

# Talkspace

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**Sherry Yang:** Good afternoon, everyone. Welcome to the 43rd J.P. Morgan Healthcare Conference. My name is Sherry Yang, an Associate in the Healthcare Investment Banking Group. It's a pleasure for me to be introducing Talkspace today. We have Jon Cohen, CEO, as well as Ian Harris, the CFO, with a presentation. I'll hand it over to Jon.

**Jon Cohen:** Thank you for being here today to hear the Talkspace presentation. As a quick reminder, the behavioral health market is massive and continues to be dramatically underserved, as 23 percent of adults, 26 percent of Medicare recipients, 20 percent of active military, and 50 percent of adolescents have a mental health challenge, representing, conservatively, 65 million people in the US, with a potential revenue of over \$60 billion.

My discussion today will be around how, after 13 years after inception and 3 years after going public, Talkspace has built a sustainable, profitable business model with a comprehensive solution that represents a significant competitive advantage in the marketplace.

Any high-quality healthcare service, whether it is a physician group, a healthcare system, and any of a multitude of healthcare service providers, requires four major attributes to be successful, availability, affordability, accessibility, and sustainability.

Today, I will walk you through how we have successfully built excellence across all four of these pillars. Availability of our curated network of 6,000 experienced providers. Affordability as the largest in-network provider for soon to be 200 million covered lives.

Accessibility to the therapy network, matching within hours and a first appointment within days. A sustainable model that is scalable and is profitable.

To address the availability issue, people need to know who you are. Talkspace is now the most well-recognized, in-network coverage-focused brand. More people choose Talkspace as a recognized and trusted brand, as one in three people know Talkspace. At least 350,000 people follow our behavioral health brand across social media.

Our services are available because our network is real, with 6,000 total providers, across all 50 states, at a master's or doctorate level. We have grown the network by about 10 percent in the last year.

The network is a hybrid network, which means it's both in-house, full-time providers and independent contract providers. Our providers have areas of expertise in over 150 different areas, 40 percent specializing in teens and 30 percent specializing in LGBTQ issues.

It is our view that the available network be of the highest quality, as therapy is actually our product. We are not merely a matching service, as we promote training, education, community, and technology to make the therapists better at delivering care.

We define, measure, and monitor quality across five areas, service quality, clinical quality, access to client experience, documentation, and productivity. Our outcomes data support this commitment, with 70 percent of members seeing clinical improvement within 12 weeks.

We increase our availability with partnerships that help to drive high-intent referrals and brand awareness. Distribution partners like Amazon [increase] our reach to establish the high-intention audiences by leveraging their existing networks.

Strategic partnerships with like-minded specialty providers expand our visibility to new audiences and referrals for the whole person care, which includes mental health.

Affordability is one of the most significant barriers to getting care and frequently discourages people from seeking care. 60 percent of people with commercial coverage and insurance, through Talkspace, have a zero-dollar copay. Most Medicare recipients will have a zero-dollar copay. Now, the 10 million military and dependents will have terrific access with little out-of-pocket costs.

We are an attractive partner for the payers because we are quick to provide our matching. We have a commitment to serving at-risk populations. We emphasize quality outcomes and measurement. We have flexible base contracts and measurable targets and a significant advanced technology platform.

In addition, on the affordability side, we have made it incredibly affordable for teens. Over 500,000 teens in the US have access to Talkspace free through their city or school or county. That includes New York City, Baltimore, and our announcement last week for the city of Seattle.

Just to give you some results, after a year, in Baltimore and actually New York City, no surprise, 95 percent of teens use texting and messaging therapy as their way to access [care]. We have reached historically underserved groups. 57 percent live in areas with high economic disparities and traditionally very, very hard to reach.

Some of the top presenting problems are improving my relationships, feeling down or depressed, becoming my best self, anxiety, or concentration and focus.

A high-quality, 6,000-person network that is affordable to 200 million people is only useful if the people can easily access it. One of the most important initiatives we have, going forward, is to focus on using technology to improve the member journey by increasing optimization, from eligibility to registration to scheduling to sessions, finally, to billing.

Just recently, based on some new technology efforts, we've seen an 18.5 percent decrease in no-show rate, a 30 percent increase in patients completing three sessions within one month, and an increase of 15 percent of sessions per member.

Just to give you an example, what does it mean for technology improvement? Recently, we've implemented what's called dynamic matching. Based on the member history, we look at the therapists who've performed with that type of patient in the past and done the best job. Better quality, a stickier match, not just a simple survey match.

Talking about the technology platform, I would like to discuss data and artificial intelligence, AI. We have one of the largest mental health data banks, certainly in the US, if not the world, with 10 billion proprietary clinical data points powering our AI engine, 8 billion words, 140 million messages, 6.2 million assessments, 1.2 million diagnoses, 4.3 million psych notes, 3 million

therapist ratings, 450,000 treatment plans, 1.4 million treatment goals, and 3.8 million clinical integrations.

Importantly, the clinical data bank is designed to analyze redacted session transcripts to build detailed, anonymized client vignettes and map care paths. By categorizing interventions and identifying significant patterns across the therapy journey, the data bank provides the insights to personalized care.

We are using our AI capabilities across the company. Importantly, our AI engine drives better quality and efficiency. That includes efficacy for clinical and network quality improvement, improvement in operational excellence, member experience/self-guided attributes, and provider assist, which I've talked about in the past, which includes a proprietary suicide risk algorithm where we can predict suicide, based on the conversation, to an 86 percent accuracy.

We will be rolling out more diagnoses as we proceed, including homicide, eating disorders, abuse, and several others. Importantly, our unique data bank that I have just described positions us to leverage AI to provide a new therapeutic tool that helps to drive member engagement and improve the quality of that experience.

Essentially, we will generate a personal podcast tailored to the specific member utilizing core information from the therapy session and our data bank. I'm going to give you a sneak preview with a story of Emma. Emma is fictitious, but her scenario is unfortunately incredibly common.

Emma is a 14-year-old high school student who posted a harmless picture of herself, which became the target of relentless bullying. She withdrew from social and family life. Her parents noticed the change and encouraged her to try Talkspace. Let's listen to the beginning of the AI-generated personal podcast.

[video begins]

*AI: Welcome, Emma, to your personalized podcast Talkspace episode. At Talkspace, we've built a vast dataset from thousands of teens just like you. This allows us to create recommendations from your latest therapy session tailored to your...*

[video stops]

**Jon:** Yeah. Sorry about that. Let's try it again.

[video begins]

**AI:** *Welcome, Emma, to your personalized podcast Talkspace episode. At Talkspace, we've built a vast dataset from thousands of teens just like you. This allows us to create recommendations from your latest therapy session tailored to your needs.*

**Sarah:** *Hey. I am Sarah. Today, we're diving into coping techniques with cyberbullying. Cruel comments like the ones you experienced online can make you feel targeted.*

**AI:** *Think back to your last Talkspace therapy session when your therapist introduced a technique called pause and reframe. Let's practice that now. Before letting a negative thought spiral, take a moment to pause. During this moment, remind yourself the comments were about them, not you. Cruelty reflects the person saying it, not the target. You are safe now. That moment is in the past.*

**Sarah:** *Remember, this exercise isn't just a standalone tool. It's part of a broader plan of care with your Talkspace therapist. Your notes from this practice can feed directly into your next session, giving your therapist deeper insights to fine tune strategies at Talkspace even further.*

[video ends]

**Jon:** Just a reminder, that's all AI generated based on our data and the therapist interaction with the patient. Now I'll turn it over to Ian for some review of the financials.

**Ian Harris:** Thank you, Jon. For all the reasons Jon outlined, we find ourselves today with what we believe to be a uniquely scaled business. We have 6,000 providers who are on track to complete well over a million sessions this year, or in 2024 rather, out of the 158 million covered lives.

In terms of how that translates to our financials, you can see just taking a two-year look on the business transformation, we grew top line 25 percent from '22 to '23. We're on track to do about the same if you just look at the midpoint of our guidance here for 2024.

In terms of our cash flow profile, we've made material improvements to that as you can see on

the right side of the page. When we talk about sustainability and being in control of our own destiny, the fact that we've gotten to that low single digit EBITDA profitability this year, and we'll talk a bit about what we expect in years to come.

We've done that with zero down on the balance sheet and a \$120 million of cash, so plenty of growth capital to continue to invest. Again, taking a two-year outlook, because I think it's looking at a quarterly basis and sort of double clicking to the detail really speaks to the pretty remarkable transformation that I wish I could take some credit for, but I only joined eight months ago.

Two years ago is really when Jon and some of the senior management team turned over, is really when we started executing against what was, up until that point, an idea.

The thesis was that we should be taking what up until that point had been a pure play D2C consumer model, which not to belittle that, I mean, it was 10 years to build, hundreds of millions of dollars spent to build what we believe is the, to Jon's point earlier, the most recognized brand certainly in-network behavioral health care.

The idea was to really leverage that brand towards an enterprise model, which would, through affordability, open up the aperture to those who could access care. That's really what played out on the left side of the page here. You see the covered lives growing, which that's really the enterprise sale.

The 158 million there you see, we've talked publicly about getting to 200 million later on in 2025. View that as really unlocking the TAM for us. It gives us the hunting license to go out with the core message of, hey, two-thirds of the insured population at that point, you may be very well covered and in-network and have access to Talkspace for free or some de minimis copay cost.

Importantly, as it relates to the investor perspective, we also show on the left side here how that translates into session growth. Keep in mind the payer model unlike our direct to enterprise and unlike our legacy D2C revenue model is completely on a fee for service basis.

From a clinical perspective, from a member perspective, from a payer perspective, our business model in this segment is completely aligned with trying to drive utilization. So as you think about 2025, a lot of the sort of technology and product investments we're making are around retention, what we call session velocity.

The tool's like, the name to be determined, the personalized podcast, you just got a sneak peek on that sort of engagement tool is something that the provider can use to engage in between sessions with their member, which ultimately will have clinical benefits no doubt, but from a revenue model should drive to greater sessions per member.

The right side here, I would just point you to the dark green bar really meant to show the 25 percent growth we delivered in 2023 and similar top line rate for this year. It's largely a function of that dark green bar which is the payer segment.

Again, turning to profitability, this left side of the page is just pretty remarkable progress on the team. The green line looking at OPEX both in nominal terms and then obviously growing top line by 20-plus percent, as a percentage of revenue, OPEX has come down materially.

Again, I wish I could take credit for that, but it's kudos to my predecessors, and candidly, the buy-in from the full organization that on the right side of the page, losing 20 million a year was not sustainable. 20 million a quarter, rather. That's number one.

The second point I want to make on this page is if you look at gross margins, naturally, the gross margins that we receive from our payer line of business is lower than what you would see from a peer's P&L or in our legacy P&L for direct-to-consumer.

Again, the rationale to make that trade-off, for us, was looking at long-term unit economics, lifetime value of the customer. It all made sense that we should trade short-term gross margin for that longer-term unit economic payoff.

We would expect and we've been very transparent with you all in the investor community that, with the payer line of revenue being the fastest growth, you should expect some gross margin headwinds as a result of that natural revenue mix shift. Despite that, we've worked really tirelessly to mitigate those headwinds. You can see we've hovered in that mid-40 range in the last year.

The right side just is, again, pretty remarkable. Shows that, in each quarter of 2024, we've had positive EBITDA profitability, which we expect to continue. Again, like I mentioned, I joined in May as CFO. A large part of the opportunity that got me excited was this page here, so the fact that the company will be profitable to the tune of our \$4 to \$8 million EBITDA range in 2024.

We crossed the Rubicon in that regards, but we did so with zero debt, plenty of growth capital on

the balance sheet to continue to invest in innovation like you saw with the audio clip, as well as in other growth initiatives.

\$7.6 million year to date through the first three quarters of the year, in terms of cash flow from operations. From a CFO's perspective, who's responsible for really being diligent about capital allocation and where we invest, this is a pretty ideal setup.

You'll see us continue to prioritize organic growth opportunities, but also, clearly, we have the flexibility to consider M&A opportunities as they come up, as well as capital return to shareholders. Earlier this year, we authorized our inaugural share repurchase program of \$40 million.

Just to remind folks on our guidance, left side here showing 2024, \$185 to 195. On the most recent earnings call back in October, we called out that, as of where we stand today, we would expect to be a little bit below the midpoint in that revenue range.

The driver of that is really the covered lives we've added in the second half of 2024 are largely Medicare and military, which we wanted to really wait until we had a critical mass. This gets into our discipline around marketing efficiency and our marketing strategy. We held off on really deploying capital to drive that awareness until, really, this quarter here in 2025.

Military and Medicare will contribute more to 2025 numbers, which is why we're a little bit below the midpoint we would expect for revenue. Conversely, for EBITDA, what we shared on the last earnings call in October is that we'd be at the higher end of the range.

Lastly, before I turn it back to Jon, about a year ago, we introduced a long-term outlook for '24, '25, and '26. Based on progress to date, we're clearly progressing against these targets, which, again, is 20 to 25 percent topline growth per year and eventually getting to a low double-digit EBITDA margin.

**Jon:** In conclusion, we believe we have a competitive advantage in the marketplace because of the comprehensive nature of our solution as outlined here...With a curated clinical network of 6,000 therapists, approaching 200 million covered lives, clinical services utilizing all virtual modalities to deliver care, a robust infrastructure to deliver high-quality clinical care, and an advanced technology platform, including AI and a huge data set, to support and grow the business.

This has resulted, as I've said, in a sustainable, rapidly growing, profitable business. Now I'll be glad to take questions. Thank you.

**Audience Member:** Thanks for your presentation. It's really good. If you go back to your chart about direct-to-consumer and if you're comparing yourself to your other competitors like BetterHelp, which they are gaining more market share on the ad side, can you explain your strategy, why it's ratified?

Because they are growing fast on the revenue with double-downing on their direct-to-consumer, while you are doing...What is the rationale over there? Why you are not growing on that side as fast? I know I understand that, but how is it going to be sustainable and keeping your brand alive if your competitors are spending more money on getting direct to consumer?

**Ian:** I think I understand the question, but you can correct me if I'm off. I understand the comparison of flagging them as a peer. Fundamentally, we actually view them more as a peer than a direct competitor, if that makes sense.

We've been very vocal, certainly with investors, that our priority is to focus on a payer focused first model, understanding that that would come at the cost to some extent of cannibalizing the consumer revenue line, which on the last call, we talked a bit about how we think we're largely through that.

Certainly, on a nominal basis, that'll be less of a headwind going forward now that it's in that 20 million annualized range. This gets back to the strategic decision that [Talkspace's] board made two and a half plus years ago to sustain the direct-to-consumer model requires just such substantial capital deployed towards marketing because of the higher churn.

Don't get me wrong, great gross margins, but higher churn rates, shorter retention. Think of it as cheaper calories. You got to keep filling that funnel on the marketing side. We made the investment decision quite frankly to take the pain. We took it in the public markets. Look at our P&L, look at our stock price, I think that in 2021, '22 time frame reflected that.

Understanding that when you get to the other side, which is in our view two thirds of our revenue is coming from the payer segment, so I'd argue we're through the chasm there, the LTV to CAC dynamics is just far more attractive on the payroll line business.

No surprise when you give the same service to someone and they don't need to pay for it, they use it more and they stay longer. It was a unit economic decision that we made at the expense of consolidated numbers for a number of quarters.

**Audience Member:** Can you hear me?

**Sherry:** Yes.

**Jon:** Yes.

**Audience Member:** Thanks for the presentation. Just had a question, you've been cash flow positive about two to three quarters, could you convey some additional details on why a share purchase is such a high priority right now?

**Jon:** I'm not sure I put it in the category of high priority. We are looking at M&A opportunities in addition, small tuck- ins, some other possible things that may help us on the IT or technology side. It is one other mechanism that we're using to deploy our cash.

**Audience Member:** Hey, guys. Thanks for the presentation. It's maybe an unintelligent question, but if you're at a \$190 million in revenue for 2024 with 153 million covered lives, does that imply that you're bumping up on peak penetration in the US, and that you if you fully penetrated covered lives, you could hit \$380 million in revenue?

**Jon:** 153 actually, right now, last time it was a 175 covered lives, and as you heard me talk about, it will soon be 200 million cover lives for Medicare, a bunch of the Blues, and some other plans or any. The curve is flattening somewhat. I'll tell you what we don't have. We're not going into Medicaid. We haven't done VA, and then there's uninsured and a whole bunch of other very, very small other plans.

Our opportunity, if we stop right now on adding lives is to get more people onto the platform and stay on the platform. Small changes in our capture and utilization across the platform has huge impact on the top line of the business. Although we'll continue to add lives, we're going to be at roughly two thirds of the American public, which is a pretty good number.

**Ian:** Your question is trying to draw some correlation ratio to cover lives to revenue. Obviously,

more covered lives is more beneficial because every population you add, there's certain habitual therapy users who will be the low hanging fruit, so to speak, of us adding new users to the platform.

Before I move on, every dollar we spend becomes more efficient if it's applicable to 200 million people as opposed to 77 million 18 months ago. There is actual direct advantage from a capital allocation standpoint to being in more covered lives.

That said, Jon and I wake up every day, and with our management team, we think about how do we drive awareness. I use the analogy of a hunting license. Payer is still a B2B2C sale. Getting to 200, view that as we've been very, very successful in that B2B sale component.

Now the focus turns really to, going downstream, the biggest issue we have is that we need to get the word out. It's incumbent on us to drive awareness of the fact that people likely have access to Talkspace for free. It's not a brand awareness problem. We're actually very well positioned in regards to Jon's point earlier, our brand awareness.

The fact that we were a D2C business for so long and, and as somebody reminded us a couple days ago, apparently, we had a big billboard outside of LAX for a long time, the fact that we deployed so much capital to build that brand, we're now leveraging that with the different message of, hey, you know Talkspace. You already know about it. You know Michael Phelps, but what you likely don't know is you have access for free. That will drive capture rate improvements throughout '25 and '26.

In addition to that, a lot of these new engagement tools like the one Jon gave a little bit of a sneak peek to, with the lives that we do, through the great work of our marketing team, get acquired and get onto the platform, now the focus is how do we extend the retention curves of those cohorts.

When someone comes on, we know the average time that they stay on the platform and how that burn off looks. There's a very, very long tail of people who stay on, who are the great the best users from my standpoint, your perpetual habitual therapy users.

If you can just make product changes, make it a little bit more engaging to shift that curve just a little bit and expand that area under the curve, it has huge P&L implications. When I talk about the growth investments we're making, it's really around product and technology innovations that will drive that.

**Sherry:** Next question here is, the personalized podcast that you previewed is really interesting. Couldn't anyone just use ChatGPT to do that?

**Jon:** Yeah, it's a great question. You could you could tonight go on ChatGPT and say, I'm really depressed about X, X, X, and X, and generate a podcast. The difference is, one, is we're using what's going on in the room from your therapist.

More importantly, is the data bank that I talked about relative to the AI engine. It's taking all of that information and our experience, and then it's matching what you're saying to generate your personalized podcast.

Because of the size of our data set, we don't know if anybody else has that kind of access or that kind of ability. That's what makes it so unusual, and actually, that's what makes it so personalized. We've done a bunch of them internally. I'd say it's fairly remarkable, to be honest, about how powerful the engine is, but what how personalized it could generate based on what you tell it. Anyway, yeah.

**Audience Member:** Thanks for the presentation. This is really incredible work that you guys are doing. The AI data points are remarkable. Could you talk a little bit more about the programs that you guys are doing with teens? You have those three cities.

I'm assuming, based on what we're hearing today, that the outcomes have been overwhelmingly positive. What plans do you have to maybe expand that?

Relatedly, what are you thinking about in doing a similar program? It sounds like you're going to be reaching out to military providers, but maybe first responders, EMT, people that suffer, that sort of stuff, because I think the suicide prevention ticks and things like that could be very valuable.

**Jon:** On the teen side, in addition to those three big school districts, we have a bunch of other smaller school districts and private schools, etc. As you can imagine, we have gotten a fair amount of attention because of it. The pipeline for more cities, states, counties, and school districts is significant.

I can't tell you when we're going to bring more of them across the finish line because every time I make that prediction, I'm wrong because they're budget related. The city council has to vote on

the budget, the state has to vote on the budget, the city, the mayor, you know. You have to be able to navigate through the government issues, which we're pretty good at, but it's a little unpredictable.

Sometimes the scale of the sales cycle is nine months to a year. Sometimes it's four months because someone says, "I want to do this, I found the money, let's go." Quite honestly, it's not been about the product because the results have been so, to be honest, extraordinary. New York City's over the top excited about what we've done. It's more about finding the money.

In terms of other populations, and I talk about this, because the market potential is so large, we are basically building the market. We built the market for teens. We have now, actually, it's over 20,000 teens in New York City who have signed up for the platform.

I tell people all the time, 19,999 of those teens would never have had therapy unless we were out there with the program. We built the market for them.

We are going to do the same thing with seniors on Medicare. We've spent a lot of time figuring out how seniors go on, what we need to do to get them. It'll be experiments like we did with teams to figure it out.

Same thing in the military. Military is a very isolated, interesting population because it's easy to target the population because it's so fixed. We have people just devoted now to delivering it on Medicare.

There are multiple other populations that we can address because of the 200 million covered lives. There are lots of them. It's just a matter of what our bandwidth is and how many of those we want to additionally go after.

I also don't want to be defocused, with going...Doing Medicare and military itself is a lot, and continuing the teens. Basically, every disease entity has a population that you could address if you wanted to. Hopefully that answers it.

**Sherry:** What do you anticipate are your biggest opportunities for growth?

**Jon:** I think it's the ones with the Medicare, military, *and*...Our biggest challenge is actually, I'm referred to it, people know the brand, "Oh, you're like the Michael Phelps people." What they don't

know is that they can get therapy for basically free or a small out of pocket.

Our job is to let people know, is to figure out how to make people aware. That's what we spend an enormous amount of time trying to figure out right now, is letting people know and be aware that the benefit exists for them without paying very much. That's the big opportunity.

**Sherry:** Could you talk a little bit more about how Talkspace is differentiated in the market from some of the newer players and platforms in the space?

**Jon:** It goes back to this last slide. We spent a lot of time recently talking about differentiated advantage, or if there was one, and our belief right now is our differentiated advantage is the comprehensive nature of it.

It's a little bit weird. I mean, you're saying, "Oh, we do a lot and we're very big and we're comprehensive, that's what's different," but the fact is that is what's different for us.

The reason that Amazon came to us, the reason that we have 20 other partners who've come to us, whether it's for fertility issues, or oncology issues, or exercise issues, or there's all sorts of groups of patients out there who are getting virtual therapy, who have come to us and say, "Our patients also need mental health support."

They come to us because we're in network and basically it's covered. It's free for them. Those are the 20 partners occurred because of our comprehensive nature, because we're in all 50 states and we have therapists available and we obviously spend a lot of time on clinical excellence. That's helping enormously drive...helping drive both the brand and awareness and referrals, actually.

**Ian:** Just one point to add on in terms of competitive differentiation, especially as it relates to the conversations we have with payers. The fact that we are the provider. We're not a marketplace. We're not matching folks and just doing a take rate.

The information, the QBRs, the monthly audits we do with payers, we're able to show them far more because all of the care is happening, whether it's text or video, on our platform within the four virtual walls of Talkspace. That's one differentiation.

Then two, I think is just to double click on the network, which also over the last years has really

went through its own transformation. It's a uniquely complex logistical beast to manage a network that's in all 50 states that from a business perspective is economic in that we're not carrying so much excess capacity that, one, you either lose supply because you're not bringing them enough demand, or two, we're paying for overhead that's excess capacity and not getting utilized.

At the same time, you have to have a diverse enough supply base such that whatever demand walks through the door, so to speak, looking for expertise in x, y, z, looking for a therapist of this gender or this age or this cultural background that we have, the diversity by state, by payer, and by all those other criteria to very quickly match and get that member into a session within a matter of days, which is the average for us, which, again, is really from a payer's perspective, very, very crucial.

**Sherry:** Last question here. You shared a little bit about the teens market. Can you describe a little bit more about the contract with Seattle and also the pipeline within the teens market? Why do you think Talkspace has been so successful within the teens market?

**Jon:** Seattle is 55,000 plus students. It's actually a little different because it's 13 to 24 year olds. We just launched. We're doing a press conference with the mayor next week, I think. It's early, it's just early days. We just got out there.

I think the part of the success is, all school districts have counselors in the schools. They're all trying to figure out how to offer mental health support. We're an adjunct. I tell people that. We don't substitute for that. They do an amazing job.

The problem is if you go to a school counselor, most likely you're going to have to wait 30 days or 45 days to see them because they're just so overwhelmed. The difference for us is we're scalable and honestly, the texting issue for teens makes it incredibly valuable.

Because just so you know, the most common time for teens to text is after four o'clock on Thursdays. I have no idea why. Maybe they don't have homework on Thursdays.

Anyway, they text all the time and we had done focus groups and it was very clear that they wanted to speak to somebody and they wanted to speak to somebody now. The asynchronous therapy, it's not, if they text at three o'clock in the morning, we're not going to get back till 9 or 10.

The availability and the immediacy is really great for a teenager because they have a problem

and they want to seek help immediately. I think the...and then as you saw, 92 percent of the teens are using texting modality, not solely.

50 something percent use solely and then some add on video. Quite honestly, we've done, if you look at the, you saw me refer to the communities of color and the disparate communities that have trouble with access.

We're reaching kids that normally would never ever have been able to reach. We've done the zip code overlay, for instance, and you look at these communities and in no way would they ever normally get healthcare. I think that's part of their success, quite honestly.

**Sherry:** That's all.

**Jon:** Thank you very much.

**Sherry:** That's all the time we have today. Thank you so much.

[applause]



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