Affect fills a huge void in the SUD treatment landscape, ensuring expanded access with best-in-class outcomes.

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**OVERVIEW**

In-network (E&I, Medicaid)
All telehealth
Intensive (level 2.1) and outpatient (level 1) licensed
Accredited by CARF

Proven almost twice as effective at retaining and engaging members in treatment, compared to in-person treatment as usual

Rewards-based

Have treated ~3500 members in 18 months

Advised by the top researchers in the field, including Dr. A. Thomas McLellan, Dr. Larissa Mooney, Dr. Carla Rash
Through our innovative, telehealth solution, we lower barriers to treatment, enabling people to receive intensive care but remain in their homes and jobs.

Daily remote engagement, monitoring, and rewards via app and SMS
- 3-5 behavioral therapy tasks
- PHQ-9 and GAD-7 tracking
- Sobriety tracking
- Appointment management
- Document management
- Progress and rewards

Weekly telemedicine counseling, drug/alcohol screening, and peer support
- Twice-weekly group therapy
- Remote biologic screenings
- Once-weekly individual counseling
- Case management

Monthly psychiatric telemedicine appointments
- Medication prescribing
- Health risk assessment
- Co-occurring disorder management and care coordination
We are committed to serving all 50 states by the end of 2025

**LIVE (E&I, Medicaid)**
Kentucky, Ohio, Florida, Texas, Missouri, Idaho, Indiana, New Mexico, Oregon, Tennessee, California, Illinois

**Contracted and Launching Q4**
North Carolina, Washington, Virginia, Colorado, Wisconsin

**Launching Q1**
West Virginia, Arkansas, Iowa, Montana, Minnesota

**2024**
All Medicare Advantage markets, Maryland, New York, Massachusetts, DC, New Hampshire, Connecticut, South Carolina, Kansas, Utah

**2025**
Remainder of the US

*UnitedHealthcare, Aetna, Humana, Centene, Magellan, Molina, Anthem, Carelon, BCBS
### Comparative Quality Measures

(analysis provided by Centene, HPN)

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<thead>
<tr>
<th>HEDIS Measure</th>
<th>National Benchmark</th>
<th>Affect Therapeutics</th>
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<tbody>
<tr>
<td>Initiation of Treatment</td>
<td>43.7%</td>
<td>79%</td>
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<tr>
<td>Engagement in Treatment</td>
<td>14.1%</td>
<td>57%</td>
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### Health Plan of Nevada Success Story

**Problem**

Optum’s Behavioral Intake Coordinators (BICs) embedded at Southwest Medical need an evidence-based addiction treatment provider that is convenient and accessible for members to engage with immediately upon SUD diagnosis.

**Solution**

- Direct engagement with case managers (both medical and BH), peer recovery coaches, and BH staff embedded in OptumCare physician groups
- Direct integration into ICM portal for member referrals with SUD diagnosis
- Facility-level and network awareness (trainings, grand rounds, marketing materials, warm introductions to high volume/value providers)
- Data sharing and tracking with quality and clinical teams

Affect members are 87% less likely to incur costly ED visits or inpatient stays

### Comparative Cost

(analysis provided by Centene, HPN)

<table>
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<tr>
<th>Cost Measure</th>
<th>National Benchmark</th>
<th>Affect Therapeutics</th>
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<tbody>
<tr>
<td>ED / Hospitalization rate for individuals with SUD diagnosis (avg cost $1985/$9693)</td>
<td>29%</td>
<td>4%</td>
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</table>
Our member retention is double that of traditional treatment options.

We are experts at unlocking behavior change and motivation through rewards.

Retention Rates by Week

*Retention in Stimulant Use Disorder treatment, Petry et al 2004

Negative Drug Screens By Week in Program
We engage our health plan partners quickly through targeted education and ongoing collaboration

**Affect will conduct education sessions and inservices with key internal stakeholders**
- Start with care management, quality improvement/pop health, Medical and BH clinical teams, and UM
- Focus on: Affect’s clinical model, identifying appropriate referrals, cadence for ongoing collaboration

**Conduct analysis of treatment and quality gaps to inform care delivery partnerships**
- Analyze UM/Prior Auth data to understand top priority care delivery integration points
- Facilitate introductions and education sessions with priority providers, community orgs, and CJ partners

**Establish bi-directional referral pathways**
- Streamline referrals with care management and care delivery partners; provide co-branded materials

**Ongoing engagement focused on quality and data sharing**
- Track and communicate outcomes to improve processes and identify focus areas (ie gap closures, ED diversion, high risk maternity, etc)
MEMBER JOURNEYS

With an NPS score of 72, Affect has delivered exceptional member satisfaction and improved health

S is a resident of Kentucky, covered under her husband’s employer health plan, who joined our program in August of 2022. She found Affect after looking online for help; she had not previously tried treatment but felt her alcohol use was negatively affecting her life. She was binge drinking daily as she had been for the majority of her adult life. She lived in a house with her husband where alcohol was constantly present. S was effectively captive in her home, unemployed, and suffering from depression. She had gained a substantial amount of weight and found her drinking was destroying her relationships with her husband and children.

Despite not having strong support from her husband on her recovery, she entered treatment determined and motivated. Initially, her desire was to seek to moderate her drinking, but she quickly realized that she could not do that effectively and needed to quit entirely. She relapsed once during her first month, but otherwise was able to stick to her treatment plan and achieve sustained sobriety.

She had almost perfect group and individual counseling attendance and completed all her random breathalyzer tests to hold herself accountable. At her counselor’s encouragement, she also found a local AA program where she found a home group and a sponsor, and ultimately began sponsoring others. She was a supportive and engaged member of Affect groups as well, where she began to build a support network necessary to help her sustain her progress.

In addition to achieving her abstinence goals, she established a regular exercise routine and nutrition program, and managed to lose substantial weight, improving her overall health and energy levels. Her PHQ-9 depression score went from a 27 to an 11, and her GAD-7 anxiety score went from 11 to 0 during her episode of care.

S graduated from Affect after 11 months in treatment and now works in recovery and is aspiring to be a peer support specialist. In her program evaluation, she said, “If it weren’t for Affect or being able to speak with like-minded people and God, I wouldn’t be sober or alive.”
Our members span the entire socioeconomic, geographic, and demographic continuum

C is a resident of Arizona, covered under Medicaid, who joined our program in September of 2022. He was diagnosed with severe methamphetamine use disorder at intake and was using daily. Prior to presenting to Affect for treatment, C was ingesting approximately 1 gram of methamphetamine daily. He was in a relationship with an active user, was living in a high-crime/drug trafficking area, was estranged from his family and children, was severely depressed, and had only part-time employment.

He struggled initially in treatment, in particular with cutting back his usage. However, he and his partner had a baby shortly after he was admitted to the Affect program. The Arizona Department of Child Safety (DCS) immediately removed the baby from the environment, and he described her birth and the loss of his child as an awakening. From that point forward, C and his counselor began working on the shame and guilt associated with his usage. They also processed the dynamics of his interpersonal relationships. With his counselor’s encouragement, he found an outside sponsor and began working the 12 steps, engaged in marriage and family therapy, and began seeing a doctor regularly.

He achieved his goal of full sobriety and never missed a drug test. He became a cornerstone in group counseling, where he had perfect attendance through his intensive treatment phase. He also re-engaged with his adult children and has been working actively to repair his relationships. His PHQ-9 depression score has gone from 20 to 1 during his treatment.

He remains in maintenance treatment with Affect and recently celebrated one year of sobriety. He and his partner also recently celebrated the return of their baby daughter, and DCS has asked C to help provide encouragement and sponsorship to other DCS clients given his success. His DCS case was closed mid September and he will soon begin searching for a sponsee to work with once his schedule permits. He obtained a full time job, earns a higher pay rate, is saving to purchase a home and has moved into a safer area with his family.