. And I kept it all on a spreadsheet.

I wanted help. I wanted to get better.

If you approach that 21-year-old like a human and say, look, I know you don't want to quit, I know you don't want to go to rehab, I know you don't want to take your medication for bipolar but obviously you're not happy. There's things going on. I've been there, Dude. How can I help? They will talk. It's a different approach. It's just -- and I have a story I can tell you but we're probably running out of time.

Any other questions?

Thank you guys for having me. It's
been an honor.

(Applause.)

If you guys go out tonight, drink one
for me. Nice to meet you. Thank you guys. Thank
you, sir.

(Standing ovation.)