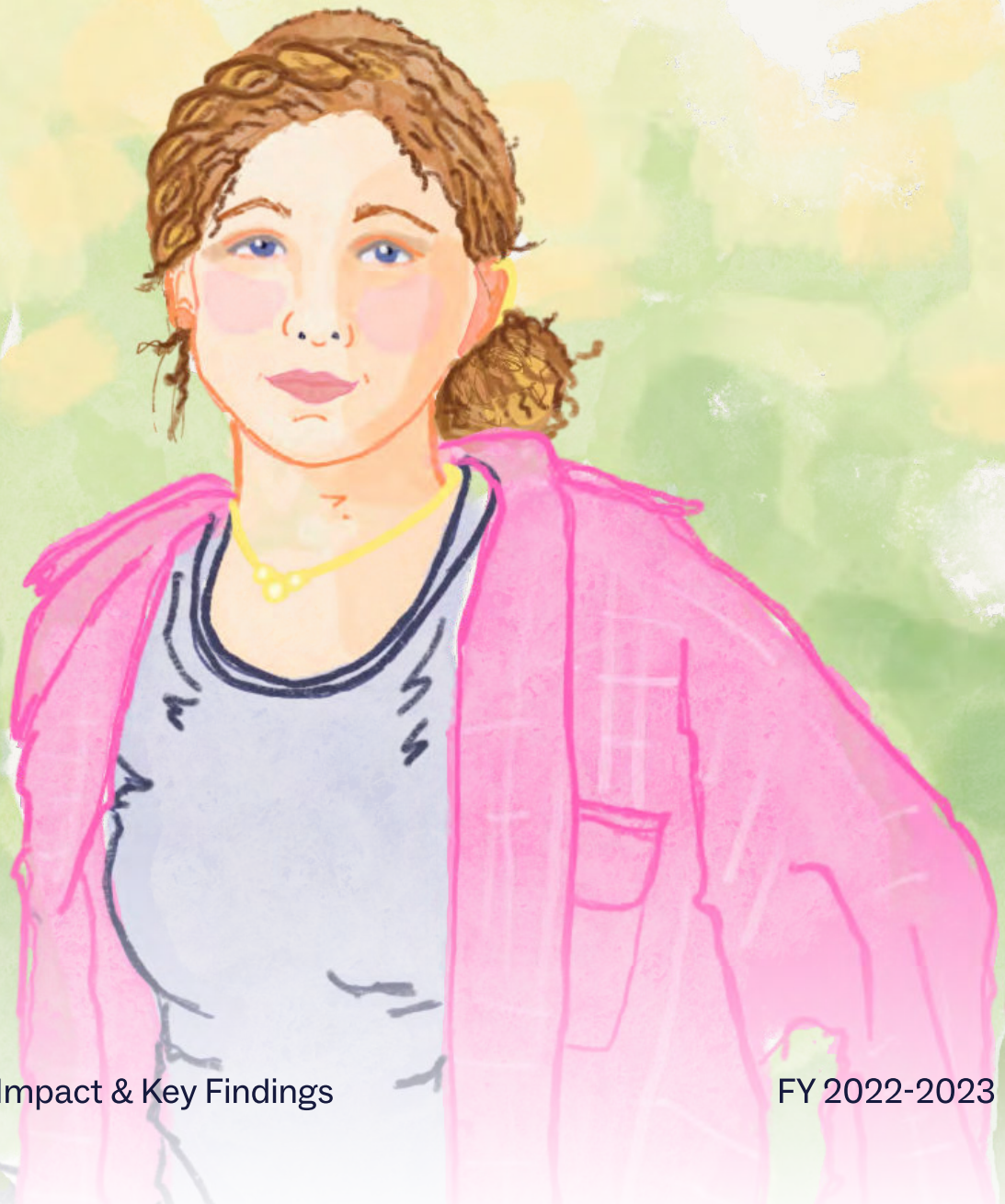


# Rising to Meet the Demands of the Youth Mental Health Crisis



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# Letter from Dr. Caroline Fenkel, Chief Clinical Officer & Co-Founder

To the Charlie Health Community:

It's been a year of remarkable growth at Charlie Health. In 2023, we expanded our services to nine new states, welcomed 1,000 dedicated team members, and had the privilege of treating more than 15,000 high acuity young people and their families. With this growth comes a heightened responsibility to address the unique needs of those we treat. Charlie Health stands out in this regard, as our growth is paralleled by consistent improvement in client outcomes—our north star. As you'll see in this report, we are dedicated to collecting data and enhancing our program to ensure clients receive the best care possible.

Throughout this year, we've scaled our evidence-based treatment model while remaining steadfast in our commitment to delivering personalized care that prioritizes connection for long-term healing. This approach has helped improve clients' well-being and the mental healthcare system at large—findings substantiated by our seven pioneering, peer-reviewed articles published from 2022-2023. At the healthcare system level, we helped keep 94% of young people surveyed out of emergency departments, which serve as critical sites of the youth mental health crisis and often lack resources to provide long-term treatment or support. This underscores the essential gap we fill in the mental health landscape.

Our research also affirms that at Charlie Health, mental healthcare is not one-size-fits-all. Guided by our expert clinicians, we've implemented a multivariate treatment mapping model that acknowledges young people have individualized needs shaped by their clinical profile and life experiences. This approach has delivered substantial positive outcomes for clients with a range of conditions and life experiences, decreasing their most severe mental health symptoms and acuity levels by the time of discharge. By expanding on existing personalized, evidence-based programming in 2023, we created specialized curricula related to maternal mental health, military families, and veterans. We hired expert clinicians and implemented workforce training to treat these populations. With a mission to connect the world to lifesaving mental health treatment, we must be equipped to meet the demands of people from all walks of life.



Gratefully,



Dr. Caroline Fenkel, MSS, DSW, LCSW

## Part I

# The Alarming State of the Youth Mental Health Crisis



# The Alarming State of Youth Mental Health

In 2023, the U.S. Surgeon General raised alarm about the devastating impact of loneliness and isolation across the country and outlined how excessive social media usage doubles teenagers' risk of mental health problems. At the same time, the Centers for Disease Control and Prevention (CDC) found that teenage girls are facing record-high levels of sadness, suicidal ideation, and violence<sup>1</sup>; in recent years, there has been a nearly 30% increase in youth depression<sup>2</sup>. These studies<sup>3,4</sup>, and others like them, reveal the ongoing interest in research and solutions aimed at addressing the youth mental health crisis—the nexus of Charlie Health's work.

## Charlie Health's Mission

Connect the world  
to life-saving mental  
health treatment.

## Our Values



### Connection

Care deeply and  
inspire hope.



### Congruence

Stay curious and  
heed the evidence.



### Commitment

Act with urgency  
and don't give up.

## Part 2

# Outcomes



# Outcomes

## Pre-Admission and Post-Discharge



### How We Collect Data

This year, Charlie Health continued its data-driven quality improvement initiative by maintaining our intake and discharge surveys with well-validated instruments. We continued to measure depression, anxiety, suicidal ideation, and self-harm behaviors, as well as rates of admission to higher levels of care at intake and discharge. As our clinical population continued to grow, we were also able to track clients post-discharge to ensure that improvements in symptoms were long-lasting.

For this section, Charlie Health's Research and Clinical Outcomes team conducted analyses using a de-identified dataset that included intake and discharge data from October 2021 through September 2023.

### Who We Treat

Charlie Health treats clients across the United States who present with high acuity mental health conditions. As a company dedicated to tackling the youth mental health crisis, our current focus is on treating young people and their families. The ages of Charlie Health clients range from 11 to 34.



**61%** of clients fall into our adolescent age group (11-17)



**39%** of clients fall into our young adult age group (18-34)

At the time of publication, we are live in 30 states and will continue to expand access across the country into 2024. As a telehealth organization, our commitment to access is by design; we can and do reach regions across the country that otherwise lack mental healthcare. More than half of our clients (about 60%) live in a ZIP code that is experiencing a mental health worker shortage<sup>5</sup>.

As we expand nationwide, we remain dedicated to serving people of all backgrounds. About one in five of our clients are people of color, and we are committed to serving them with BIPOC-specific programming led by culturally-competent practitioners who understand the unique mental health challenges they face.

Our commitment to diversity extends to sexual orientation and gender, as well. Just over half of our clients fall under the LGBTQIA+ umbrella, and nearly one-fifth are gender-diverse. Our LGBTQIA+-specific programming was made with these clients in mind and serves their specific mental health needs. We take pride in the diverse tapestry of identities and backgrounds represented among our clients, reinforcing our mission to connect all people to life-saving mental health treatment.





# Intake Acuity: The Mental Health Conditions Our Clients Face (Oct. 2022-Sept. 2023)

Charlie Health treats a high acuity population that often struggles with clinical depression, moderate to severe anxiety, suicidal ideation, and self-harm. At intake, 40% of clients were actively self-harming, and roughly the same amount had thoughts of completing suicide in the week prior. Also, about one-third of clients had been admitted to a higher level of care in the month before starting at Charlie Health.

## At intake:



30% of clients had been admitted to a higher level of care in the month before starting at Charlie Health



37% of clients had thoughts of completing suicide in the week prior

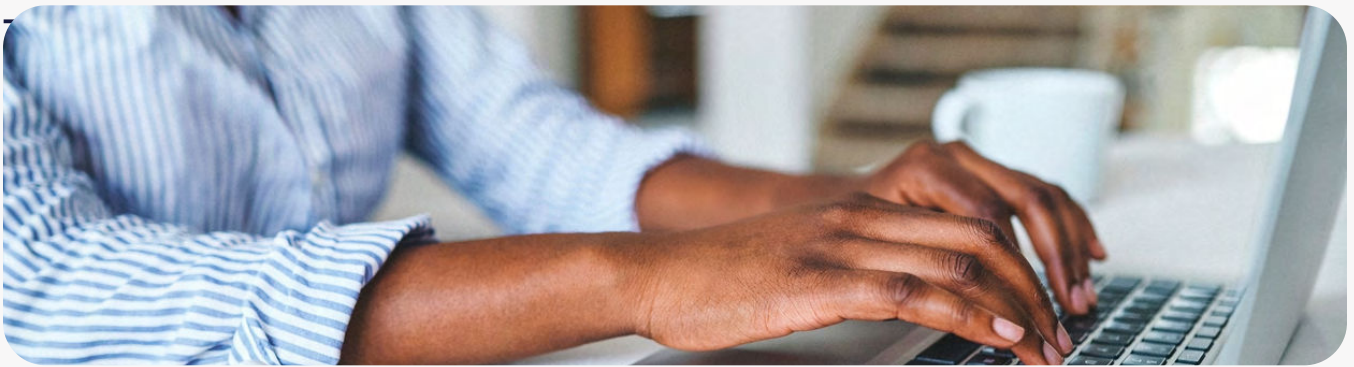


40% of clients were actively self-harming



## 2021-2022 vs. 2022-2023: Improving as We Grow

As we expand the number of clients we serve, we're improving our ability to support them. In a comparison of year-over-year data, we found that clients left Charlie Health this year with reduced depression, anxiety, self-harm, and suicide symptoms compared to those discharged last year. We also saw significant reductions in the percentage of clients who re-admit to the emergency room or a higher level of care post-discharge.



	2021-2022 average reduction from intake to discharge	2022-2023 average reduction from intake to discharge	Year-over-year percent improvement
Depressive symptoms (PHQ-9)	-6.6 points	-7.7 points	+16.7%
Anxiety symptoms (GAD-7)	-5.5 points	-6.2 points	+12.7%
Self-harm days	-70.3%	-79.6%	+13.2%
Suicidal ideation	-63.6%	-72.6%	+14.2%

	2021-2022 average percent reduction from intake to discharge	2022-2023 average percent reduction from intake to discharge	Percent improvement
ER readmission	-85.1%	-95.3%	+11.9%
HLOC readmission	-87.4%	-98.9%	+13.2%

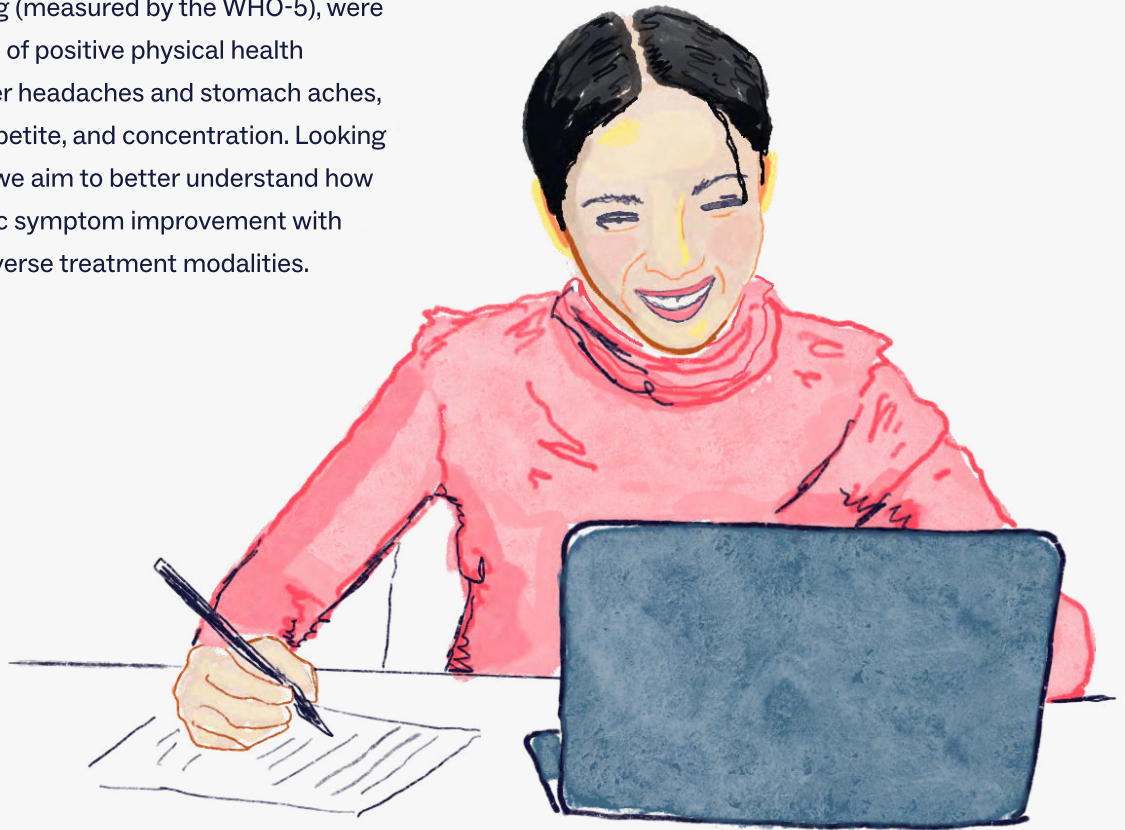
# The Inextricable Link Between Physical and Mental Health: A Study of Our Clients

At Charlie Health, we're always looking for new markers of client improvement. That's why we're scaling and improving client outcomes beyond mental health symptoms to include physical health, too. This year, we began studying somatic (physical) symptoms in our clients, with a specific focus on how physical health improves in relation to mental health. In a sample of 3,643 adolescents and young adults admitted to Charlie Health between June 2021 and August 2023, we found that the more a client's mental health improved with treatment, the more their physical health did, too.

Subject	Range of possible scores	Average score at intake	Average score at discharge	Percent improvement
Fidgeting, restlessness, or moving slowly	0-3 (lower=better)	1.1	0.5	+55%
Concentration and focus	0-3 (lower=better)	1.8	1.0	+44%
Energy or tiredness	0-3 (lower=better)	2.0	1.2	+40%
Trouble with sleep	0-7 (days per week)	4.4	3.2	+27%
Headaches	0-7 (days per week)	3.3	2.6	+21%
Stomach aches	0-7 (days per week)	3.3	2.7	+18%
General physical health	0-4 (lower=worse)	1.8	2.1	+14%



Decreases in depression and anxiety (measured by the PHQ-9 and GAD-7, respectively), as well as improved psychological well-being (measured by the WHO-5), were associated with a range of positive physical health outcomes, such as fewer headaches and stomach aches, and improved sleep, appetite, and concentration. Looking ahead in the next year, we aim to better understand how we can improve somatic symptom improvement with further research and diverse treatment modalities.





## Sustainable Healing Is Possible: Post-Treatment Outcomes at Charlie Health

Clients who completed treatment with Charlie Health saw significant decreases in their mental health symptoms. From intake to discharge, clients saw a 49% decrease in depression symptoms and a 47% decrease in anxiety symptoms, both of which resulted in average scores at discharge below the clinical threshold. These decreases were also maintained at three and six months post-discharge.\*

	Intake	Discharge	3 months	6 months
Depression symptoms (PHQ-9)	14.7	7.6	8.0	8.2
Anxiety symptoms (GAD-7)	12.3	6.5	7.0	7.2
Average self-harm days	6.7	1.4	1.3	1.4
Percent of clients self-harming	39.6%	17.5%	16.0%	14.3%
Percent of clients experiencing suicidal ideation	36.5%	10.0%	14.5%	12.9%

\*The PHQ-9 scale assesses depression severity on a scale of 0 to 27, with a cut-off score of 10 indicating significant depressive symptoms; the GAD-7 scale measures anxiety severity on a scale of 0 to 21, with a cut-off score of 10 indicating clinically significant levels of anxiety.

# Cohort Research

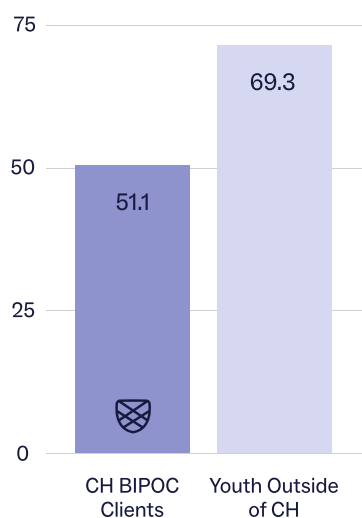
## The Power of Personalized Care

When curated thoughtfully, group therapy has been found to be extremely effective for people with serious mental health conditions. That's why, as we grow, personalization remains an essential component of our treatment approach. We match clients into groups based on the intersection of their mental health condition, acuity level, age, and identity to deliver the highest quality evidence-based interventions that are targeted at the specific symptoms and experiences of every group member. To better understand the experiences of these cohorts and deliver the highest quality personalized care possible, we've conducted cohort-specific research as follows.

### Black, Indigenous, and People of Color (BIPOC) Cohort

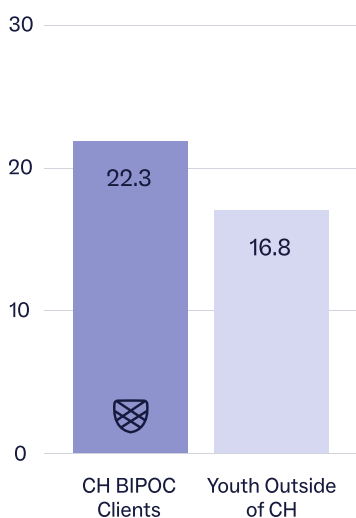
Over the past year, we found that clients identifying as BIPOC experienced much higher rates of racial trauma<sup>6</sup> and an increased experience with micro-aggressions<sup>7</sup> as compared to other BIPOC youth in related research publications (though not necessarily in mental health treatment or Charlie Health clients). Our BIPOC clients also experienced a lower sense of belongingness compared to youth in related research publications<sup>8</sup>. Recognizing the unique needs of each of our clients, Charlie Health has established lived-experience cohorts for clients identifying as BIPOC, allowing them to self-select into groups with other young people who share racial and ethnic identities. Most notably, outcomes for these clients in our BIPOC cohort are on par with our other cohorts, demonstrating just how essential our BIPOC groups are for belonging and collective healing.

#### General belongingness



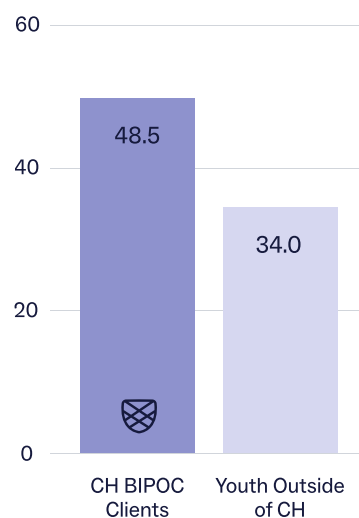
BIPOC clients have a lower sense of general belongingness compared to BIPOC youth outside of Charlie Health.

#### Racial trauma



BIPOC clients have a heightened experience of racial trauma compared to BIPOC youth outside of Charlie Health.

#### Microaggressions



BIPOC clients have an increased experience of microaggressions compared to BIPOC youth outside of Charlie Health.



## Neurodivergent Cohort

Neurodivergence, or natural differences in processing the world around us, is a relatively new and understudied topic in psychology research. At Charlie Health, we explored differences between a client's self-reported neurodivergent identity and their medically-diagnosed neurodivergent condition (diagnosed prior to CH by a psychiatrist or primary care physician). We discovered that clients with a mismatch between their identities and their medical-diagnoses experience notably higher levels of depression and anxiety symptoms.

This information empowered us to refine our curriculum, reinforcing a sense of identity within our neurodivergent cohort. By discharge, all neurodivergent clients, regardless of diagnosis, reported symptom improvements on par with the rest of our clinical population

	Affirming diagnosis at intake	No affirming diagnosis at intake
Depression symptoms (PHQ-9)	12.5	14.8
Anxiety symptoms (GAD-7)	10.8	13.0

# Trauma Cohort

To better understand our trauma cohort, we asked a sample of clients about adverse childhood experiences (ACEs), the intensity and frequency of their anxiety, and difficulties with emotional regulation\*.

- Approximately 62% of clients in our trauma cohort indicated that they had four or more ACEs, which is considered clinically significant.
- Clients with clinically significant ACE scores are statistically more likely to struggle with emotional regulation, have higher levels of perceived stress, and have higher levels of anxiety.
- Clients who indicated that they have been sexually assaulted have statistically and clinically higher intensity and frequency of anxiety than those who did not indicate that they have been sexually assaulted.

This data allows us to add necessary skills to our curriculum and improve programming for our trauma cohort.

	Clients with <4 ACEs	Clients with ≥4 ACEs
Difficulty with emotional regulation (DERS)	48.22	60.44
Perceived stress (PSS)	23.14	27.95
Anxiety (anxiety symptom questionnaire)	135.14	187.85

\*The difficulty with emotional regulation scale (DERS) measures emotion regulation difficulty (scores 16-80), with higher scores indicating poorer regulation. The perceived stress scale assesses stress (scores 0-40), with higher scores signifying more stress. The anxiety symptoms questionnaire measures the intensity and frequency of anxiety (scores 0-340), with higher scores indicating more severe symptoms.



## Part 3

# Peer-Reviewed Research



# Peer-Reviewed Research

## 2022-2023 Published Papers

In the 2022-2023 year, Charlie Health saw the publication of seven peer-reviewed papers, all of which affirmed the efficacy of virtual intensive outpatient programs (IOP) for young adult and adolescent populations. The following pages highlight critical findings from our studies published in 2023.



### “Charlie Health’s IOP Reduces Mental Health-Related Emergency Department Admissions,” JMIR

Over the past decade, emergency departments (EDs) have become more overwhelmed than ever, with young people seeking care for mental health crises. The ED often serves as a revolving door, with over 25% of young people returning for mental health crisis treatment within six months of their previous visit due to a lack of follow-up care resources<sup>9</sup>. Research from Charlie Health, though, shows promising results: a study of over 700 clients between September 2022 and November 2022 found that mental health-related trips to the ED significantly decreased from intake to post-discharge for adolescents and young adults who completed treatment with Charlie Health.

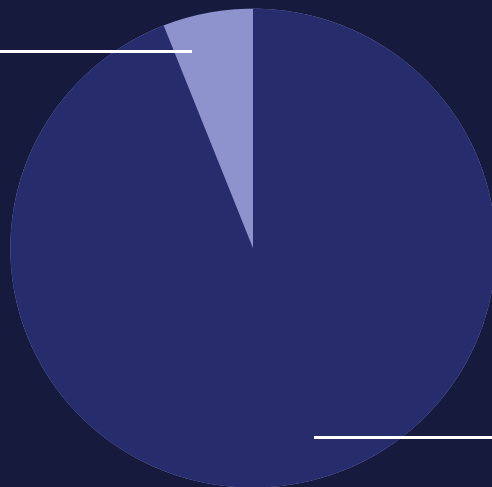
94% of clients who had previously visited the ED for mental health issues reported no additional mental health-related ED admissions in the three months following treatment with Charlie Health. Notably, these findings did not differ by age, gender, sexuality, race, or ethnicity. This research shows that leveraging virtual IOP can help young people sustainably address acute mental health needs, improve functioning, and save costs for families and healthcare payers.

In short, we're keeping young people in crisis out of emergency departments.



### Rate of ER Readmission at 3-Months Post-Discharge

6% ER Readmission



94% No ER Readmission

# “Youth Journal Entries Provide Insight for Future IOP Improvements,” JMIR

Charlie Health is constantly working to improve its program. To better understand clients' experiences and integrate their reflections into future programming decisions, we analyzed 200 voluntary journal entries submitted by 66 clients ages 11 to 20 while enrolled in treatment. As standard treatment protocol, Charlie Health sent weekly reminders asking them to voluntarily document their treatment journey in an electronic journal received as part of the intake process. These journal entries were then used to help clinicians identify youth in crisis and to better understand and respond to clients' needs and experiences.

The journals revealed three key themes: mental health symptoms, peer relations, and recovery.



## Mental health

“I have intrusive ‘back-of-the-head’ suicidal thoughts daily and have had these since my depression began in middle school (mid-2000s).”

## Peer relations

“I liked how all my group members helped each other out even after group sessions.”

“I’m looking forward to seeing other people but nervous about sharing and feeling comfortable with that. What I want out of CH: to know that I’m not alone and people to connect with around my age where we can talk about our similar experiences.”

## Recovery

“The week was surprisingly good, with some pitfalls. For one, I was able to finish the book I was reading about boundaries...I started a new book on productivity...I also took the kids outside on a beautiful November day to enjoy our backyard, jumped on the trampoline with them, swung on the swings, and listened to music.”

The latter two provided new insights, stressing the significance of peer relationships within and outside treatment and emphasizing that recovery, for many young people, involves increased function and self-acceptance rather than just symptom reduction. This analysis reveals a gap in how improvement is defined within high acuity care: while traditional measures focus on clinical symptom reduction, young people prioritize healthy peer relationships, autonomy, and coping mechanisms to navigate life with complex mental health needs.

# “Mental Health Engagement Data Can Help Further Personalize Care,” JMIR

Similar to the objectives of an earlier study that focused on treatment engagement for clients participating in family therapy, Charlie Health continued toward its goal of increasing treatment engagement and improving outcomes among young people at risk for early disengagement and discharge. As such, we analyzed data from nearly 3,000 teens and young adults discharged from Charlie Health between July 2021 and February 2023 and identified four acuity profiles with distinct engagement outcomes. Recognizing subgroups with varying levels of engagement highlights the need to personalize engagement strategies for high acuity clients—an actionable takeaway that can promote better clinical outcomes.

Researchers identified the following four acuity profiles: a low acuity profile, marked by minimal anxiety, depression, and self-harm, and three high acuity profiles, defined by moderately severe depression and anxiety but differentiated by rates of self-harm.

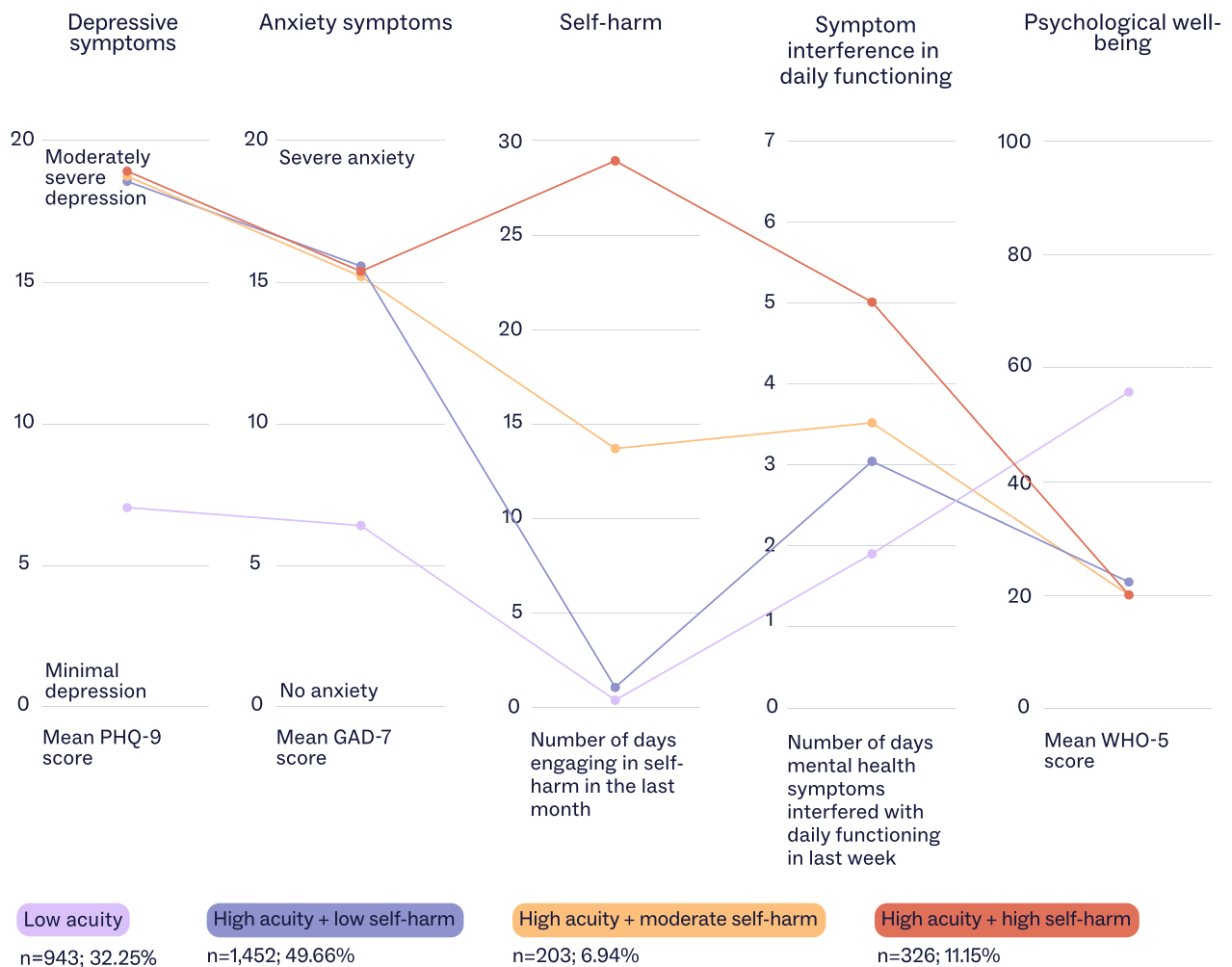
These profiles were associated with the following patterns in treatment engagement outcomes:

- 1 Youth in the low acuity and high acuity/low self-harm profiles attended four fewer treatment sessions on average compared to those in the high acuity profiles with moderate and high self-harm.
- 2 Youth in the high acuity/low self-harm group completed treatment at a significantly lower rate compared to the other two high acuity profiles.
- 3 Youth in the high acuity/high self-harm profile were significantly less likely to disengage or end treatment early compared to all other profiles.
- 4 Youth who identify as LGBTQIA+ were significantly more likely to be classified into one of the high acuity profiles compared with the low acuity profile.





### Symptoms at Intake Based on Clinical Profile



# Part 4

# Looking Ahead



# Looking Ahead

## Improving Client Outcomes With New Measurement-Based Protocols

To continue to understand and improve client outcomes, Charlie Health routinely collects client data using a rigorous, evidence-based approach known as measurement-based care (MBC). This year, to improve our existing process, we launched two full-scale MBC improvement pilots guided by Dr. Amber Childs, Assistant Professor of Psychiatry at Yale School of Medicine and Co-Founder of the Yale Measurement Based Care Collaborative. In the initial pilot, 27 clinicians were trained directly by Dr. Childs, and throughout the pilot, these clinicians gave feedback to the MBC development team regarding areas for improvement in the process. In terms of client outcomes, the results were promising: clients who participated in this pilot saw improved outcomes such as higher successful discharge rates for all insurance types (10% higher likelihood of successful discharge for clients with commercial insurance; 27% higher likelihood of successful discharge for clients with Medicaid). We also observed significant improvements in the PHQ-9, GAD-7, and WHO-5 associated with the MBC pilot, pointing to even greater symptom reduction.

The second pilot, launched in September 2023, aims to apply learnings from the first pilot with a new group of clinicians. A full-scale launch of the improved MBC process across all care teams is scheduled for Q1 2024.

**10%** increase in routine discharge for commercially insured clients in pilot one

**27%** increase in routine discharge for clients with Medicaid in pilot one





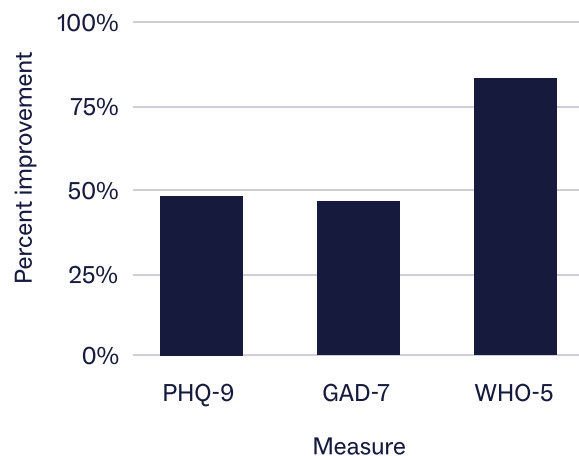
# Understanding the Importance of Charlie Health's Psychiatry Program

Psychiatry at Charlie Health provides clients with access to medication management and focuses on educating clients about their medication/diagnoses, reducing side effects, and minimizing excess use of medication. To better understand the impact of psychiatry, we have been conducting a two-part evaluation of our psychiatry outcomes.

In the first phase of this evaluation, completed in November 2023, we explored client satisfaction and outcomes qualitatively and quantitatively, finding high satisfaction scores and improved outcomes for those who see our psychiatric providers. Among the 3,000 clients studied who used our psychiatry services, we saw significantly improved depression, anxiety, and psychological well-being.

In the second phase, which is currently underway, we are enhancing psychiatry-specific data collection to better assess how our psychiatric providers impact medication adherence<sup>10</sup>, side effect burden<sup>11</sup>, and stigma around medication from intake to discharge. Critically, we recently added new measures to our outcomes surveys to answer these questions in 2024.

Psych Clients Percent Improvement from Intake to Discharge



“Nothing makes me happier than seeing the impact our team has had on our clients getting better. At Charlie Health, psychiatry is much more than just medication management. It's first and foremost a relationship, from which a plan is made together with the client. We focus heavily on psycho-education and reducing unnecessary poly-pharmacy that causes side effects. I am excited to collect more data on our treatment and use it to improve!”

— Dr. Eli Muhrer

Medical Director, Charlie Health

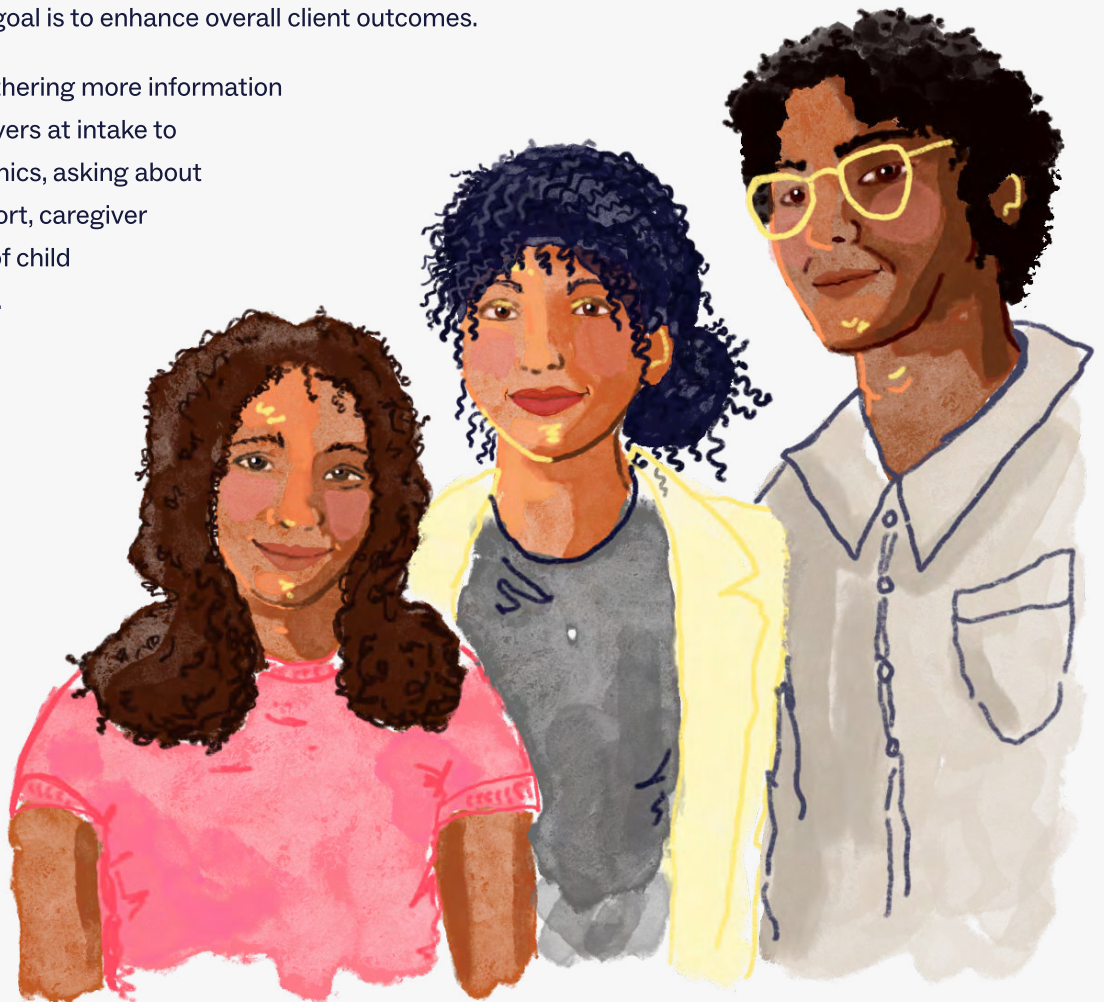
# The Key to Success: Improving Our Family Programming

Our data shows that family involvement in treatment is a leading indicator of positive client outcomes. That's why we remain dedicated to improving our family therapy program—particularly its structure and guidelines, which clinicians identified as areas for future investment. To further iterate on our programming, Dr. Caroline Fenkel, Chief Clinical Officer and Co-Founder, and Kira Torre, Director of Family Programming, designed a pilot program with a novel treatment model, Congruent Family Therapy (CFT), drawing on influences like attachment-based and structural family therapy, as well as work from John Bowlby, Gabor Maté, and others. The flexible, nine-week CFT curriculum is currently being piloted with 125 families and 60 clinicians. Our clinical team is studying client and family outcomes and tracking metrics of the CFT pilot with the goal of making it our main family therapy model.

## Parent Reports

In the coming year, we plan to better understand what drives parent involvement in order to improve support for parents who may find it difficult to engage. Our ultimate goal is to enhance overall client outcomes.

To achieve this, we're gathering more information from parents and caregivers at intake to understand family dynamics, asking about past mental health support, caregiver well-being, perceptions of child mental health, and more.



# Conclusion

As we celebrate the remarkable growth Charlie Health has realized in the past year, the results detailed in our FY 2022/2023 Outcomes Report demonstrate our commitment to personalized, high acuity mental healthcare. Over the past year, we have not only expanded and improved our virtual, multivariate care model but also evolved in response to the challenges of this current moment and the communities we serve. We are growing both in size and in our ability to make a meaningful difference in the lives of our clients, their families, and their communities.

Through personalized peer groups and tailored clinical programming, Charlie Health has offered support and connection for young people most at risk for mental health crises. At the heart of our commitment to personalized care is our dedication to accessibility—ensuring that all young people, regardless of where they live or who they are, have life-saving mental healthcare at their fingertips.

Moving forward, we remain committed to continuing to develop virtual treatment solutions that are not one-size-fits-all but rather achieve positive outcomes for clients across diverse conditions and life experiences. We believe that this path is paved by data-driven approaches to care. As such, we hope this report inspires other leaders and innovators in the industry to measure and report outcomes, embracing a culture of transparency and quality improvement for all. By continuing to collect data, Charlie Health will make meaningful contributions to the virtual mental healthcare field and improve client outcomes in an ever-changing world. We are not just witnesses to change; we are the architects of an evidence-based, more compassionate future.



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