

# Democratizing Access to High Acuity Mental Healthcare for Young People Everywhere





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# Letter from the Chief Clinical Officer

To the Charlie Health Community:

Treating teens and young adults in crisis has been my mission since day one. I have seen and continue to see countless families struggle to navigate the maze of mental healthcare when their loved one is suffering. Too often, families turn to emergency departments for a solution to their loved one's mental health issues without a clear alternative. Instead of a solution, they wait for hours (if not days) in an isolated medical bed with no therapy, no psychiatric medication, and no family involvement. Emergency rooms are not where teens and families heal. They are not the solution to our growing youth suicide crisis. The lack of affordable, high-quality, and accessible treatment options leaves innumerable families helpless and young people feeling hopeless. In 2020, we created Charlie Health to tackle this problem. Our mission is to provide youth and their families with access to what they need: gold-standard mental healthcare. Anything less is unacceptable.

At the root of this fragmented healthcare system is the near absence of research that could be driving innovative, system-wide solutions. This is partially due to the widespread misconception that “health” does not include mental health. Millions of dollars are poured into research studies exploring chronic physical conditions like asthma, diabetes, hypertension, and heart failure. Yet, mental health research continues to be deprioritized as it is incredibly difficult to evaluate. There are no tests we can send to a lab or vital signs like blood pressure we can measure to assess progress. While many are discouraged by this, Charlie Health is motivated by it.

Charlie Health believes that there is no health without mental health. As such, improving mental health outcomes demands an expert level of care, attention, and investment. Charlie Health’s Research and Clinical Outcomes team aims to be the industry leader in providing these insights. We strive to create, iterate, and perfect the most effective treatment experience possible for the clients who entrust us with their care. With data as our driver, we are paving the way to treat mental health as a medical issue, not a moral one.

This work would not be possible without the tireless, thoughtful, and innovative efforts of our entire team. I am grateful for their passion, vision, and commitment to our mission. Together, we are democratizing mental healthcare.



Gratefully,

A handwritten signature in blue ink that reads "Caroline Fenkel". The script is elegant and cursive.

Dr. Caroline Fenkel, MSS, DSW, LCSW



# The Youth Mental Health and Suicide Crisis Today

Suicide is a leading cause of death in the United States.

In 2020, one person died by suicide every 11 minutes. 45,979 lives were lost<sup>1</sup>.

**Youth are particularly at risk.** For young people ages 10-24, suicide is the second leading cause of death<sup>2</sup>.

Effective treatment to prevent suicide is more important than ever.

After a promising decline in suicide rates in 2019 and 2020, suicide rates are once again on the rise with consecutive increases in both 2021 and 2022. Young men in particular saw an 8% increase in suicide rates during this time period<sup>3</sup>.

Despite these staggering statistics, accessibility of mental health treatment remains scarce.

More than 150 million people in the United States live in mental health professional shortage areas<sup>4</sup>. More than half of counties in the US don't have a single psychiatrist<sup>5</sup>.

Partly due to this lack of accessibility, **only 20% of children with mental health disorders end up receiving mental healthcare**<sup>6</sup>, despite the importance of early treatment in achieving long-term success and recovery.

Charlie Health's mission is to expand access to high-quality virtual Intensive Outpatient Programming (IOP) for all teens and young adults at high risk for suicide in the United States.

Over  
**53k**  
individual/family  
sessions

Over  
**111k**  
group sessions

Over  
**20k**  
client and family  
lives impacted by  
Charlie Health



## Part I

# Charlie Health Client-Reported Outcomes





# Charlie Health Client-Reported Outcomes

FY 2021-2022 | October 1, 2021 - September 30, 2022



Data-driven decision-making is at the heart of our clinical model and has been since the inception of Charlie Health. We collect data as a means for evaluating our virtual IOP’s clinical model. With the wealth of data collected, we are able to better understand the circumstances under which youth are most likely to improve, which is the key to personalized treatment.

## Data Collection Methodology

In 2020, Charlie Health partnered with the School of Social Policy and Practice at the University of Pennsylvania (UPenn) to evaluate the clinical impact of Charlie Health’s virtual IOP. UPenn provided invaluable support in identifying and evaluating client-reported outcomes salient to the clients we see at Charlie Health.

We identified key clinical indicators to define program success and utilized a number of well-validated instruments, including the PHQ-9 and GAD-7, to measure the following clinical symptom areas:

Depression	Suicidal Ideation
Anxiety	Self-Harm

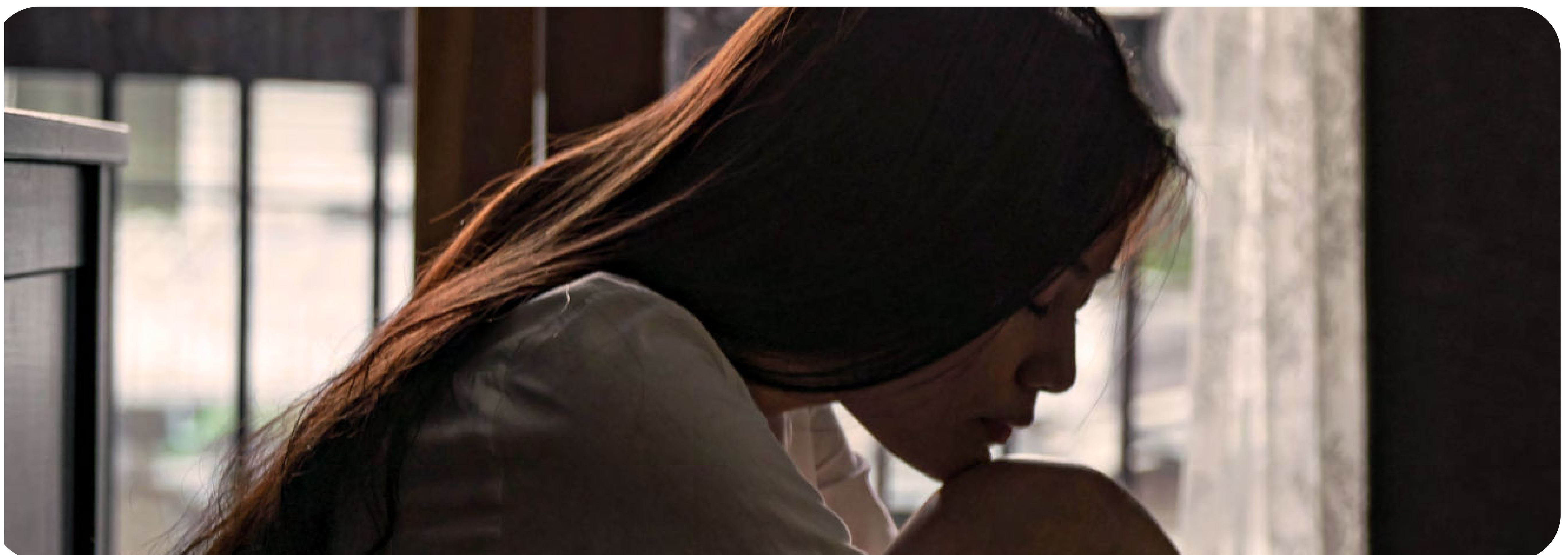


In addition to the quantitative data collected, we also collected qualitative journals from clients on a weekly basis throughout treatment in order to capture a more nuanced perspective of what recovery looks like for youth with high acuity mental health needs.

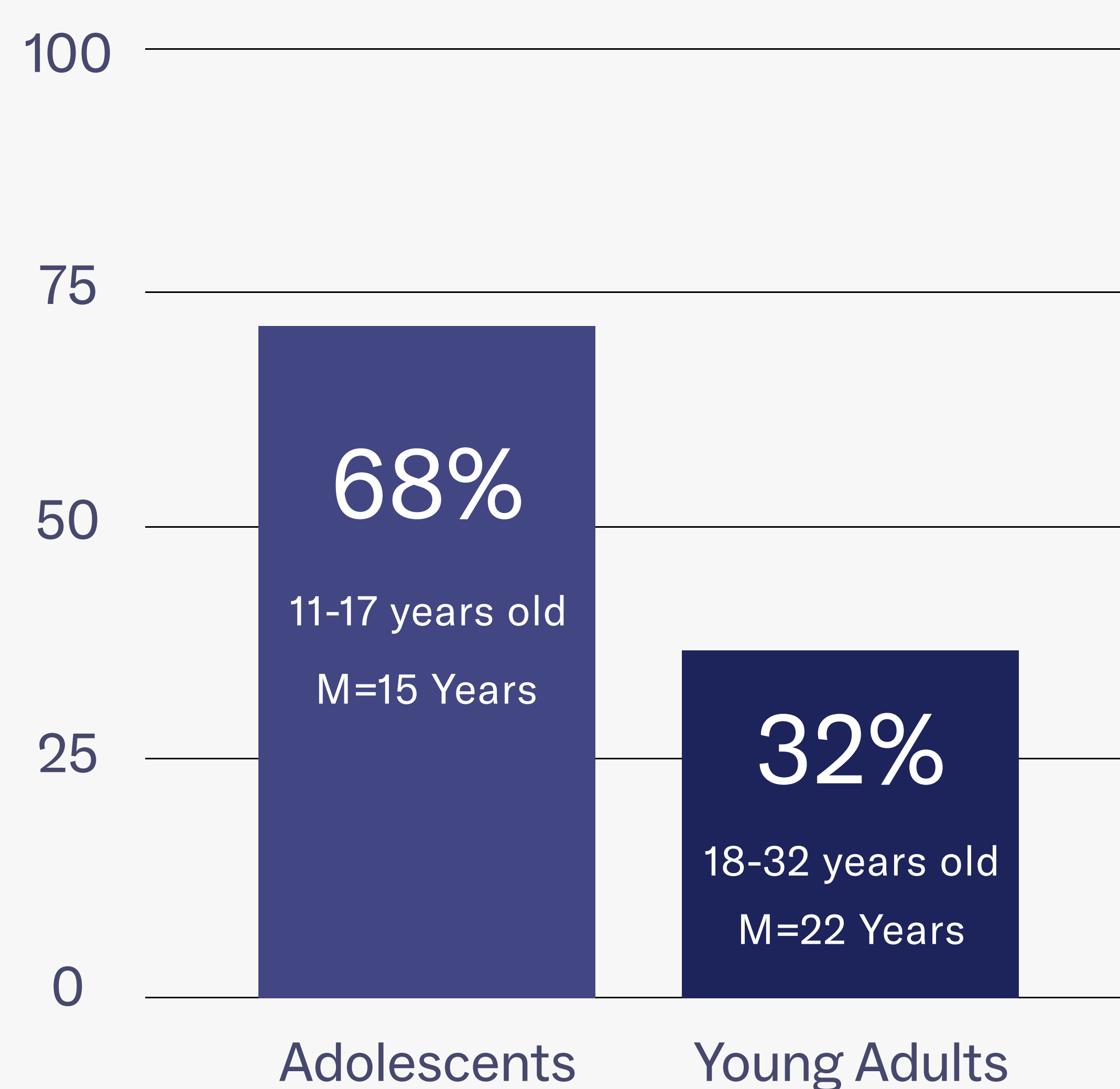


# Annual Outcomes Report Methodology

Dr. Michelle Evans-Chase at the University of Pennsylvania conducted analyses for this section of the report on a de-identified dataset. A series of descriptive and inferential statistics were utilized. Client demographics and baseline high acuity care (residential treatment or emergency room admission) were explored using frequency counts. Baseline clinical severity (anxiety, depression, days of self-harm) was assessed using central tendency measures (e.g. mean). Changes in depression, anxiety, and days of self-harm from intake to discharge were assessed using paired sample t-tests. Changes in the use of high acuity treatment and types of suicidal thoughts were assessed for change using McNemar's tests in order to assess for differences between intake and discharge.



## Age Distribution



## Client Demographics

Charlie Health is dedicated to ensuring access to high-quality treatment for all teens and young adults. This mission is reflected in the diversity of the clients we serve.

### Age

Charlie Health has clinical programs for two distinct age demographics (adolescents and young adults) to ensure clients are placed in groups with developmentally- and age-appropriate peers.

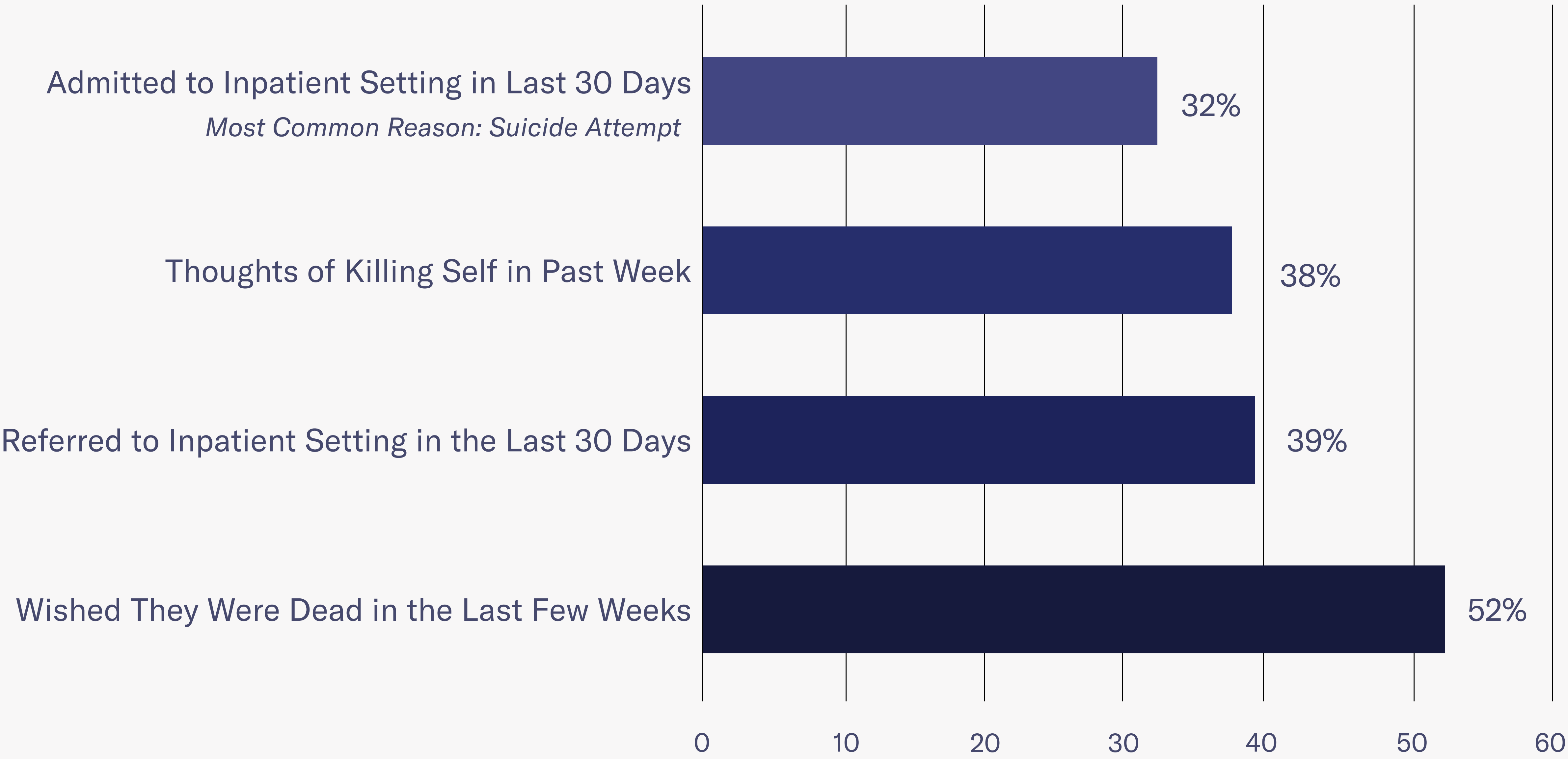


# Clients Enter Treatment with Highly Acute Mental Health Challenges

Charlie Health clients entered virtual IOP treatment with significant mental health issues. The average client at intake reported moderate to moderately severe depression and moderate anxiety. In addition, the average number of days clients reported engaging in self-harm was nearly 11 out of the past 30 days prior. Finally, nearly a third of clients had been admitted to a higher level of care (such as residential treatment) in the 30 days before admitting to Charlie Health, most commonly for a suicide attempt.

	Sample Size	Average Score	Category
Depressive Symptoms (PHQ-A)	820	14.79	Moderate/Moderately Severe Depression
Anxiety Symptoms (GAD-7)	440	12.07	Moderate Anxiety
Days Engaging in Self-Harm	477	10.89	Clinically-Significant Self-Harm

## Clinical Severity at Intake





# Clients' Mental Health Improves Significantly Following Treatment at Charlie Health

Clients reported significant improvement in their mental health symptoms across a variety of clinical indicators.

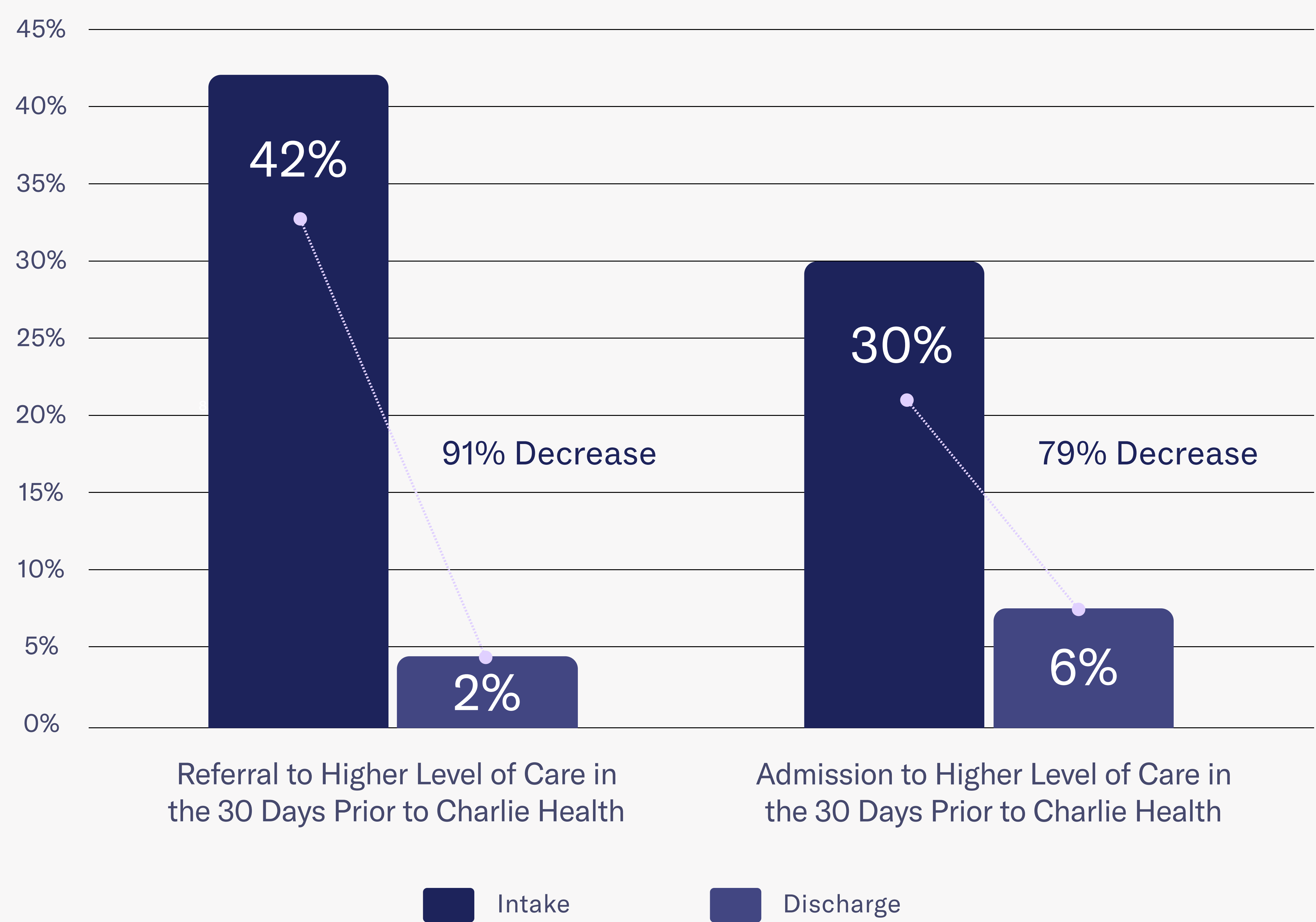
## Utilization of High Acuity Care

(e.g., residential or inpatient treatment)

Adolescents and young adults were far less likely to receive a referral or be admitted to residential or inpatient treatment following treatment at Charlie Health relative to the 30 days prior to admitting to virtual IOP at Charlie Health.



### Emergency Service Utilization





# Changes in Clinical Symptoms

Of the clients who attended at least two weeks of treatment at Charlie Health, treatment led to significant reductions in depression (-44%), anxiety (-45%), and self-harm (-64%) from intake to discharge. Critically, these reductions were maintained when we surveyed clients three months post-discharge.

44%

Reduction in depression symptoms

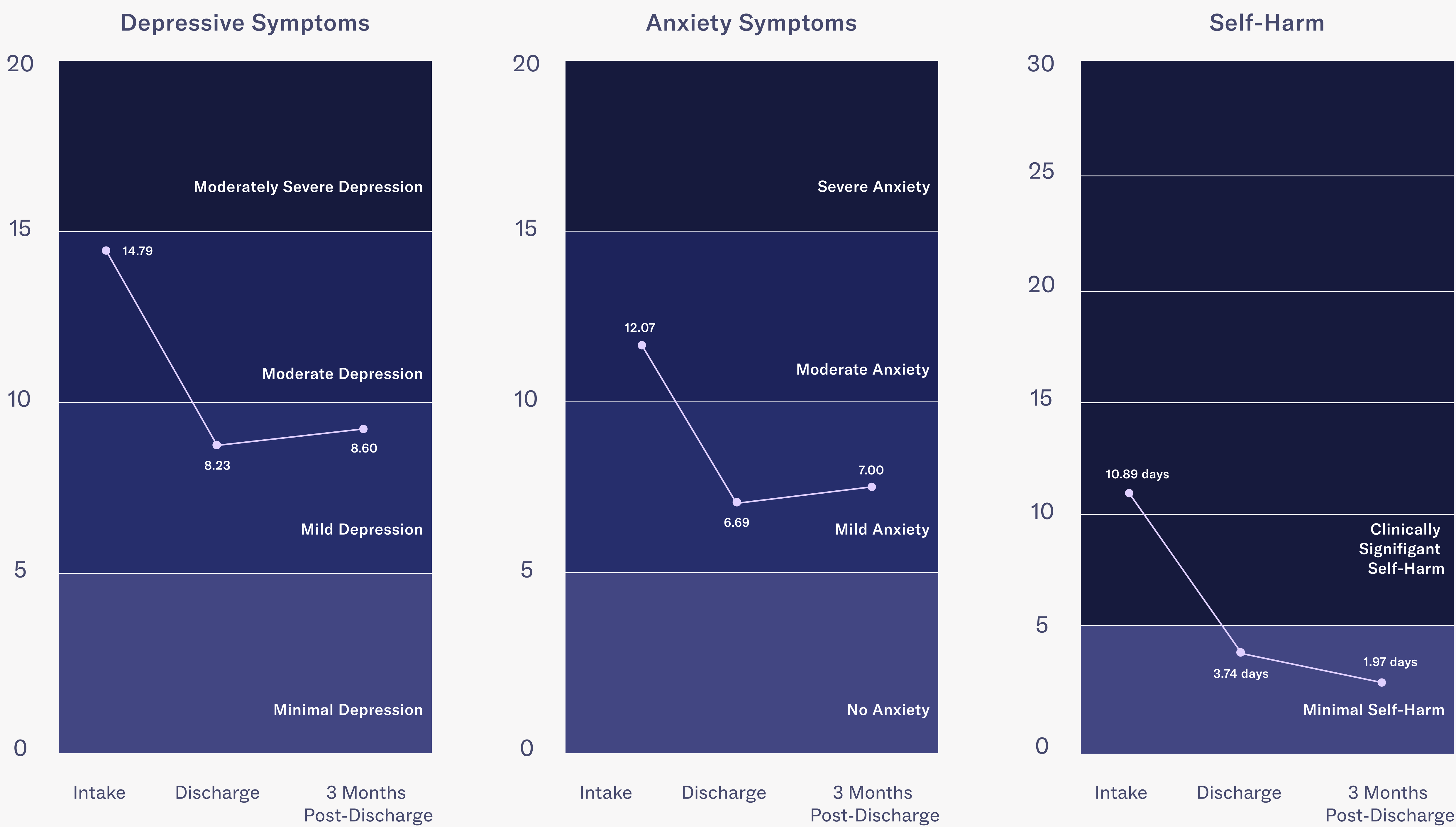
45%

Reduction in anxiety symptoms

64%

Reduction in self-harm

## Clinical Symptom Improvement From Intake to 3 Months Post-Discharge From Charlie Health

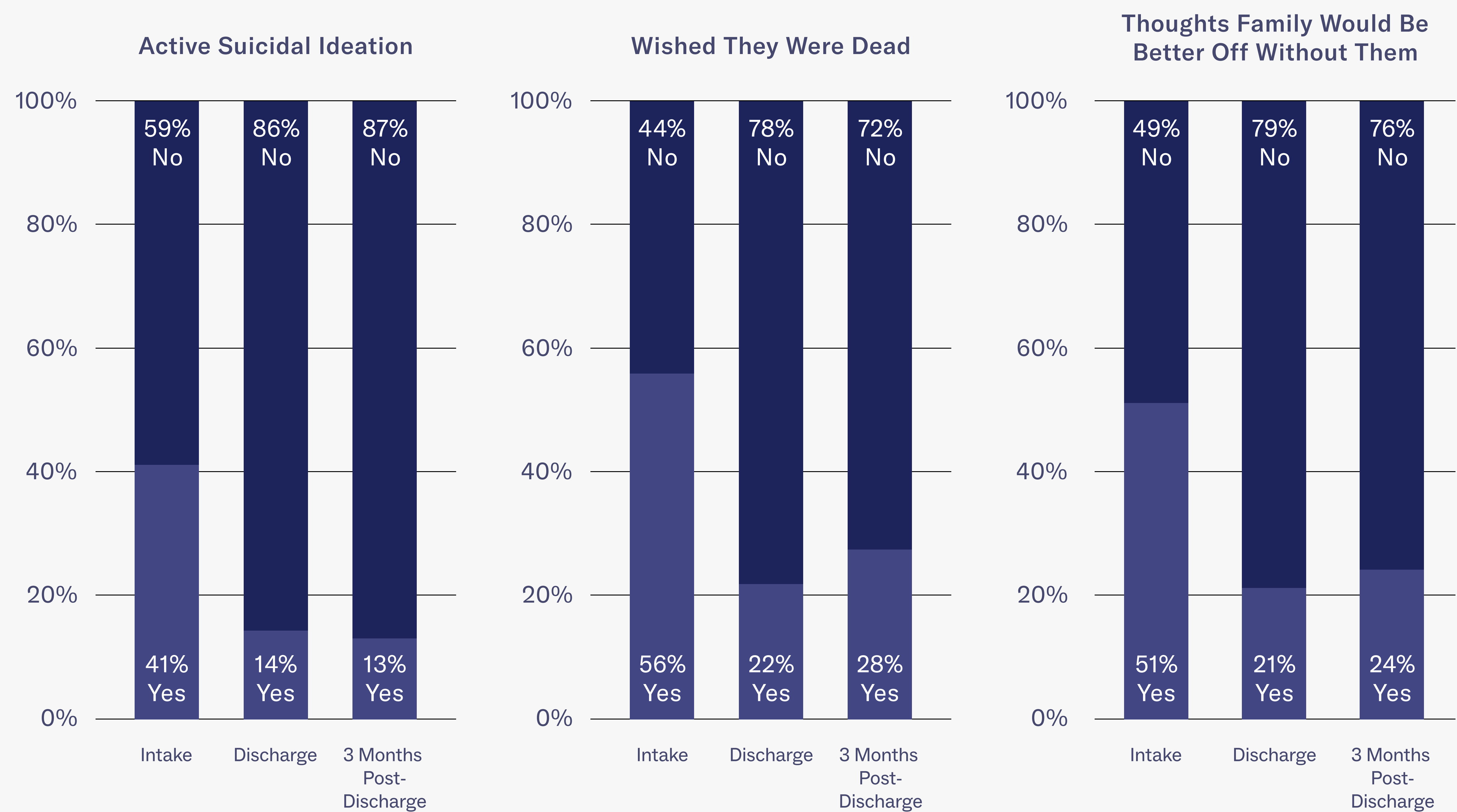






Charlie Health’s virtual IOP also led to a significant reduction in suicidal ideation, including active suicidal ideation (-66%), wishing they were dead (-61%) and thoughts that their family would be better off without them (-50%) from intake to discharge. These improvements were maintained through 3 months post-discharge.

## Suicidal Ideation Improvement From Intake to 3 Months Post-Discharge at Charlie Health





## Part II

# Disseminating Our Findings to the Field at Large





# Disseminating Our Findings to the Field at Large

At Charlie Health, it is our clinical mandate to regularly assess the efficacy of our program by studying client outcomes. We believe this mandate extends to the industry at large; that as the largest provider of virtual IOP for teens and young adults, we are uniquely positioned to do more. It is critically important to understand our efficacy through a continuous assessment of our outcomes, and we are proud to be advancing the mental healthcare industry's universal standards of care for young people in crisis everywhere.



While there is preliminary evidence for the effectiveness of virtual IOP for adult populations, there is a dearth of evidence on its effectiveness among adolescent and young adult populations. This presents a clear and pressing need to establish best practices for high acuity care delivered virtually to youth. Charlie Health is committed to conducting rigorous scientific inquiry and sharing our findings with the field at large in order to ensure the highest-quality care is broadly available for those who need it most.



We have submitted a number of foundational insights on insurance-agnostic care, the importance of family therapy, and population-specific programming for publication in peer-reviewed journals and as conference presentations. We highlight critical findings from these studies in the following pages.



# Study #1 — Virtual IOP Leads to Equitable Engagement and Symptom Improvement Across Young People on Both Public Insurance and Private Insurance<sup>14</sup>

The behavioral health industry has historically resigned itself to the belief that youth on public insurance (Medicaid) are less likely to report improved symptoms and outcomes following mental health treatment compared to their counterparts on private insurance (commercial).

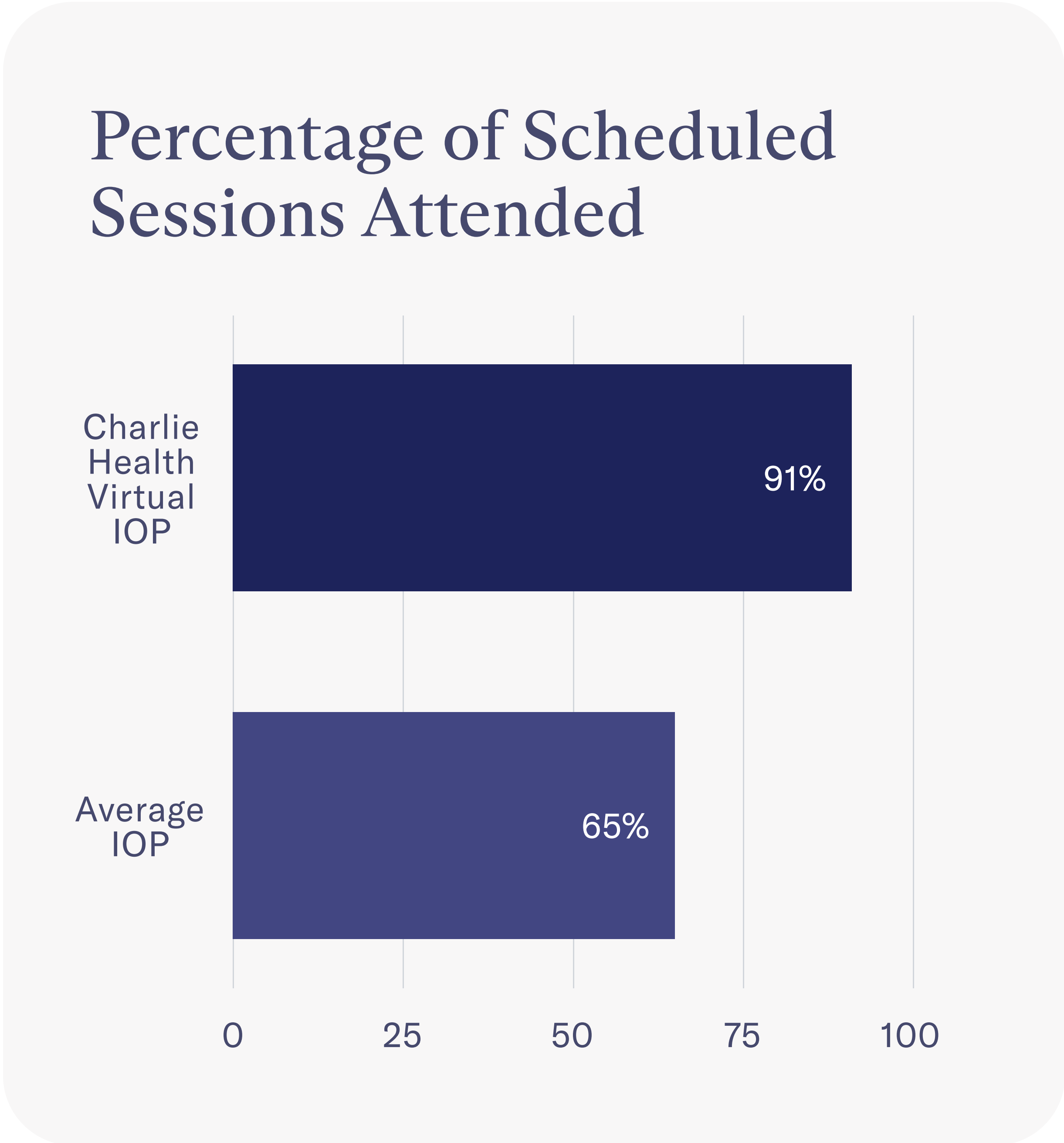
We were proud to report that this long-held assumption is untrue for young people enrolled in Charlie Health. **We found no significant differences by insurance type in treatment engagement:**

	Public Insurance	Private Insurance
Attendance (U=24858.5, z=1.65, P=.10)	89%	92%
Week Average Length of Stay (t416=-0.35; P=.73)	10.54	10.88
Completed Treatment ( $\chi^2=0.7$ ; P=.43)	67.2%	71.2%

Furthermore, no significant differences in improvement were detected across numerous clinical outcomes, including depression ( $\chi^2=0.1$ ; P=.71), active suicidal ideation ( $\chi^2=0.6$ ; P=.49), and self-harm ( $\chi^2=0.9$ ; P=.35).

### Key Takeaways:

- These findings suggest that, when given equivalent access to high-quality virtual IOP, young people are equally engaged and derive similar treatment benefits regardless of their insurance type.
- Providing accessible, flexible, and affordable care via telehealth removes some of the common barriers to treatment (e.g., lack of transportation or time spent traveling) that may have historically driven differences in engagement and outcomes by insurance type.





# Study #2 — Family Therapy is a Key Component of Healing<sup>15</sup>

Family involvement in mental health treatment has long been cited as a major contributor to success in both outpatient therapy and in-person treatment settings<sup>16–19</sup>, but to date, little has been known about its role in intensive virtual treatment.

Across mental health treatment broadly, many adolescents and young adults drop out of treatment early, leading to smaller reductions in mental health symptom improvement and a lower likelihood of maintaining any gains. It is therefore critically important to understand what factors can be leveraged to improve treatment attendance and completion in order to maximize positive outcomes.



Charlie Health sought to better understand the impact of including family therapy sessions in a young person’s treatment journey. Family therapy is a core component of programming at Charlie Health, and clients and their families are highly encouraged to participate weekly during their virtual IOP journey.

In a sample of 1,487 clients who discharged from Charlie Health between December 2020 and September 2022, **we obtained clear evidence that family therapy is associated with increased youth engagement:**

	Family Therapy	Without
Number of Weeks in Treatment (U=335672, z=7.6, P < .001)	11 weeks	9 weeks
Likelihood that a Client Would Complete Treatment (X2[1483]=103.7, P<.001)	83.2%	59.2%
Median Attendance (U=206933, z=-7.54, P < .001)	84.4%	75%

After controlling for baseline demographics, each additional family therapy session attended was associated with a 1.4 times increase in odds of completing treatment (95%CI[1.3,1.4]).



In addition to family therapy sessions, Charlie Health offers 24+ hours of drop-in family support programming each week, provided free of charge to all clients’ families. Families are encouraged to continue attending support programming as needed during treatment and following their loved one’s discharge from virtual IOP.

A wide variety of hourlong support, psychoeducational, and skills groups are offered throughout the week for parents and caregivers to attend. These groups span a host of topics, including tips for supporting their youth’s skills development, sibling support groups, and mindful communication.

## Family Support Programs

- Hacks for Parents Managing Family Substance Abuse
- Parent Support Groups
- Partners of Young Adult Support
- Mindful Communication for Families
- Sibling Support Group
- Stress Management for Parents
- IOP Family Roadmap
- Ask the Doc with Dr. Eli
- LGBTQIA+ 101 Workshop Series
- Creative Coping Drama Therapy
- Multifamily Connection Group: Improving Trust in Family Relationships
- Enhancing Partnerships for Young Adult Workshop Series
- Parenting Skills for Spanish-Speaking Families
- “Let’s Have a Meeting” : Planning Productive Family Meetings
- Mindful Communication for Families
- Understanding Loss
- TLC for Parents
- Time, Energy, and Mood Management
- Parenting Skills for Families Managing Emotional Intensity and Challenging Behaviors
- Self Care Saturdays

## Participating in Any Amount of Family Therapy is Associated With:





# Study #3 — Providing Identity- and Culture-Specific Adaptations to General Group Curriculum Improves Outcomes for Marginalized Populations<sup>22</sup>

Group cohesion has been linked to better outcomes of group-based therapy for decades<sup>23–26</sup>. Cohesion, defined as group members’ perceptions of unity, belongingness, and relatedness to each other, is one of the strongest relational predictors of optimal outcomes in group therapy<sup>26–27</sup>. Social identity theory posits that grouping clients based on social identity (e.g., race, gender, and/or sexual orientation) produces better clinical outcomes. Indeed, this has been substantiated in the literature wherein clients grouped by race, ethnicity, and sexual orientation reported greater group cohesion and group satisfaction and report better outcomes in group therapy<sup>28</sup> compared to more socially heterogeneous groups.

Despite this, in traditional brick-and-mortar IOP settings, programs are often limited to grouping clients together based on scheduling needs, proximity to the office, insurance provider, and/or the number of available seats. This can lead to groups full of individuals with drastically different identities and life experiences, which can negatively influence the likelihood that each participant feels connected to the other members of the group.

The physical setting of in-person IOP programs can have a negative impact on outcomes as well. Brick-and-mortar settings may be overly “sterile” for the average high acuity client. Anecdotally, we know that elements such as fluorescent lights, uncomfortable chairs, and windowless rooms can make teens and young adults feel overly exposed (and therefore less willing to engage in programming). With virtual IOP, clients are still able to participate in optimized, cohesive groups but can do so from the comfort of home. When clients feel safe (such as from the familiarity of their bedroom or in the soothing presence of a pet), we know they are more likely to present with positive clinical outcomes.

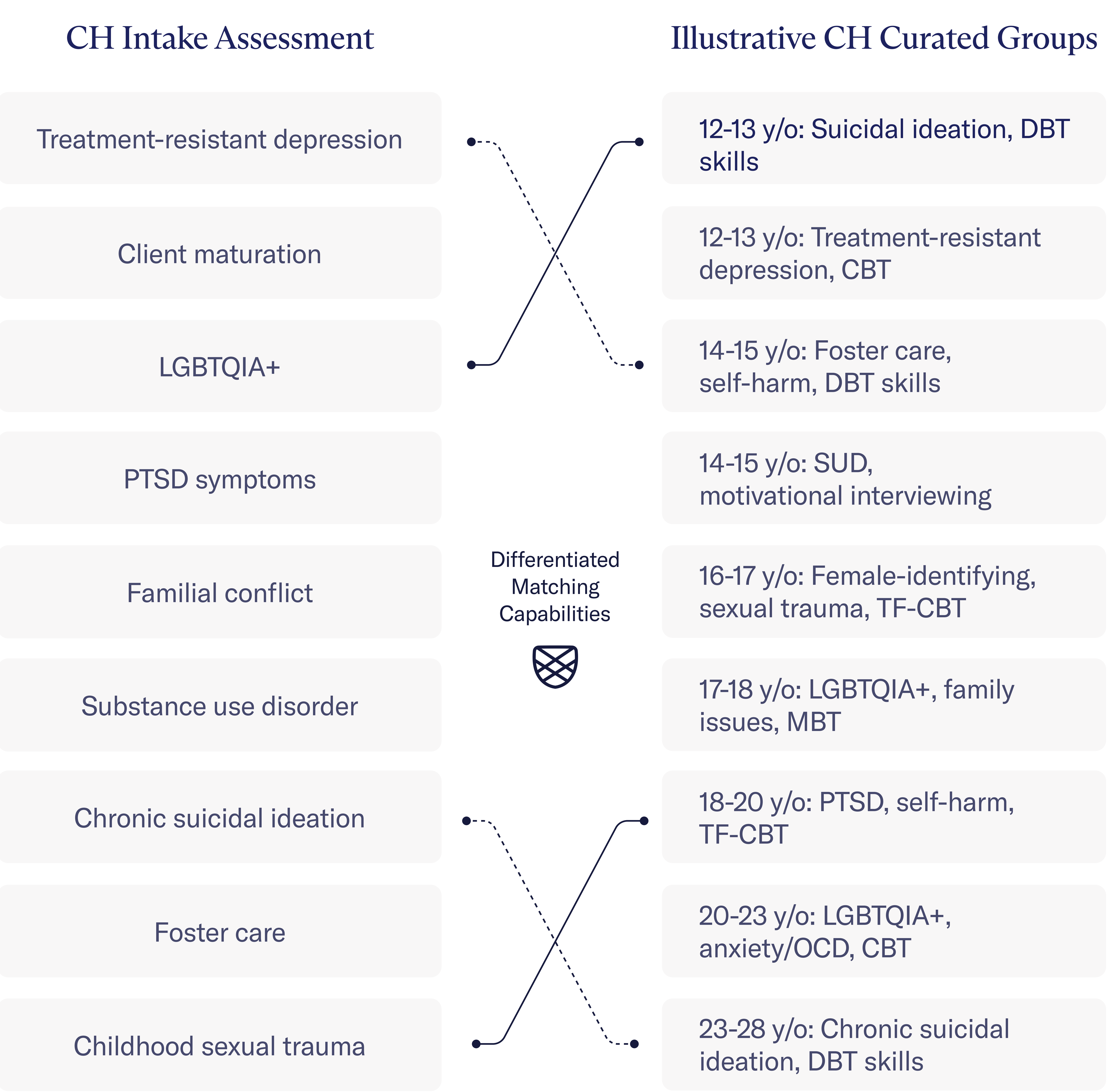
At Charlie Health, we serve a large and diverse group of youth. As such, we are able to sort clients into groups based on five main client-centered criteria:

- Primary clinical issues (e.g., clients with major depressive disorder or clients experiencing suicidal ideation)
- Age (e.g., “young adolescents” [ages 11-14] versus “older adolescents” [ages 16-17])
- Race and ethnicity
- Sexual orientation identity and gender identity
- Lived experience (e.g., clients who have experienced childhood sexual trauma)



By bringing young people with similar mental health challenges together, we're able to create group environments where clients can learn how to build connections and foster long-term healing.

At Charlie Health, a large number of curated group tracks have been developed, offering evidence-based interventions best suited to address specific client needs.





## LGBTQIA+ Programming at Charlie Health

For members of marginalized populations, creating a safe space with curriculum adapted to honor their unique experiences is essential. LGBTQIA+ youth and young adults report significantly higher levels of depression, substance use, and suicidal ideation and attempts relative to heterosexual and cisgender youth<sup>30–34</sup>, yet there is a general lack of programming designed specifically to address common problems faced by this population.

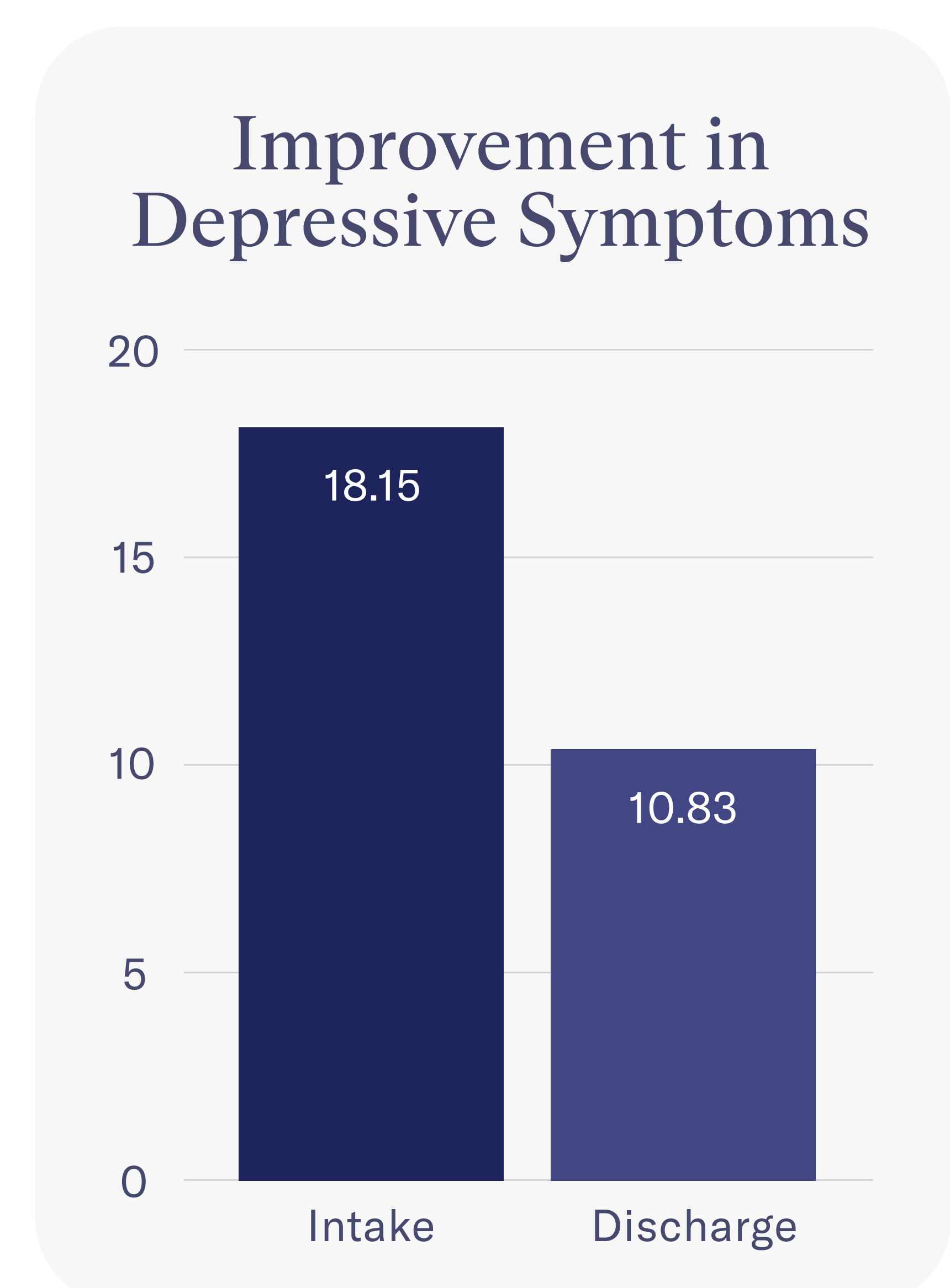
LGBTQIA+ individuals often report lower satisfaction with their healthcare experiences and a variety of barriers (e.g., discrimination, lack of LGBTQIA+-specific competencies in clinicians, fear of disclosing one's gender identity and sexual orientation) that interfere with their ability to continue care<sup>35–39</sup>. Many LGBTQIA+ Charlie Health clients have shared that, when faced with in-person treatment, they felt like a “fish out of water” because they often couldn't express their identity in an understanding environment or couldn't easily specify their chosen name or pronouns. In Charlie Health's virtual IOP, however, clients have more agency over their presentation in group (i.e., they can change their screen name and pronouns), leading to a treatment experience where they can show up more authentically as themselves.

Beyond the benefits imparted through virtual treatment, Charlie Health's LGBTQIA+ curriculum (which is adapted from the program's general curriculum) utilizes a clinical model that centers affirming care. The facilitators of these groups receive regular training on clinical engagement with the LGBTQIA+ population, and the foundational curricula is enhanced with adaptations that explicitly address client reflections on and affirmations of LGBTQIA+ identity and community.

In a sample of 551 youth who identified as part of the LGBTQIA+ community, **we found that this groundbreaking approach to personalizing groups works<sup>40</sup>:**

LGBTQIA+ clients demonstrated significant improvement on all outcomes from intake to discharge, despite being more clinically severe than their heterosexual and cisgender peers at intake.

- On average, depressive symptoms improved by more than 7 points (>5 points=meaningful reduction in clinical severity).
  - PHQ-9 score of 18.15 at intake vs. 10.83 at discharge ( $t_{378}=20.27$ ;  $P<.001$ )
- 72.1% of LGBTQIA+ clients no longer endorsed active suicidal ideation at discharge. ( $\chi^2_{[221]}=25.26$ ,  $P<.001$ )
- 55.1% of LGBTQIA+ clients no longer met criteria for clinical non-suicidal self-injury at discharge. ( $\chi^2_{[197]}=26.19$ ,  $P<.001$ )





## BIPOC Programming at Charlie Health

Similar to the programming adaptations made for LGBTQIA+ clients, Charlie Health has established a clinical track for BIPOC clients. [BIPOC programming at Charlie Health](#) is focused on lessening stigma and bias through racially- and culturally-sensitive therapy. Care delivered in this fashion has been shown to increase participation, belongingness, satisfaction, and treatment outcomes among BIPOC clients<sup>41</sup>.

In contrast to the wealth of literature pointing to poorer mental health outcomes for BIPOC individuals<sup>42-45</sup> (Rafla-Yuan et. al., 2022; NIH, 2022; Maura et. al. 2017; Fiscella & Sanders, 2016), **Charlie Health's BIPOC cohorts show clinical outcomes similar to their non-BIPOC counterparts, providing further evidence for the importance of adapting programming for specific sub-populations:**

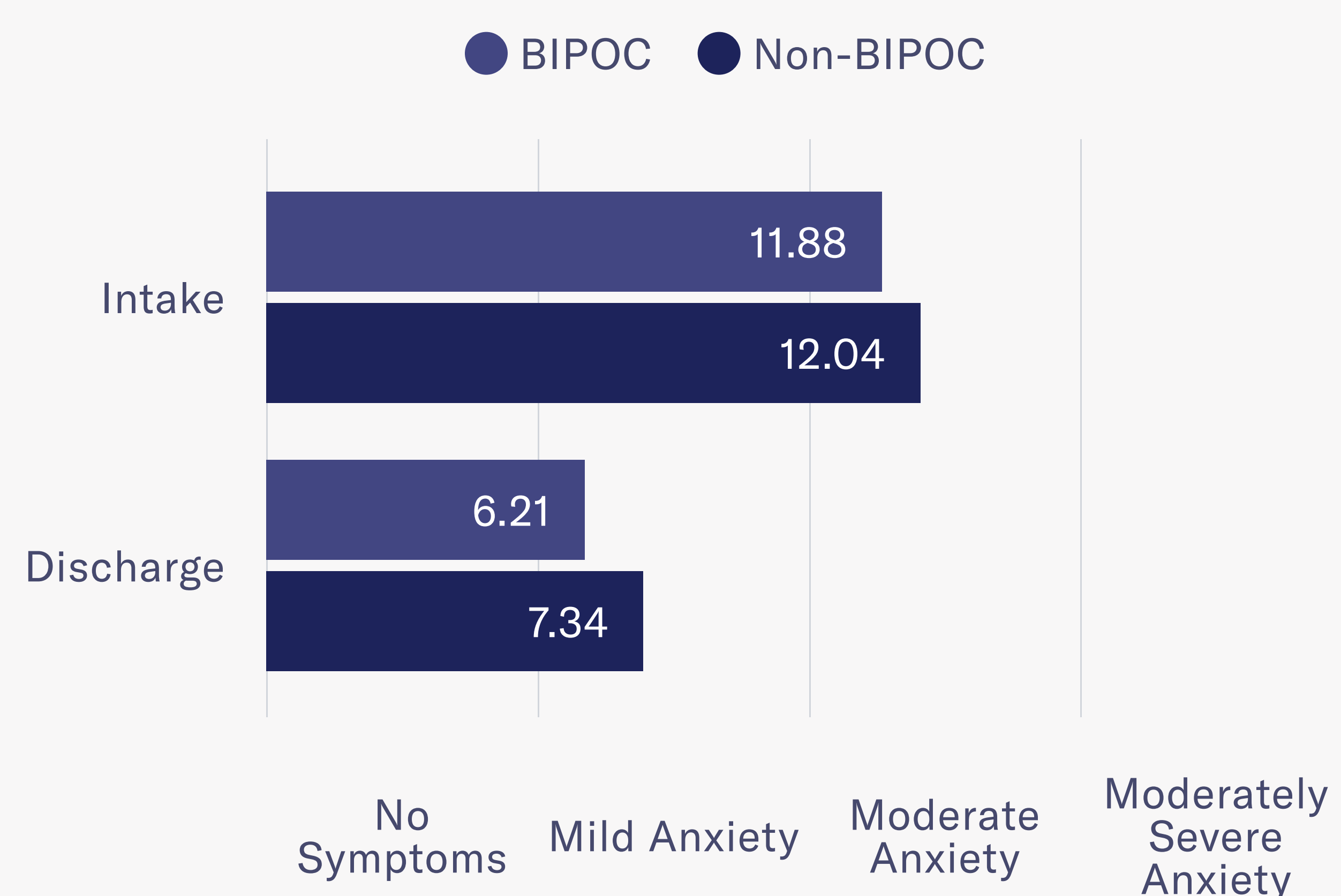
Both BIPOC cohorts and non-BIPOC cohorts reported similar reductions in depression severity at discharge, as measured by average improvements on the PHQ-9 scale.  $F[1, 2314]=0.34$ ,  $p=0.56$

- Across all clients, average depression severity decreased from moderate depression reported at intake to a score considered to be below the cut-point for diagnosing major depressive disorder. (PHQ-9 Sum Score <10)

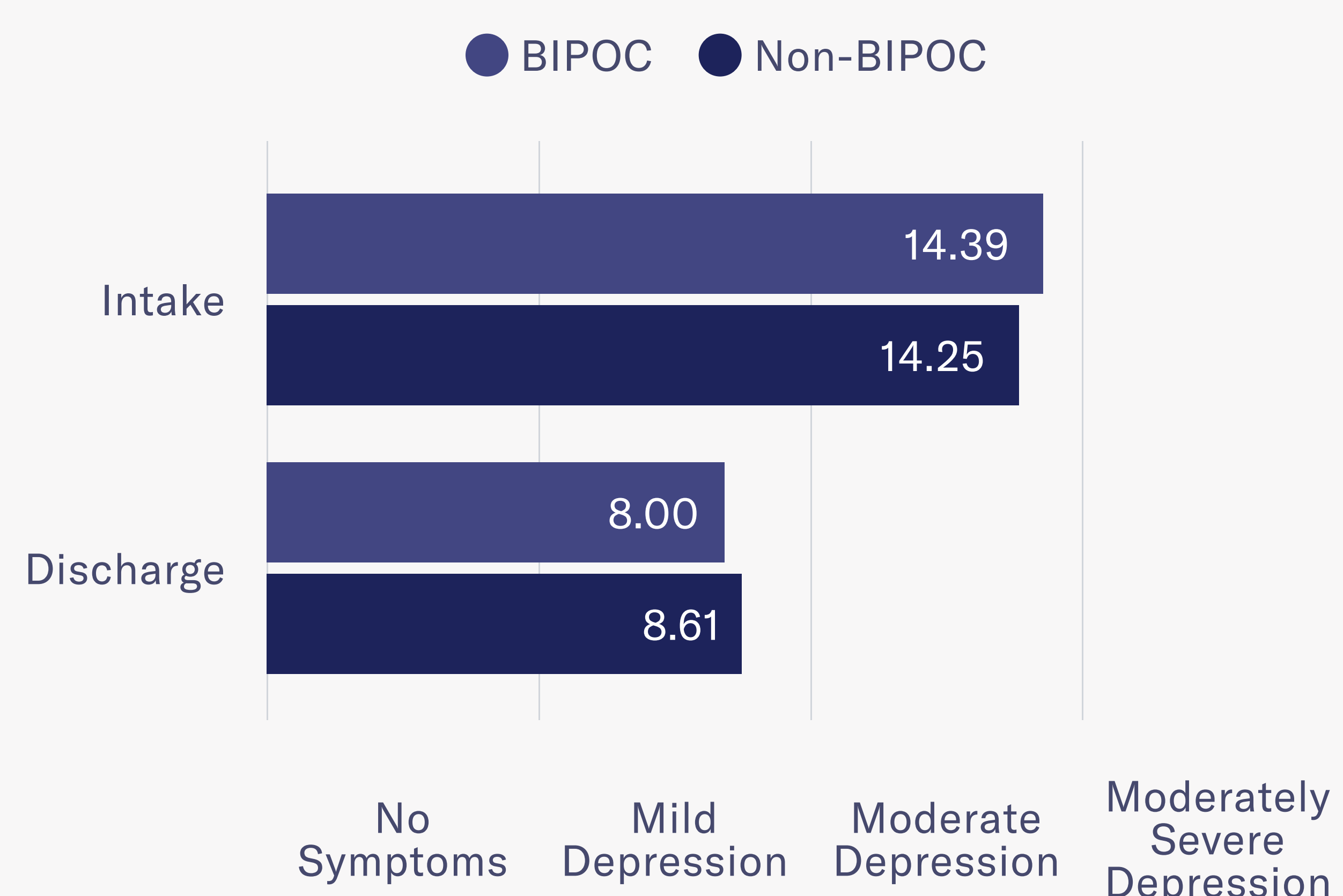
Similarly, for both BIPOC and non-BIPOC cohorts, reported decreases in anxiety symptoms were statistically similar.  $F[1, 1729]=0.79$ ,  $p=0.38$

- Both BIPOC and non-BIPOC cohorts experienced a reduction from moderate anxiety to mild anxiety (GAD-7 Sum Score <9) by the time they discharged.

### Anxiety Measures (GAD-7) Outcomes



### Depression Measures (PHQ-9) Outcomes





## Matching Group Curriculum by Clients' Lived Mental Health Experiences

As evidenced by the improvements in outcomes for the LGBTQIA+ and BIPOC cohorts, giving clients from historically marginalized populations the option to opt into groups based on their most salient shared identity leads to equitable improvements in outcomes. Beyond programming options based on shared identities, Charlie Health has developed clinical tracks based on shared mental health experiences in order to match the best evidence-based practices to the needs of specific populations.

### Trauma Programming at Charlie Health

The trauma clinical track at Charlie Health provides care to clients who enter the program reporting unresolved symptoms of post-traumatic stress disorder or other trauma-related disorders. Trauma programming draws from the stabilization and psychoeducational phase of trauma-focused cognitive behavioral therapy (TF-CBT) to assist clients in developing coping skills and strategies to recover from trauma-related stress. **Similar to the clinical tracks based on shared identity, improvements in clinical outcomes were strong for the trauma clinical track:**

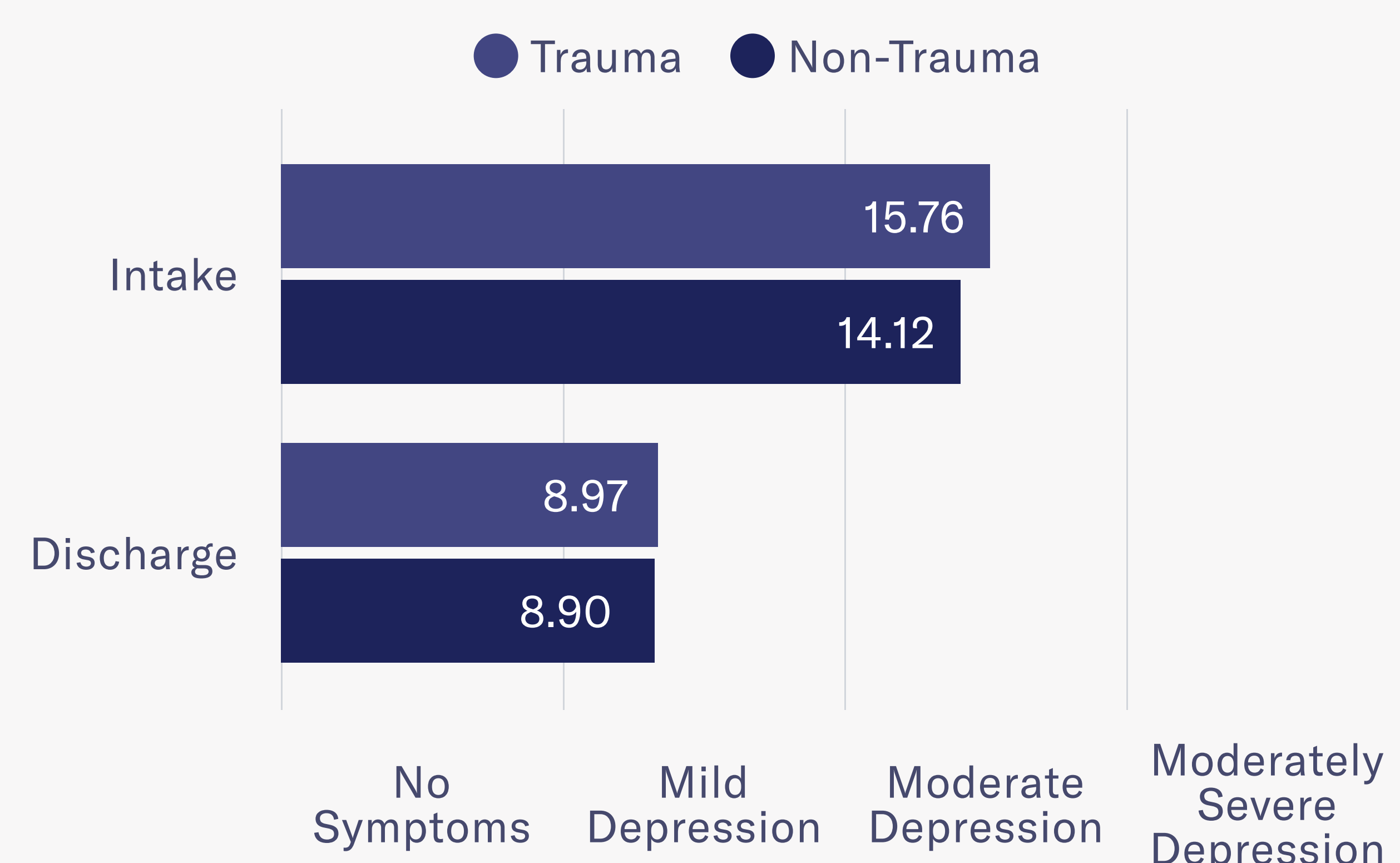
Both trauma and non-trauma clinical tracks reported similar reductions in depression severity at discharge, as measured by average improvements on the PHQ-9 scale.  $F[1, 887]=3.76, p=0.05$ .

- Across all clients, average depression severity decreased to scores considered to be below the cut-point for diagnosing major depressive disorder. (PHQ-9 Sum Score <10)

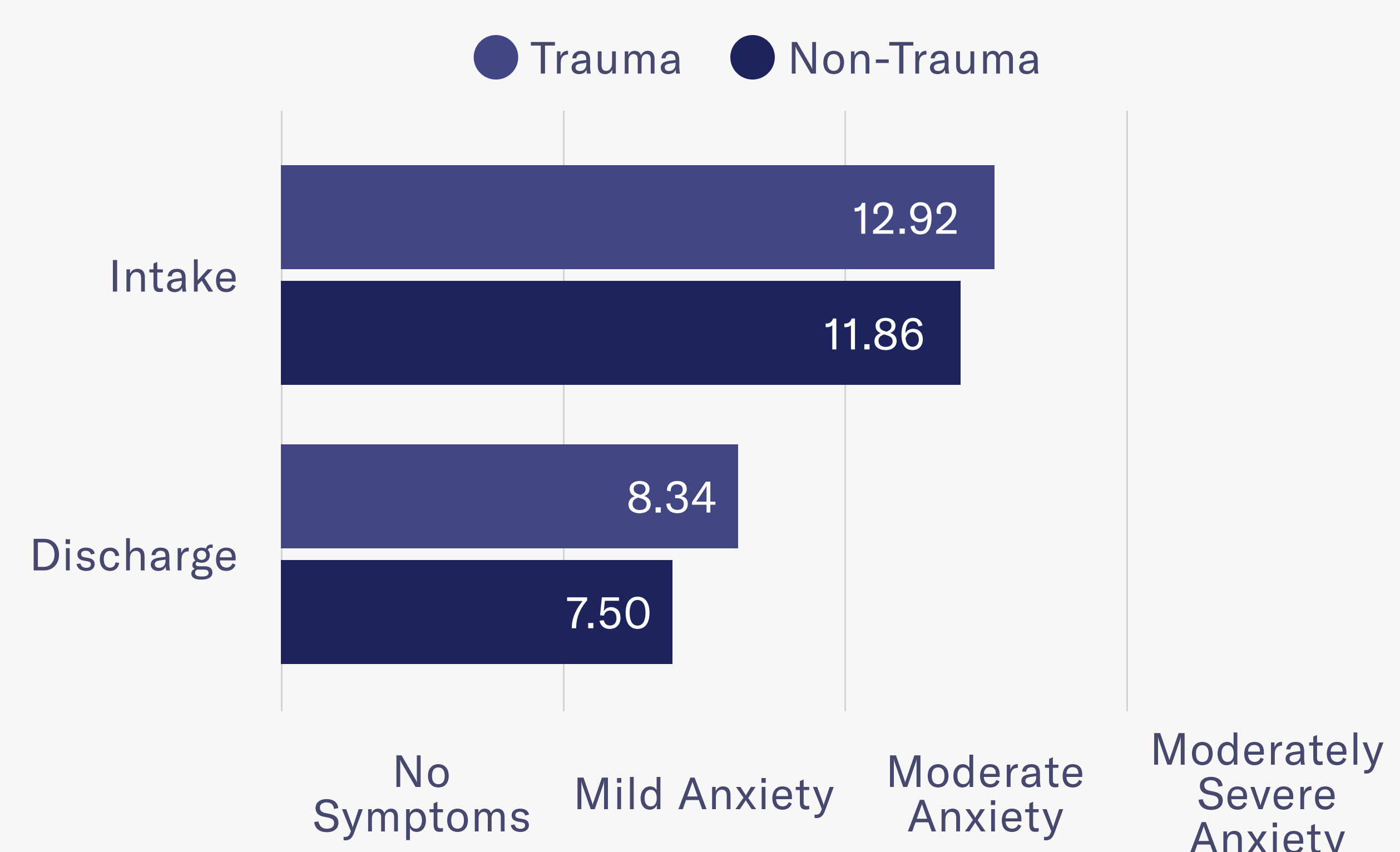
Similarly, for both trauma and non-trauma clinical tracks, reported decreases in anxiety symptoms were statistically similar as seen in average scores on the GAD-7 scale.  $F[1, 426]=0.006, p=0.94$

- Across all clients, average anxiety severity decreased from moderate anxiety to mild anxiety. (GAD-7 Sum Score <9)

Depression Measures (PHQ-9) Outcomes



Anxiety Measures (GAD-7) Outcomes





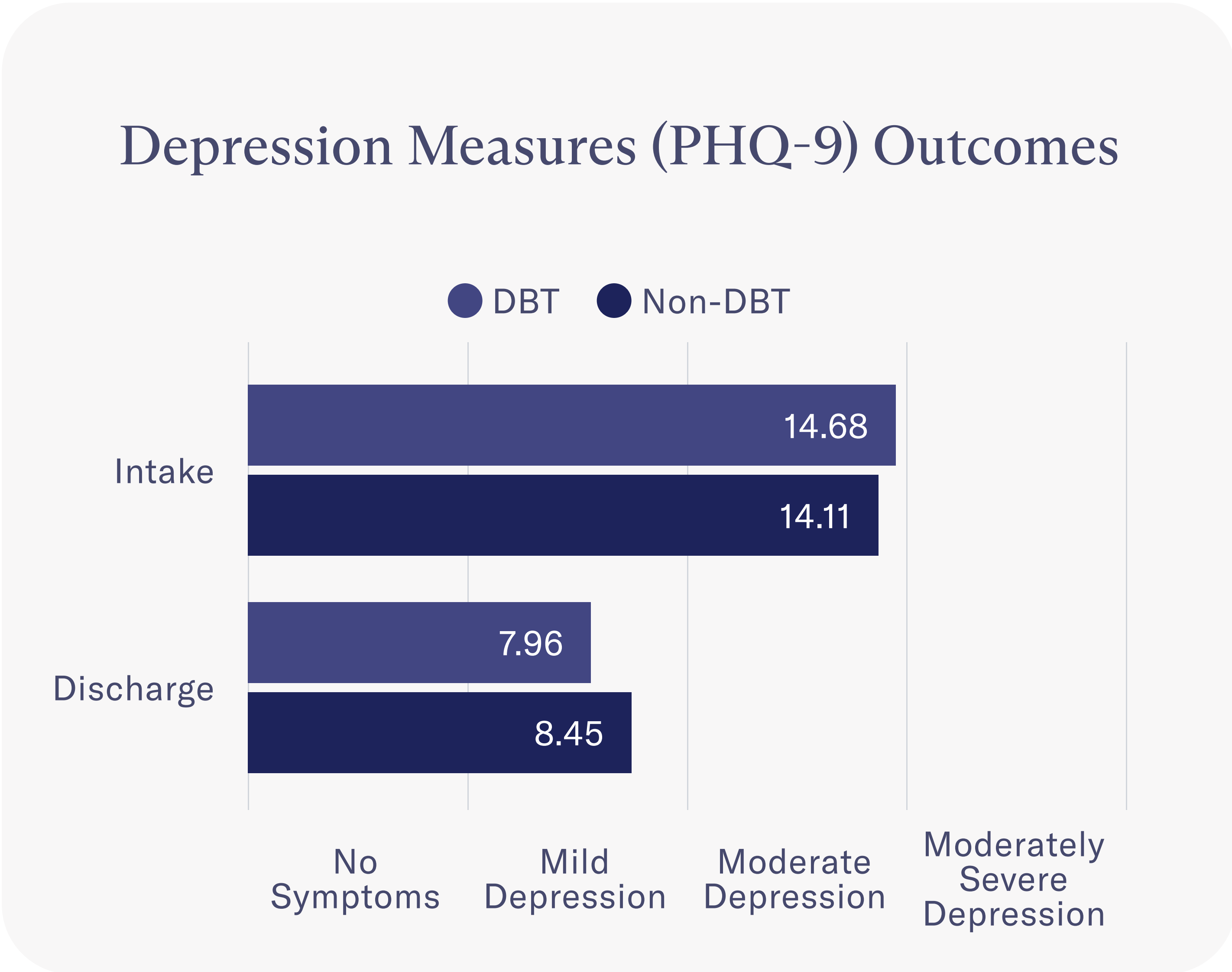
# Interpersonal Skill-Based Programming at Charlie Health

The interpersonal skill-based clinical track at Charlie Health was designed to provide specialized care to clients who struggle with a history of suicidal ideation, non-suicidal self-injury, or severe emotional lability, as well as those diagnosed with borderline personality disorder or emerging borderline personality disorder. The programming is based on dialectical behavior therapy (DBT) and offers care focused on teaching core mindfulness skills, emotional regulation skills, distress tolerance skills, and interpersonal effectiveness skills. **Improvements in clinical outcomes indicate that this focus on skill-building for clients struggling with suicidal ideation and BPD is working:**



Individuals in the interpersonal skill-based track reported similar reductions in depression severity at discharge relative to peers in other clinical tracks, as measured by average improvements on the PHQ-9 scale, with slightly stronger improvements reported for the interpersonal skill-based track (mean difference=1.06 points on PHQ-9).  $F[1, 887] = 4.14, p=0.04$

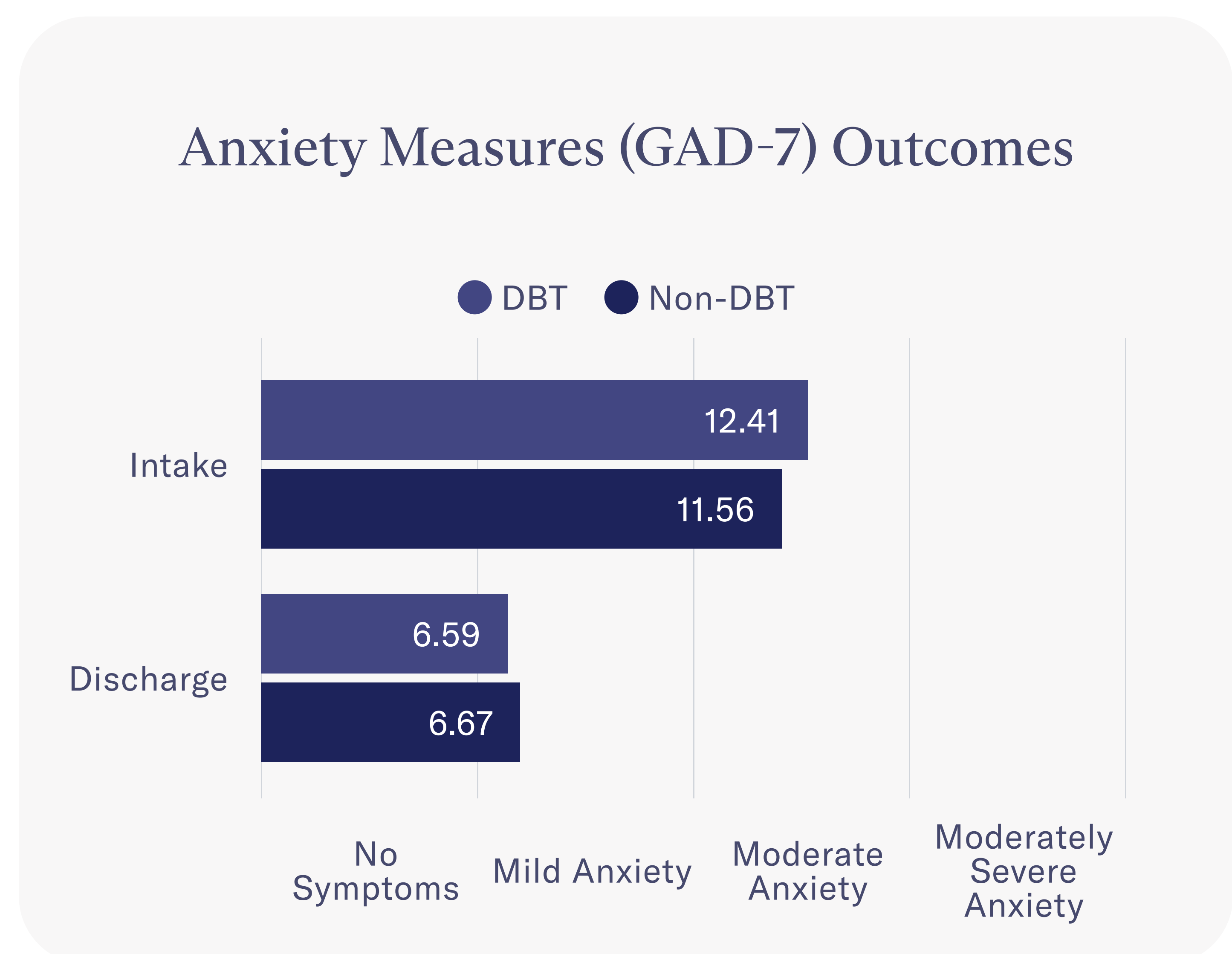
- Across all clients, average depression severity decreased from moderate depression to scores considered to be below the cut-point for diagnosing major depressive disorder. (PHQ-9 Sum Score <10)





Individuals in the interpersonal skill-based track reported decreases in anxiety symptoms that were statistically similar to peers in other clinical tracks, as seen in average scores on the GAD-7 scale.  $F[1, 426]=2.384, p=0.12$

- Across all clients, average anxiety severity decreased from moderate anxiety to mild anxiety. (GAD-7 Sum Score <9)



#### Key Takeaways:

- The improvements in clinical symptom severity for clients opting into groups based on a shared identity (LGBTQIA+ or BIPOC) and based on a shared experience (e.g., trauma) were equitable compared to the rest of the population at Charlie Health.
- The results of these analyses highlight the impact of participating in specialized treatment experiences with programming that has been adapted to meet each client's most salient needs.





## Part III

# Targeted Clinical Improvement Initiatives for 2023





# Targeted Clinical Improvement Initiatives for 2023



## Where Do We Go From Here?

### Improving Our Data Collection for FY 2022-2023

As a national provider of youth mental health services, it is our responsibility to go beyond reporting clinical outcomes by bolstering broad industry knowledge about how youth recover from serious mental health challenges. As such, we spent the past year compiling and adding critical metrics to our outcomes surveys in order to most accurately measure client success. This discovery process was informed by examining the established literature on youth development and by qualitatively coding our clients' weekly journals to continually center the client voice. The result was the addition of a set of variables designed to measure competence and resilience, including:

Physical Health

Emotional Health

Social Health



Healthy development throughout adolescence and young adulthood is best understood as a series of milestones (e.g., less conflict with parents, more independence and ability to take care of oneself)<sup>16</sup>. As we work tirelessly to address mental health symptom reduction, we also evaluate clients' age-appropriate social and developmental needs in the creation of individualized treatment plans.



# Centering Youth Voices

At Charlie Health, we're committed to centering clients' voices to tailor our services to their specific needs and recovery goals. To this end, we offer opportunities in group sessions for clients to journal about their experiences in and outside of treatment. We regularly read and qualitatively code clients' weekly journals to uncover shared themes related to a variety of topics.

This past year, we explored the question: "How do youth in our care define 'recovery' from mental health challenges?" using 200 journal entries across treatment (e.g., beginning, mid, and end) for 66 clients (Evans-Chase et al., paper currently under review).

We learned that while clients are paying attention to and noticing improvements in clinical symptoms (particularly those related to depression and anxiety), they also shared widespread improvements in functioning, including:

- Their ability to cope with challenging situations
- Their increased capacity for personal growth and ability to fulfill roles and responsibilities
- A heightened sense of self-awareness

## Coping

While many clients wrote about everyday challenges in their lives in and outside of Charlie Health, they often cited the skills they learned during their time in treatment as critical to their improved ability to cope. Clients shared that resources and therapeutic practices such as mindfulness were particularly useful in helping them cope with a variety of challenges.

"I was a little tired but made sure to keep myself busy so I didn't succumb to depression. I actually read my favorite book (*A Wrinkle in Time*) and it reminded me of the different ways I would cope as a child."



Journal entries related to coping demonstrate the importance of resiliency, or clients' ability to cope despite resurgence in clinical symptoms, as an important aspect of their recovery.



# Capacity

Several clients shared that they gained an increased capacity for personal growth despite experiencing clinical symptoms. Clients shared a variety of examples where they were struggling but still noticed improvements in functioning related to roles, responsibilities, and therapeutic progress.

Improvements in role functioning included activities such as returning to work or school, participating more fully and positively in family relations, and increased productivity in activities of daily life such as shopping and meal preparation.



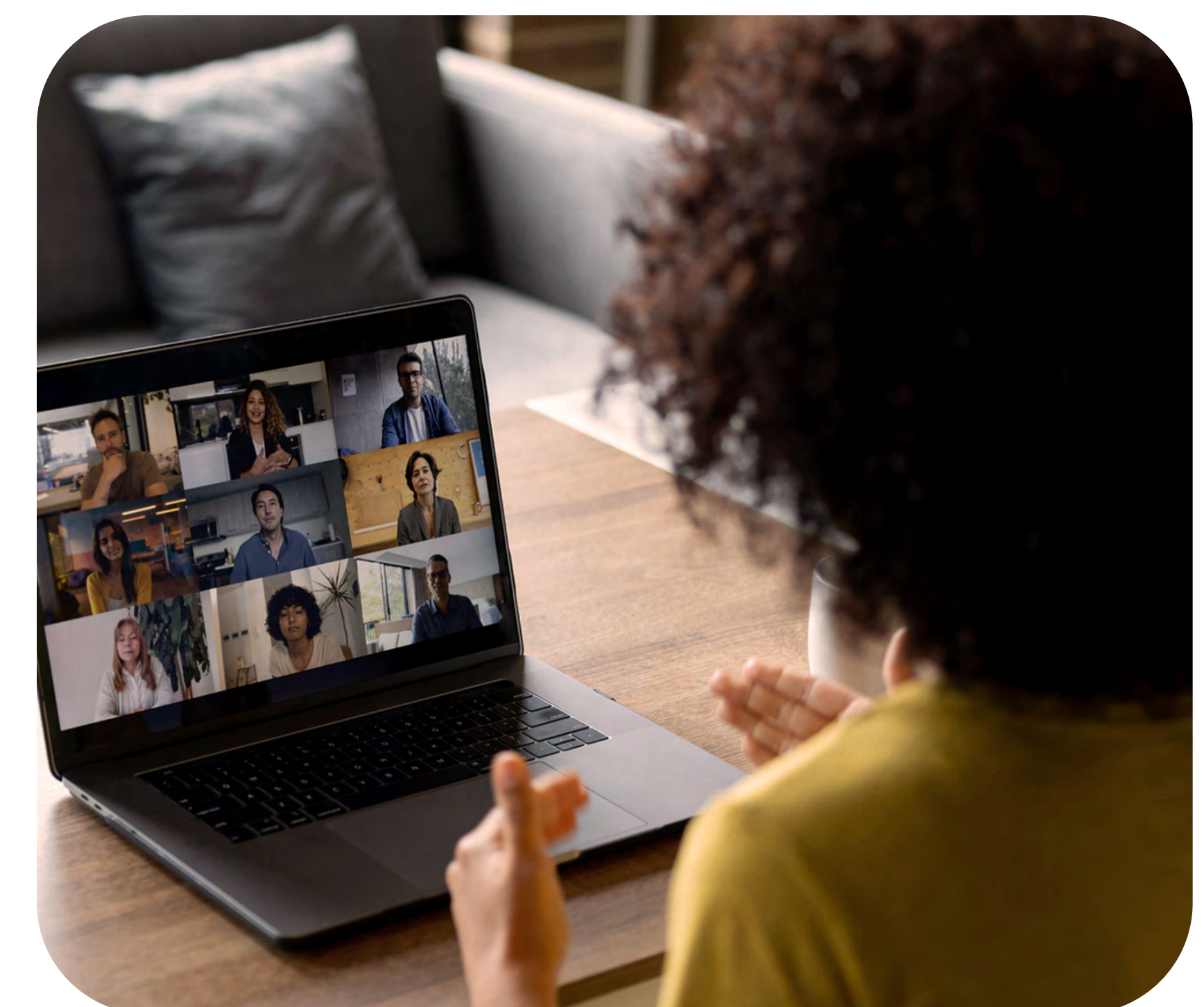
Improvements in therapeutic progress included:



Utilizing coping strategies



Communicating more confidently and openly with others



Participating more in group or individual therapy while in treatment



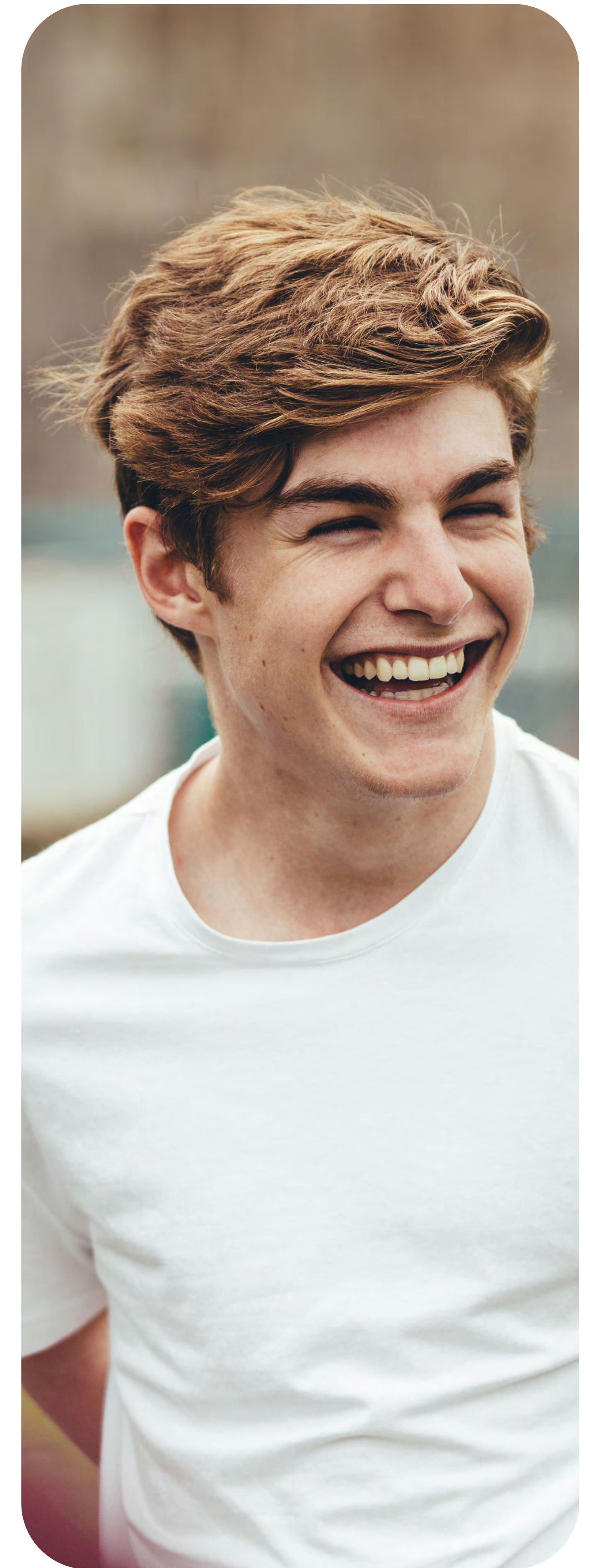
Finally, clients also documented progress toward self-actualization, which we defined by comments that reflected self-acceptance and increased confidence in living as their authentic selves.



# Implementation of a Robust Measurement-Based Care System

Collecting client-reported data is crucial for behavioral health companies to understand their impact on client outcomes. Oftentimes, however, this data is only looked at intermittently to understand how a treatment program has performed for the average client, usually in fulfillment of the minimum reporting requirements of accrediting bodies. Measurement-based care (MBC) is increasingly seen as the solution to this problem, whereby client data is collected continuously throughout treatment and used immediately to inform each client's treatment plan. Crucially, data must be shared in real-time with clients, often through the use of graphics that plot change throughout treatment on a number of variables. This can serve as a powerful visual aid to highlight progress and invites clients to co-interpret their data with their clinician in order to identify areas of growth and areas of continued concern.

When implemented in a treatment system with fidelity, MBC has been shown to lead to increases in clinical responsiveness<sup>46</sup>, client satisfaction<sup>47</sup>, and improvements to the therapeutic relationship<sup>48</sup>, as well a decrease in treatment dropout rates<sup>49–50</sup>.



“Measurement-based care (MBC) is a clinical process where mental health clinicians and clients use patient-reported outcome measure (PROM) data to track progress and inform treatment decisions. MBC empowers clinicians and clients by improving communication and collaboration. Lack of symptom improvement or progress toward goals is more rapidly detected when using MBC, which allows for quicker adjustments to treatment. For these reasons, MBC contributes to better client outcomes.” — Measurement-Based Care Collaborative at Yale University

In an effort to fulfill our mission of providing hyper-personalized care, Charlie Health has launched the full-scale implementation of MBC under the guidance of Dr. Amber Childs, Professor of Psychiatry at Yale School of Medicine, Co-Founder and Co-Director of the Division of Quality and Innovation, and Co-Founder and Co-Director of the Yale Measurement-Based Care Collaborative.



“Just as vital signs help physicians identify early warning signs of physical health problems and adjust treatment plans accordingly, MBC can help clinicians identify early warning signs of mental health problems and provide timely and appropriate interventions. Both approaches emphasize the importance of ongoing monitoring and data collection to ensure that treatment is tailored to the individual needs of each client. By using MBC for mental health, clinicians can improve the quality of care provided to their clients, leading to better outcomes and improved quality of life.”



— Dr. Caroline Fenkel

MBC is not just a tool for measuring mental health symptoms – it is a revolutionary approach that empowers clinicians to tailor treatment plans and interventions to each individual's unique needs, leading to better outcomes, reduced suffering, and improved quality of life for millions of youth struggling with mental health challenges.





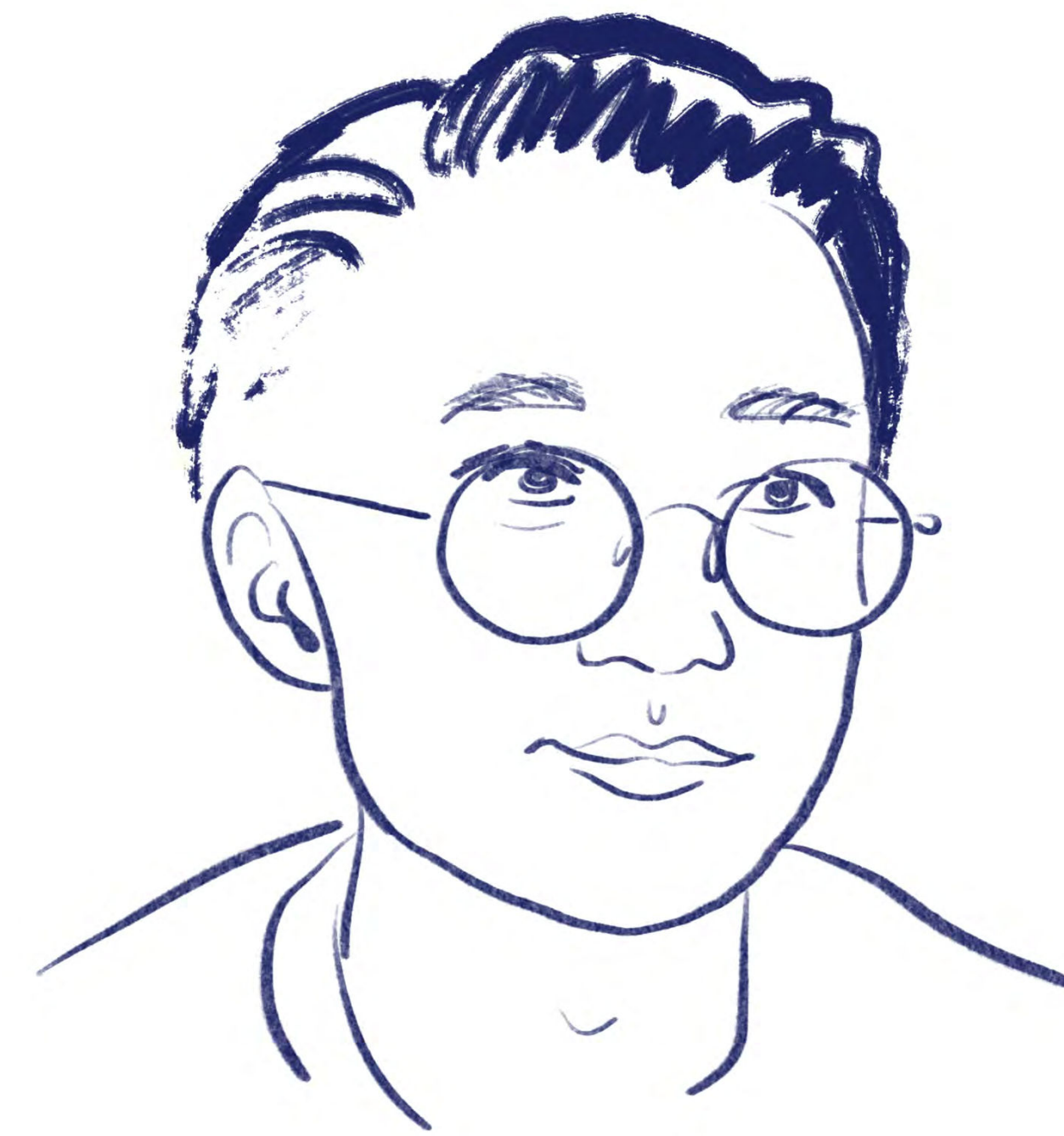
# Who We Serve

Jane



- 19 years old
- Art student
- Persistent anxiety and depression that are interfering with daily tasks, relationships, and school work
- Coping with substance use as a co-occurring mental health symptom

Jack



- 13 years old
- Social anxiety and behavioral outbursts at school
- Increased self-harming behavior
- Loves anime

Jules



- 16 years old
- Trans femme in a small town
- Hospitalized after a suicide attempt
- Persistent depression and anxiety
- Musician

Jay



- 26 years old
- Young parent
- Recently left a job he loved because of anxiety and panic attacks
- Feels like he has “tried everything”
- Plays in a recreational soccer league every week



# Who is Charlie Health?



Charlie Health is a virtual IOP for youth 11-30 years old struggling with high acuity behavioral health issues. Charlie Health offers 9 hours of supported groups plus one hour of individual therapy and one hour of family therapy with a licensed therapist every week.

Groups are offered throughout the day to provide flexibility around unique work, family, and school schedules. In addition to core therapeutic programming, Charlie Health also offers family programming that includes dozens of family support groups on a variety of topics, including mindful parenting, sibling support, and mood management.

## Supported Groups



Curated groups that connect individuals with similar needs

## Individual Therapy



Primary therapists assigned based on fit

## Family Therapy



Weekly sessions to promote holistic healing and behavior change

## Psychiatry/Med. Management



Initial evaluation and ongoing care from a psychiatrist or NP

## Family Support Groups



Clinician-led, curated groups for families with loved ones in treatment

## Care Coach



Approachable friend for encouragement and mentorship

## 24/7 Crisis Care



Clinicians on call 24/7 to respond to crises in between sessions

## Case Management & Care Coordination



Dedicated end-to-end support & collaboration with outside providers



# What Do We Believe?



## Mission

To empower youth and families everywhere who are experiencing mental health crisis with evidence-based healing that is accessible, equitable, and high-quality.



## Vision

Our vision is ambitious. As a team, we believe that with hard work, dedication, and commitment to our mission, our vision of solving the youth mental health and suicide crisis can and *will* be realized.

- Provide an unparalleled experience as the most trusted partner in and provider of mental healthcare.
- Change the landscape, delivery, and accessibility of high-quality care.
- Dramatically decrease national youth suicide rates and the prevalence of mental health issues.



# Values

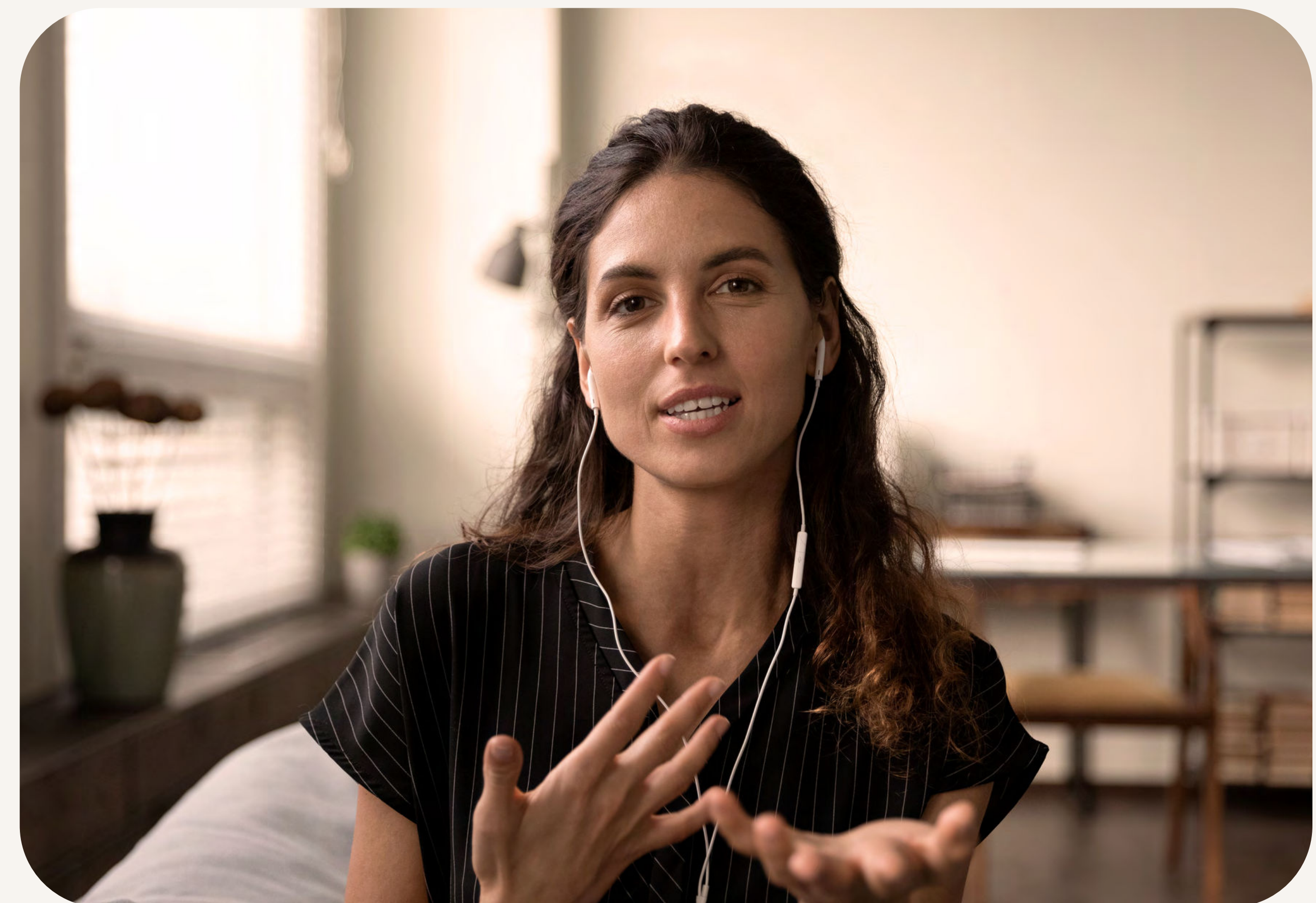
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## Connection

We are relationship-obsessed. We are a team that cares deeply and personally about every single person who comprises Charlie Health: our clients, providers, payers, team members, and all those who connect with our mission. Compassionate care is woven into every facet of our company and its principles. To create an environment of respect and value, we are a team that consistently works to reimagine and rebuild the mental healthcare experience. Our clients and their families are heard diligently, inspired constantly, and supported sustainably. We inspire hope with every interaction. Our passion to expand access to care to the millions of kids who need it knows no bounds.

## Congruence

To be the best providers, we must emphasize open and candid communication. We adhere to the highest standards of professionalism, ethics, and personal responsibility. If we are to be worthy of the trust our clients place in us, we must demonstrate these standards at all times. Above all, we value integrity and accountability: *If it is to be, it is up to me.*



## Commitment

We are a team of participants, not spectators. We ask questions. We identify problems. We create solutions. Our team depends on each player to accomplish our goal. Our mission is too big for any one of us on our own to accomplish. We push each other to be our best selves and provide each other with the tools and support needed to remain committed and motivated each and everyday.



# Conclusion

The results detailed in Charlie Health's FY 21/22 Outcomes Report are truly groundbreaking, demonstrating the transformative power of virtual Intensive Outpatient Programming for young people with high acuity mental health needs. Through cutting-edge research and innovative approaches to care, we have achieved remarkable outcomes that have the potential to revolutionize the field of mental health.

Our program has offered hope, healing, and a path toward recovery for young people who are struggling with mental health challenges. It has shown that wide-reaching access to effective and compassionate mental healthcare is possible, regardless of geographical location or financial means. The findings of this report are a testament to the dedication and expertise of our team of mental health professionals, and to the courage and resilience of the young people and families who have entrusted us with their care.

Moving forward, we remain committed to continuing to provide exceptional virtual Intensive Outpatient Programming to young people in need, and to furthering our understanding of how technology can be harnessed to deliver mental healthcare that is accessible, effective, and empowering. We believe that by continuing to innovate and adapt to the changing needs of our clients, we can make a meaningful difference in the lives of young people and contribute to building a brighter, healthier future for all.





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