



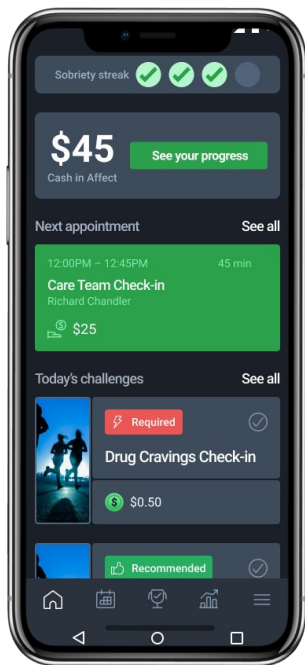
# Delivering Next Generation Addiction Recovery

October 2022



# Who we are

The first and only nationwide addiction treatment program leveraging contingency management



- Our integrated recovery program works from a **smartphone app**
- **Counseling and doctor appointments** are conducted over secure video conference via the app, so they are accessible anywhere
- **Financial incentives** drive motivation and offer tangible support for life necessities
- Medical providers **manage overall health**, prescribe supportive meds
- Our support team helps raise social determinants of health: **employment, housing, medical help, lower bills**, and more.



# Innovative treatment in a familiar business model



## Provider Contracting



- We contract as a healthcare provider, not a vendor
- Unlike almost all digital care programs, we are licensed in each state as a facility



## Universal Coverage



- We serve both commercial and Medicaid populations
- We offer multiple SUD treatment services
- Unlike other digital programs, we handle higher complexity, more severe disorders

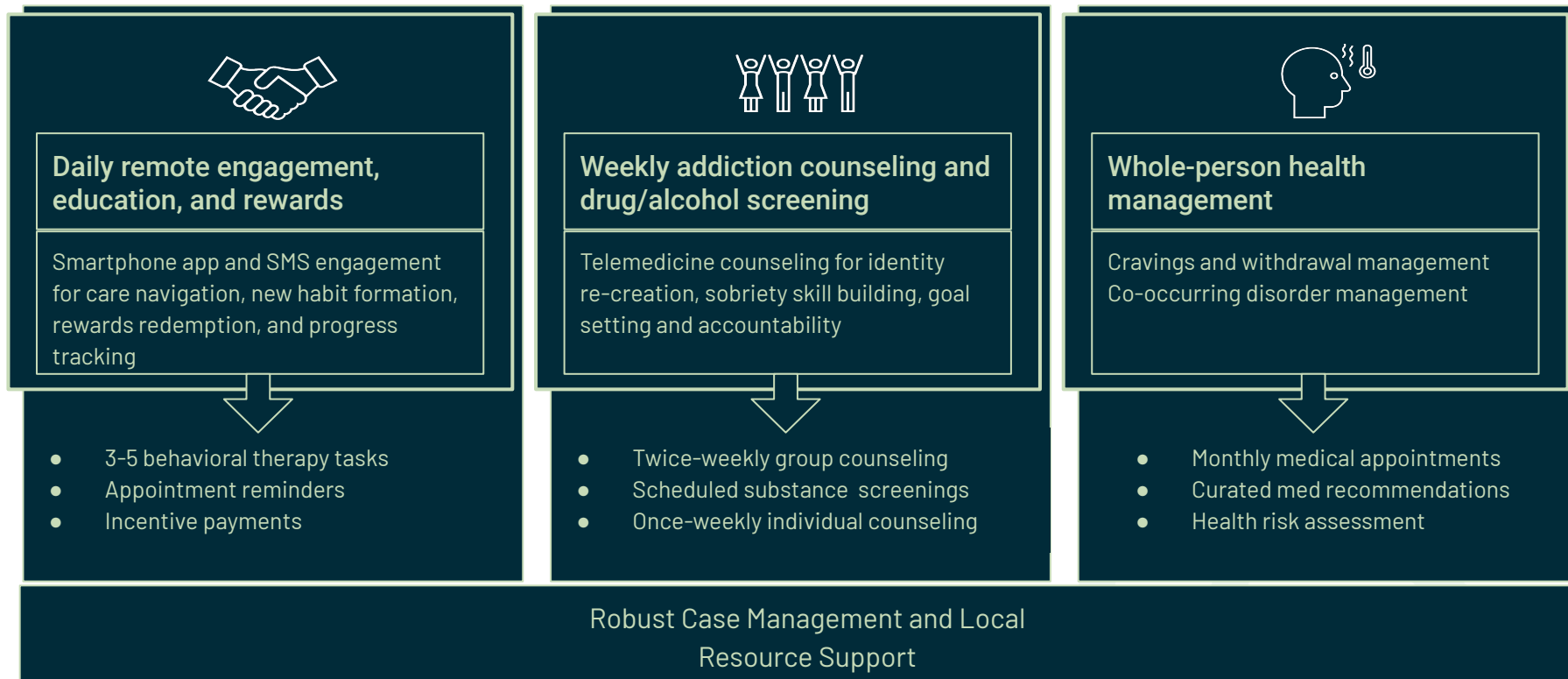


## Digital, Evidence-Based Intervention



- Unlike traditional outpatient treatment programs, we are both accessible and affordable
- Member retention is driven by incentives, not MAT, which has shown uneven results and high recidivism rates

# 6-month intensive + an open-ended maintenance



# Affect Encounter Schedule – Stimulant Use Disorder

Service	Licensure	Provider	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Intake Screening/Onboarding		Care Advocate	x1					
Initial Bio/Psycho/Social Intake, Drug Screen, and Diagnosis	CADC	Counselor	x1					
Initial Medical Evaluation (Moderate Complexity)	Physician/APRN	Psychiatrist	x1					
Individualized Treatment Plan Creation & Update	CADC	Counselor	x1	x1	x1	x1	x1	x1
Group Therapy	CADC	Counselor	x8	x8	x8	x8	x8	x8
Individual Counseling (30 min sessions)	CADC	Counselor	x4	x4	x4	x4	x4	x4
Urine Drug Screening	CADC	Counselor	x4	x4	x4	x4	x4	x4
Medication Management and Health Monitoring	Physician/APRN	Psychiatrist	N/A	x1	x1	x1	x1	x1
Case management/Care Coordination	CADC	Counselor	x4	x4	x4	x4	x4	x4
Remote Patient Monitoring	Physician/APRN	Psychiatrist	x30	x30	x30	x30	x30	x30
Daily Skill Building Tasks - assigned to member		Digital	x150	x150	x150	x150	x150	x150
Daily Self Reporting Tasks - assigned to member		Digital	x150	x150	x150	x150	x150	x150
Contingency Management Administration/Payments		Care Advocate/Digital	x320	x317	x317	x317	x317	x317
Data-driven Risk Profiling and Team Intervention		Care Advocate/Digital	As needed	As needed	As needed	As needed	As needed	As needed
Crisis Management/Intervention	CADC	Counselor	As needed	As needed	As needed	As needed	As needed	As needed

# Affect Encounter Schedule – Alcohol Use Disorder

Service	Licensure	Provider	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Intake Screening/Onboarding		Care Advocate	x1					
Initial Bio/Psycho/Social Intake, Drug Screen, and Diagnosis	CADC	Counselor	x1					
Initial Medical Evaluation (Moderate Complexity)	Physician/APRN	Psychiatrist	x1					
Initial Medical Evaluation (High Complexity)	Physician/APRN	Psychiatrist	x3					
Individualized Treatment Plan Creation & Update	CADC	Counselor	x1	x1	x1	x1	x1	x1
Group Therapy	CADC	Counselor	x8	x8	x8	x8	x8	x8
Individual Counseling (30 min sessions)	CADC	Counselor	x4	x4	x4	x4	x4	x4
Individual Counseling (15 min sessions)	CADC	Counselor	14x					
Breathalyzer Device			x1					
Breathalyzer Test	CADC	Counselor	x2-3 daily	x2 daily	x2 daily	x2 daily	x2 daily	x2 daily
Medication Management and Health Monitoring	Physician/APRN	Psychiatrist	x1	x1	x1	x1	x1	x1
Case management/Care Coordination	CADC	Counselor	x4	x4	x4	x4	x4	x4
Remote Patient Monitoring	Physician/APRN	Psychiatrist	x30	x30	x30	x30	x30	x30
Daily Skill Building Tasks - assigned to member		Digital	x150	x150	x150	x150	x150	x150
Daily Self Reporting Tasks - assigned to member		Digital	x150	x150	x150	x150	x150	x150
Contingency Management Administration/Payments		Care Advocate/Digital	x320	x317	x317	x317	x317	x317
Data-driven Risk Profiling and Team Intervention		Care Advocate/Digital	As needed	As needed	As needed	As needed	As needed	As needed
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# Best Practice: Contingency Management

Dependable, positive reinforcement for desired behaviors

Vouchers, prizes or financial incentives are earned in exchange for submitting methamphetamine-free urine samples or negative breathalyzers

General principles:

- Clear incentive schedule

- Scheduled and random testing

- Timely rewards

- Keystone of holistic behavioral and medical care

# Best Practice: Raising SDoH

Social Determinants of Health are the conditions in which people are born, work and live. SDoH are shaped by the distribution of money, power and resources.

## General:

- Economic stability
- Race
- Education
- Gender
- Neighborhood and physical environment
- Food
- Community and social context
- Health care system

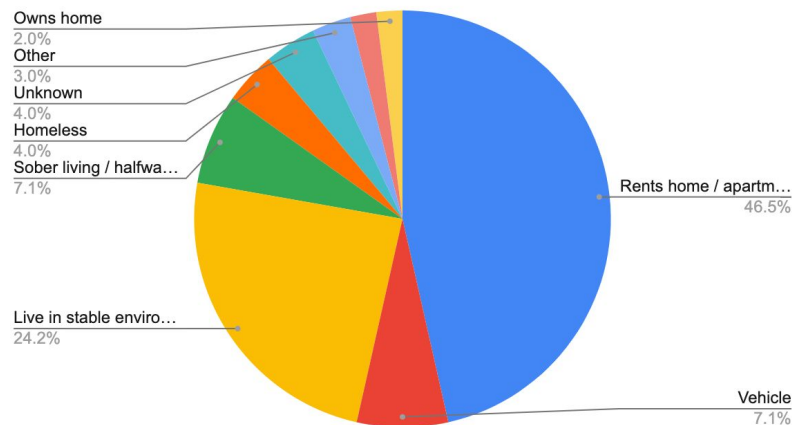
## Specific to Substance Use Disorders:

- Incarceration, parole and probation
- Mobility (e.g. loss of drivers license)
- Conviction history limiting employment and housing
- Social isolation in early sobriety

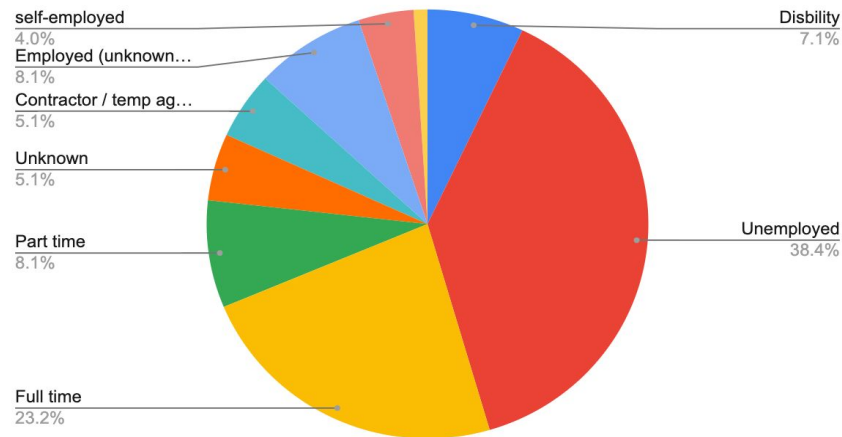


# Demographic Data

## Housing Status



## Employment Status



Housing and employment security are a major concern for our members, supporting our ongoing investment in case management and SDOH

# Affect Offers Robust Case Management

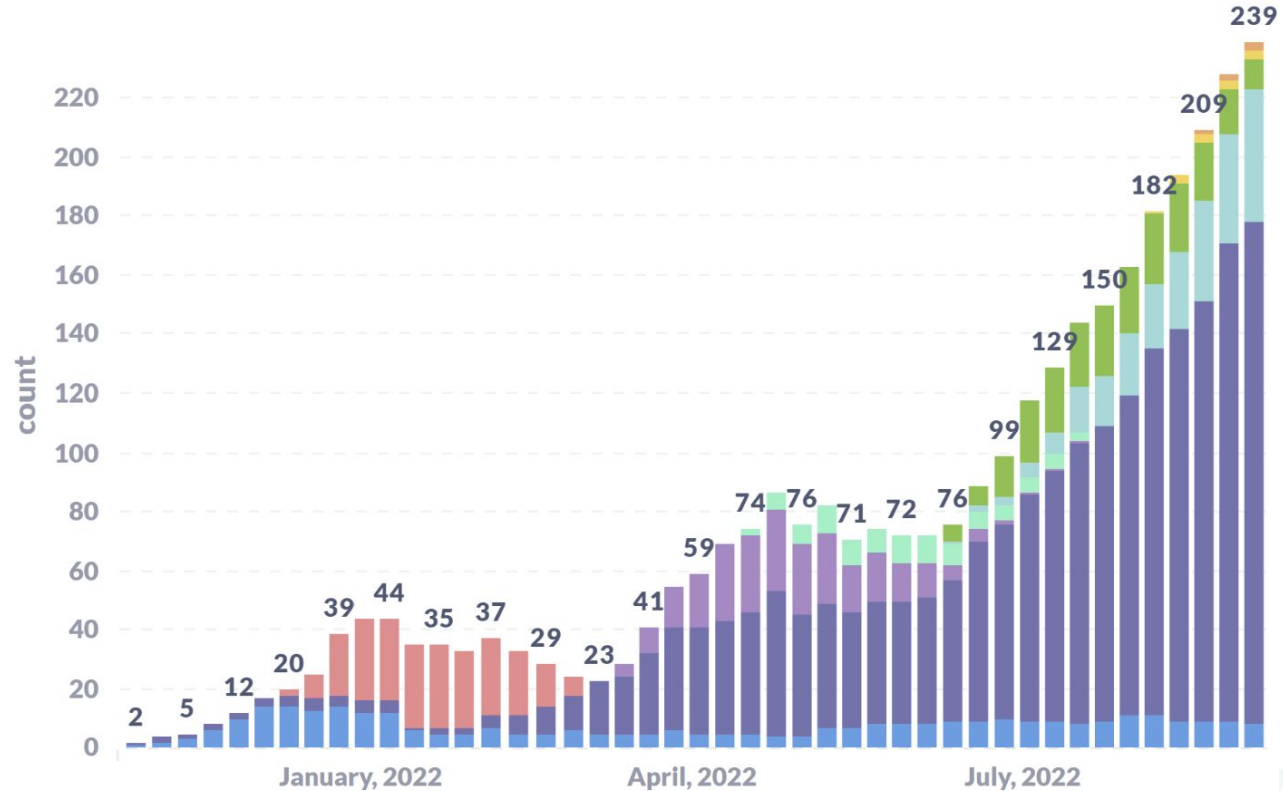


“As a member advocate, I am here to help you focus on your recovery. Being in recovery myself I know that the goal isn’t just sobriety, but it’s having stability and a life you can be proud of. I want that for you. I have helped members find work and housing, get the right medical help, or lower the cost of their phone bill. If you have something that is preventing you from making it to a meeting, I want to know about it. If you are just having a bad day, I want to know about that too.” — Bobby K.

# Outcomes

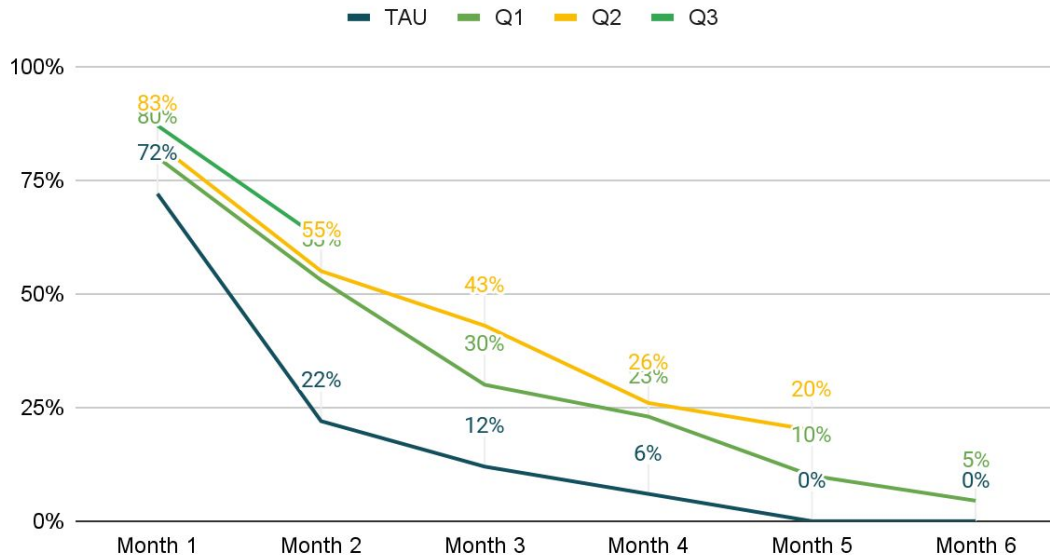
# Active Member Count Since Commercial Launch

- Stimulant Program - No Presc...
- Stimulant Program - Standard
- NIDA grant - Stimulants - Pha...
- NIDA grant - Stimulants - Pha...
- Stimulant Research Study - O...
- Alcohol Program - Standard
- NIDA grant - Stimulants - Pha...
- State Launch Research Study
- OHSU Research Program 202...





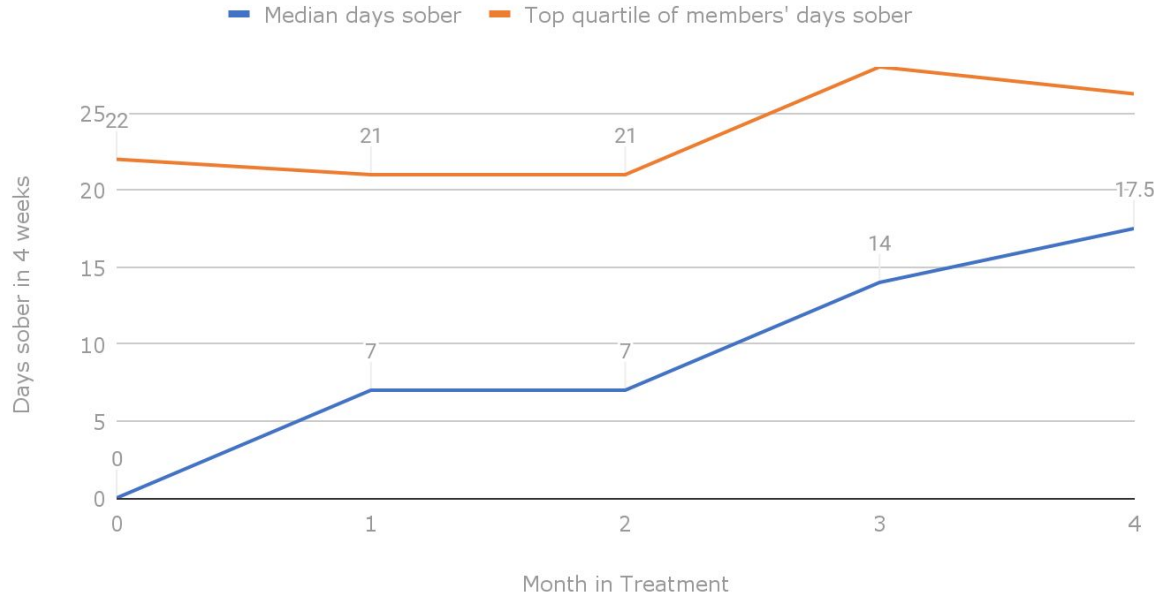
# Retention in Treatment by Quarterly Cohort



N = 230

Our retention in treatment is roughly twice that of traditional outpatient programs for methamphetamine use disorder patients – (noted here as “Treatment as Usual” or TAU), and investments in our clinical systems are driving continued improvements over time.

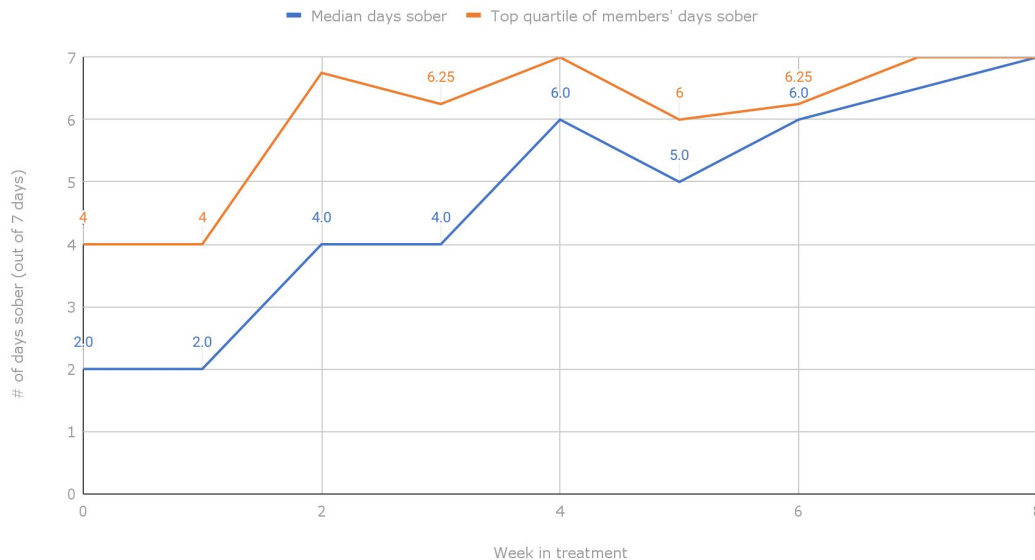
# Increase in Days Sober - Stimulant Use Disorder



The median increase in days sober/month is 17 days, with the top quartile of members achieving full sobriety. Data is derived from biologic drug screens administered weekly over secure video conference.

Month 0 = Self-reported number of days sober per month prior to treatment

# Increase in Days Sober – Alcohol Use Disorder



The median increase in days sober/week is 5 days, with both 50th and 75th percentile members achieving full sobriety within 6 weeks. Data is derived from randomized breathalyzer tests conducted twice daily and collected via our app.

Week 0 = Self-reported number of days sober per week prior to treatment

A photograph of a young woman with long brown hair, wearing a white tank top, smiling and holding up a smartphone to take a selfie. She is standing in front of a brick wall covered in large, dark graffiti. Her arms are raised, and she has a joyful expression. The image has a green tint.

## What our members say

“This program changed my life. I now have goals. Before I had nothing.”

“Affect is always there in your pocket. No other treatment has access like this. We are miles away, but all going through the same struggle. The challenges keep you on your toes and help you learn.”

“The whole thing with texts and follow ups are great, and you guys thank me and follow up with me and that’s so important. I’m one text away from staying clean and that has helped me so much.”



# How do I make a referral?

You can call in by phone or submit a form online

- Phone: (323) 522-2218
- Form: [affecttherapeutics.com/referral](https://affecttherapeutics.com/referral)

# Other resources for making referrals

Printed brochures, posters, and palm cards for your staff which detail how to make referrals and provide an overview on Affect

Printed brochures and palm cards for prospective members

Questions on referrals? Email  
[referrals@joinaffect.com](mailto:referrals@joinaffect.com)



## We win together

**Affect's integrated digital program revolutionizes methamphetamine and cocaine use disorder treatment**

Our digitally-native treatment program is hyper convenient, discreet, and effective. By combining a digital therapeutic app with an integrated care model, our program delivers member retention and abstinence rates substantially higher than traditional treatment programs.

### Rewards and Incentives With Game Design Theory

Contingency Management (cash incentives for program adherence) creates compulsion loops that stimulate the brain's reward system to replace drug dependency and reinforce healthy behaviors.




### A Holistic Curriculum and Skills to Recover and Rebuild

The Matrix Model provides the foundation for a methodology that goes beyond traditional recovery programs to address SDOH skills like employment and secure housing.



### Clinical Care and Recovery Community at the Fingertips

Members attend group and individual therapy and complete drug screens, all from the app. It tracks health data, manages appointments, and gives reminders to help patients stay on their recovery journey.



**How to refer a patient:**  
Patients must be over 18 and have a previous or current history of stimulant use (including meth, cocaine, and prescription stimulants).

**www.affecttherapeutics.com/referrals**  
(scan the code for instant access)  
Call: 323-522-2788 for high priority intakes  
referrals@joinaffect.com / Fax: (888) 308-1830



**What happens once I make a referral?**

- The care specialist will obtain basic information - and will need to speak directly to the member. The call will take roughly 10 minutes.
- The member will be provided with basic information explaining how to access the intake appointment, how to download our patient app, and how to reach us in the event they need anything between then and the intake appointment.
- At the conclusion of the call, the care specialist will schedule the 60 minute counselor intake appointment, ideally within 72 hours of the call being placed.
- After a member is admitted, our care team will collaborate with the referring partner and other providers as appropriate to share care plans and manage the overall health of the member.

Affect's research is supported by the National Institute on Drug Abuse

