

UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT  
Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of Earliest Event Reported): **June 18, 2019**

**MYND ANALYTICS, INC.**  
(Exact name of Company as specified in its charter)

**Delaware**  
(State or other jurisdiction  
of incorporation)

**001-35527**  
(Commission File No.)

**87-0419387**  
(I.R.S. Employer  
Identification No.)

**26522 La Alameda  
Mission Viejo, CA 92691**  
(Address of principal executive offices)

**(949) 420-4400**  
(Registrant's telephone number, including area code)

**Not Applicable**  
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

- Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading symbol(s)	Name of each exchange on which registered
Common Stock, \$0.001 par value	MYND	The Nasdaq Stock Market LLC
Warrants to Purchase Common Stock	MYNDW	The Nasdaq Stock Market LLC

**Item 7.01. Regulation FD Disclosure.**

MYnd Analytics, Inc. (the “Company”) has updated its investor presentation (the “Presentation”), which its senior management intends to use from time to time when interacting with investors and analysts, among others. The Company has posted the Presentation to its website. The Presentation may be accessed by going to the Company’s investor relations website at <http://www.myndanalytics.com/investors.html> and selecting “Investor Presentation”. The Presentation is also attached hereto as Exhibit 99.1 and is incorporated herein by reference.

The information in this report is being furnished, not filed, pursuant to Regulation FD. Accordingly, the information in Items 7.01 and 9.01 of this report will not be incorporated by reference into any registration statement filed by the Company under the Securities Act of 1933, as amended, unless specifically identified therein as being incorporated therein by reference. The furnishing of the information in this report is not intended to, and does not, constitute a determination or admission by the Company that the information in this report is material or complete, or that investors should consider this information before making an investment decision with respect to any security of the Company or any of its affiliates.

**Item 9.01(d). Financial Statements and Exhibits.**

*(d) Exhibits.*

99.1 [Investor Presentation \(June 2019\)](#)

**IMPORTANT INFORMATION ABOUT THE TRANSACTIONS WILL BE FILED WITH THE SEC**

This communication is being made in respect of the proposed business combination involving MYnd and Emmaus Life Sciences, Inc. (“Emmaus”). In connection with the proposed transaction, MYnd and Emmaus have filed documents with the SEC, including a final Joint Proxy Statement/Prospectus filed on June 14, 2019, and each of MYnd and Emmaus plan to file with the SEC other documents regarding the proposed transactions. INVESTORS AND SECURITY HOLDERS OF MYND AND EMMAUS ARE URGED TO CAREFULLY READ THE JOINT PROXY STATEMENT/PROSPECTUS AND OTHER DOCUMENTS FILED WITH THE SEC BY MYND AND EMMAUS BECAUSE THEY CONTAIN IMPORTANT INFORMATION ABOUT THE PROPOSED TRANSACTIONS. Investors and security holders may view these documents and other documents filed with the SEC at the SEC’s web site at [www.sec.gov](http://www.sec.gov) and by contacting MYnd Investor Relations at [mynd@crescendo-ir.com](mailto:mynd@crescendo-ir.com). Investors and security holders may view the documents filed with the SEC on MYnd’s website at [www.myndanalytics.com](http://www.myndanalytics.com) or through the SEC’s website at [www.sec.gov](http://www.sec.gov). Investors and security holders are urged to read the Joint Proxy Statement/ Prospectus and other documents filed with the SEC before making any voting or investment decision in connection with the proposed transactions.

**PARTICIPANTS IN THE SOLICITATION**

MYnd, Emmaus and their respective directors and executive officers may be deemed participants in the solicitation of proxies with respect to the proposed transaction. Information regarding the interests of these directors and executive officers in the proposed transaction has been included in the Joint Proxy Statement/Prospectus described above. Additional information regarding the directors and executive officers of MYnd is also included in MYnd’s proxy statement for its 2018 Annual Meeting of Shareholders, which was filed with the SEC on March 1, 2018, as updated in MYnd’s Annual Report on [Form 10-K](#) for the fiscal year ended September 30, 2018, and additional information regarding the directors and executive officers of Emmaus is also included in Emmaus’ proxy statement for its 2018 Annual Meeting of Stockholders, which was filed with the SEC on August 23, 2018. Additional information regarding the interests of those participants and other persons who may be deemed participants in the transaction may be obtained by reading the Joint Proxy Statement/Prospectus regarding the proposed transaction.

**NO OFFERS OR SOLICITATIONS**

This communication shall not constitute an offer to sell or the solicitation of an offer to sell or the solicitation of an offer to buy any securities, nor shall there be any sale of securities in any jurisdiction in which such offer, solicitation or sale would be unlawful prior to registration or qualification under the securities laws of any such jurisdiction. No offer of securities shall be made except by means of a prospectus meeting the requirements of Section 10 of the Securities Act.

**CAUTIONARY NOTE REGARDING FORWARD-LOOKING STATEMENTS**

This Current Report on Form 8-K contains “forward-looking” statements within the meaning of the Private Securities Litigation Reform Act of 1995, giving MYnd’s and Emmaus’ expectations or predictions of future financial or business performance or conditions, including, without limitation, statements related to (i) market opportunities for certain of the Company’s products, (ii) general market trends in mental health and payor coverage, (iii) the ability of MYnd’s products to successfully produce objective data, improve efficiency in the treatment of depression and other mental health and psychiatric illnesses, recognize patterns, predict outcomes and personalize medicine, improve patient outcomes or reduce healthcare costs, (iv) statements relating to the Agreement and Plan of Merger dated as of January 4, 2019, by and among the Company, the Company’s wholly owned subsidiary, Athena Merger Subsidiary, Inc., and Emmaus (the “Merger Agreement”), (v) the transactions contemplated by the Merger Agreement including but not limited to the Merger (as defined in the Merger Agreement) and (vi) MYnd’s or the combined company’s future financial condition, performance and operating results, strategy and plans. These forward-looking statements are subject to numerous assumptions, risks and uncertainties which change over time. Forward-looking statements speak only as of the date they are made and MYnd and Emmaus assume no duty to update forward-looking statements.

In addition to factors previously disclosed in MYnd's and Emmaus' reports filed with the U.S. Securities and Exchange Commission (the "SEC") and those identified elsewhere in this communication, the following factors, among others, could cause actual results to differ materially from forward-looking statements and historical performance: the ability of MYnd to meet the closing conditions to the Merger, including requisite approval by MYnd's and Emmaus' stockholders on a timely basis or at all; delay in closing the Merger; the ability to effect the proposed spin-off; adverse tax consequences to shareholders of the proposed spin-off; disruption following the Merger; the ability of MYnd's products to successfully produce objective data; the ability of MYnd's products to improve efficiency in the treatment of depression and other mental health and psychiatric illnesses; the ability of MYnd's products to recognize patterns, predict outcomes and personalize medicine; the ability of MYnd's products to improve patient outcomes and to reduce healthcare costs; and the availability and access, in general, of funds to fund operations and necessary capital expenditures.

Other risks and uncertainties are more fully described in MYnd's Annual Report on [Form 10-K](#) for the fiscal year ended September 30, 2018, and Emmaus' Annual Report on [Form 10-K](#) for the year ended December 31, 2018, each filed with the SEC, and in other filings that MYnd or Emmaus makes and will make with the SEC in connection with the proposed transactions, including the Joint Proxy Statement/Prospectus described herein under "Important Additional Information About the Transaction Will be Filed with the SEC." Existing and prospective investors are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date hereof. The statements made in this Current Report on Form 8-K and the exhibits attached hereto speak only as of the date stated herein, and subsequent events and developments may cause MYnd's or Emmaus' expectations and beliefs to change. While MYnd or Emmaus may elect to update these forward-looking statements publicly at some point in the future, each of MYnd and Emmaus specifically disclaims any obligation to do so, whether as a result of new information, future events or otherwise, except as required by law. These forward-looking statements should not be relied upon as representing MYnd's or Emmaus' views as of any date after the date stated herein.. The Company's actual results, performance or achievements could differ materially from those contemplated, expressed or implied by the forward-looking statements.

**SIGNATURES**

Pursuant to the Securities Exchange Act of 1934, as amended, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

**MYnd Analytics, Inc.**

June 19, 2019

By: /s/ Donald D'Ambrosio  
Donald D'Ambrosio  
*Chief Financial Officer*



*A BEHAVIORAL HEALTH COMPANY THAT UTILIZES TOOLS AND TECHNOLOGY TO IMPROVE ACCESS TO CARE AND REDUCE TRIAL AND ERROR PRESCRIBING IMPROVING OUTCOMES AND LOWERING COSTS*

NASDAQ: MYND

*Investor Presentation  
June 2019*

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# DISCLAIMER

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This presentation contains “forward-looking statements” pursuant to the safe-harbor provisions of the Private Securities Litigation Reform Act of 1995 that include information relating to future events, future financial performance, strategies, expectations, competitive environment, regulation and availability of resources. These forward-looking statements include, without limitation, statements regarding proposed new products or services; statements concerning projections, predictions, expectations, estimates or forecasts for our business, financial and operating results and future economic performance; statements of management’s goals and objectives; trends affecting our financial condition, results of operations or future prospects; our financing plans or growth strategies; and other similar expressions concerning matters that are not historical facts. Words such as “may,” “will,” “should,” “could,” “would,” “predicts,” “potential,” “continue,” “expects,” “anticipates,” “future,” “intends,” “plans,” “believes” and “estimates,” and similar expressions, as well as statements in future tense, identify forward-looking statements.

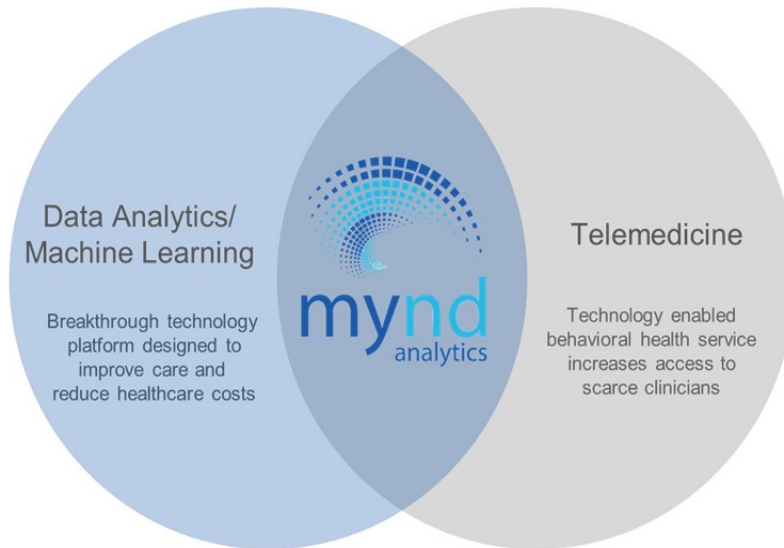
Forward-looking statements should not be read as a guarantee of future performance or results, and will not necessarily be accurate indications of the times at, or by which, that performance or those results will be achieved. Forward-looking statements are based on information available at the time they are made and/or management’s good faith belief as of that time with respect to future events, and are subject to risks and uncertainties described in our filings with the U.S. Securities and Exchange Commission, including our most recent reports on Forms 10-K, 10-Q and 8-K, that could cause actual performance or results to differ materially from those expressed in or suggested by the forward-looking statements.

Forward-looking statements speak only as of the date they are made. You should not put undue reliance on any forward-looking statements. We assume no obligation to update forward-looking statements to reflect actual results, changes in assumptions or changes in other factors affecting forward-looking information, except to the extent required by applicable securities laws. If we do update one or more forward-looking statements, no inference should be drawn that we will make additional updates with respect to those or other forward-looking statements.



# MYND ANALYTICS (NASDAQ:MYND)

MYnd Analytics provides technology and services that improve access to behavioral health resources through telemedicine and an artificial intelligence platform that allows clinicians to deliver personalized treatment plans. These solutions improve health care while decreasing costs.



Two out of three individuals with mental illness never seek medical care, and of those who do millions fail to respond to current medication therapies <sup>1</sup>

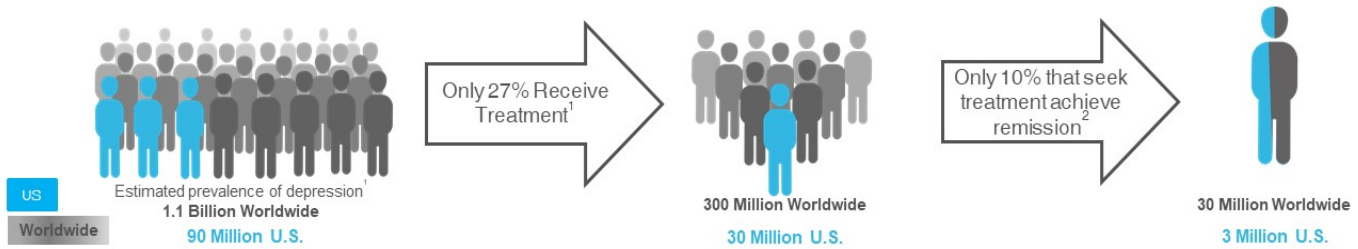
(1) [https://www.who.int/whr/2001/media\\_centre/press\\_release/en/](https://www.who.int/whr/2001/media_centre/press_release/en/) and Integrated Behavioral Health Care Jürgen Unützer, MD, MPH, MA Chair, Psychiatry & Behavioral Sciences Director, AIMS Center University of Washington National Alliance Mental Health Summit, Denver, CO April 25, 2017





# BEHAVIORAL HEALTH CRISIS

The lack of access to behavioral health specialists leads to only 27% of people suffering from depression receiving treatment, and the low efficacy of treatment protocols leads to only 2.7% of the depressed population achieving remission.



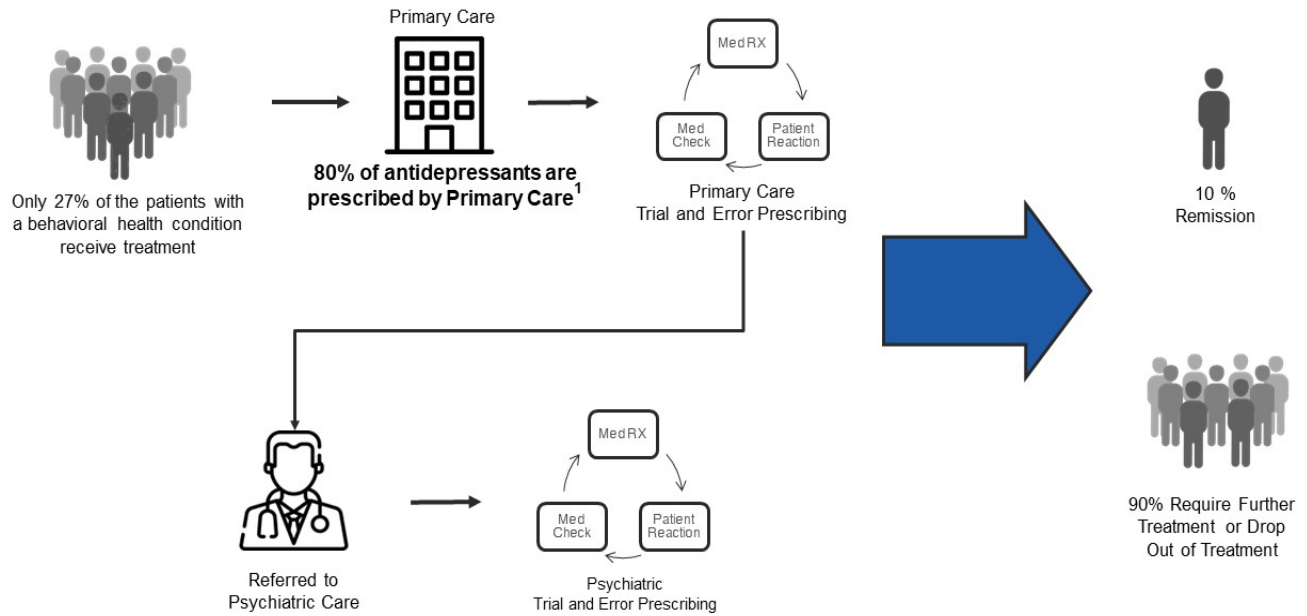
Low remission rates make depression the leading cause of disability in the US for individuals aged 15 to 44 years resulting in annual **loss of productivity in excess of \$31B**.<sup>3</sup>

The global behavioral/mental health care software and services market size is expected to grow at 11.8% CAGR and reach **\$4.31B** by 2025.<sup>4</sup>

1. Demyttenaere K, Bruffaerts R, Posada-Villa J, et al. WHO World Mental Health Survey Consortium. Prevalence, severity, and unmet need for treatment of mental disorders in the World Health Organization World Mental Health Surveys. *JAMA*. 2004 Jun 2;291(21):2581-90. DOI: <https://doi.org/10.1001/jama.291.21.2581>.
2. Rush AJ, Trivedi MH, Wisniewski SR, Nierenberg AA, Stewart JW, Warden D, Nederehe G, Thase ME, Lavori PW, Lebowitz BD, McGrath PJ, Rosenbaum JF, Sackeim HA, Kupfer DJ, Luther J, Fava M. Acute and longer-term outcomes in depressed outpatients requiring one or several treatment steps: a STAR\*D report. *Am J Psychiatry*. 2006 Nov;163(11):1905.
3. Kessler RC. The costs of depression. *Psychiatry Clin North Am*. 2012 Mar;35(1):1-14. DOI: <https://doi.org/10.1016/j.psc.2011.11.005>
4. <https://www.grandviewresearch.com/press-release/global-behavioral-mental-health-care-software-market>



# “TRIAL AND ERROR” PRESCRIBING IS INEFFICIENT AND COSTLY



**Low rates of remission are due to the lack of tools and training for Primary Care Physicians and limited access to Psychiatric specialists.**

(1) Mark T et al., *Psychiatric Svcs*, 2009 Sept. 60:1167 (2) Luoma JB, Martin CE, Pearson JL. *Am J Psychiatry*. 2002 Jun; 159(6):909-16.



# GOVERNMENT AND PRIVATE PAYERS ARE ENACTING PROGRAMS TO CLOSE GAPS

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***MYnd Analytics is strategically positioned to provide solutions that are supported by legislation and private payer initiatives.***

## **Expanding coverage**

- New government mandates have helped drive reimbursement for solutions that improve outcomes and reduce costs
  - Federal Mental Health Parity Act (2008)
  - Expansion Benefits for Medicare (2008)
  - Affordable care Act further coverage expansion (2010)
  - 21st Century Cures (2016)
- Coverage for mental health continues to expand and CPT codes exist for reimbursement

## **Collaborative Care Model (CoCM)<sup>1</sup>**

- Under the CoCM, a consulting psychiatrist provides the primary care practice with specialized expertise through regular case review and recommendations for therapeutic and pharmacological treatment, medication adjustments, and additional specialty care.
- Medicare now provides coverage and reimbursement for "Psychiatric Collaborative Care Management Services"

*According to Piper Jaffray\*, the telemedicine industry overcame regulatory barriers 3 years ago by becoming a legal form of healthcare in every state. Since then, the likelihood of someone choosing telemedicine has doubled y/y to 61% vs 28%, and half of consumers suggest they would consider a virtual behavioral therapist. Even the 65+ population is warming up to telemedicine. These (and other) revelations point to the telemedicine trend going mainstream.<sup>2</sup>*

(1) <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/BehavioralHealthIntegration.pdf>

(2) <https://piper2.bluematrix.com/sellside/EmailDocViewer?encrypt=c06f64b8-7a22-47b1-8c8c-1e974ad509a1&mime=PDF&co=Piper&id=nina.d.deka@pjc.com&source=libraryView&htmlToPdf=true>



# MYND SOLVES THE ‘ABC’S OF BEHAVIORAL HEALTH

Challenge	MYnd Analytics Solution	Beneficiary
<p><b>Access</b> Limited access to behavioral health specialists.</p>	<p>Arcadian Telepsychiatry provides access to a national network of psychiatric providers, therapists and social workers through a cloud-based system designed for telemedicine.</p>	<p><b>Patients:</b> improved access to the clinical resources needed to treat their behavioral health condition.</p> <p><b>Health Systems:</b> integrate behavioral health into primary care practices and deliver a collaborative care model.</p> <p><b>Payers:</b> offer telemedicine as a benefit to both their patients and provider partners.</p>
<p><b>Better Care</b> Health systems lack the tools and resources to adequately treat behavioral health patients.</p>	<p>MYnd’s PEER Online is a clinical decision support tool that reduces “trial and error” prescribing. Patients have a greater than <b>80%</b><sup>(1)</sup> probability of being prescribed a medication that will improve their behavioral health condition at first treatment.</p>	<p><b>Patients:</b> improved behavioral health can lead to higher levels of overall health.</p> <p><b>Health Systems:</b> clinical decision support tool allows for primary care to effectively treat most patients.</p> <p><b>Payers:</b> properly treated behavioral health conditions lead to overall higher health of the population.</p>
<p><b>Costs</b> Costs are higher when behavioral health conditions remain untreated</p>	<p>Integrated collaborative care, telepsychiatry and PEER Online solution can improve care while lowering overall cost of care for the population.</p>	<p><b>Patients:</b> fewer visits and prescriptions by eliminating “trial and error” prescribing.</p> <p><b>Health Systems:</b> lower costs benefit their risk / value based contracts.</p> <p><b>Payers:</b> populations with properly treated behavioral health conditions utilize fewer healthcare resources.</p>

(1) Internal data based on the 0.81 Sensitivity/0.85 Specificity when independent sample validation is performed





# TRIAL AND ERROR PRESCRIBING

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Primary care physicians have diagnostic tools and defined care protocols for treating chronic conditions like heart disease, diabetes and asthma<sup>1</sup>.

- Primary care physicians regularly use EKGs to treat their patients that are at risk for cardiac conditions.

80% of anti-depressants are prescribed by non-Psychiatrists<sup>2</sup>, even though they lack diagnostic tools and training to help inform their treatment protocol.

- On average 45% of suicide victims had contact with their primary care physician within one month of their suicide.<sup>2</sup>

Drug efficacy is low, resulting in less than one third of patients achieving remission at 14 weeks.<sup>3</sup>

- The inherent low efficacy of behavioral health drugs leads to overall low achievement of remission even when therapy is managed by a Psychiatrist.

For the two-thirds of patients that do not achieve remission, physicians must resort to “trial and error” treatments that can require two or three different treatment interventions.<sup>3</sup>

- High drop out rates leaves most behavioral health patients under-treated or untreated
- Psychiatry has lacked a diagnostic test that can improve the efficacy of medication treatment protocols.

***The PEER Online database uses EEG data to inform clinicians of a treatment protocol that has an over 80% predictive rate<sup>4</sup>, reducing “trial and error” prescribing, decreasing the time to remission and lowering overall cost of care.***

(1) Bishop T, Ramsay P, Casalino L, Bao Y, Pincus H, Shortell S, Health Affairs 35, No 3, 2016; 394 – 400. 10.1377/hlthaff.2015.1068

(2) Mark T et al., Psychiatric Svcs, 2009 Sept. 60:1167 (2) Luoma JB, Martin CE, Pearson JL. Am J Psychiatry, 2002 Jun; 159(6):909-16.

(3) Rush AJ, Trivedi MH, Wisniewski SR, Nierenberg AA, Stewart JW, Warden D, Niederehe G, Thase ME, Lavori PW, Lebowitz BD, McGrath PJ, Rosenbaum JF, Sackeim HA, Kupfer DJ, Luther J, Fava M., Acute and longer-term outcomes in depressed outpatients requiring one or several treatment steps: a STAR\*D report, Am J Psychiatry, 2006 Nov; 163(11):1905

(4) Internal data based on the 0.81 Sensitivity/0.85 Specificity when independent sample validation is performed



# PEER UTILIZES MACHINE LEARNING TO DEVELOP PREDICTIVE ALGORITHMS

- An electroencephalogram (EEG) is a completely painless, non-invasive test that can be easily administered in a primary care environment.
- The EEG records your brain's electrical activity and provides a basis for comparison against others within PEER Online® (Psychiatric Electroencephalographic Evaluation Registry) ("PEER")
- MYnd utilizes **AI, machine learning and data analytics to enable a clinician to develop a personalized treatment plan**, thereby improving patient outcomes and reducing healthcare costs



## Large clinical registry and database of predictive algorithms: 11,000+ patients & 40,000+ outcomes

- MYnd's PEER Report uses data from EEG tests, outcomes and machine learning to identify endophenotypic markers of drug response

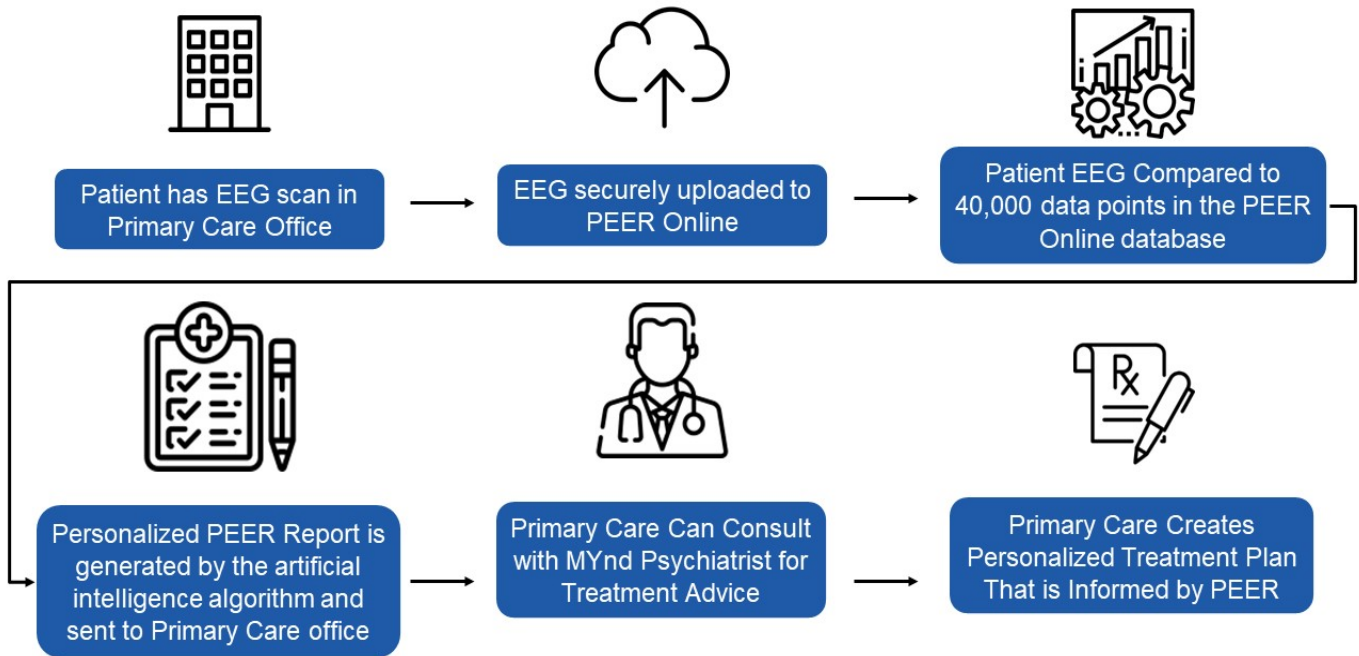


***Proven results with 144% improvement in depression scores and 75% reduction in suicidality<sup>1</sup>***

(1) Iosifescu DV, Neborsky RJ, Valuck RJ. The use of the psychiatric electroencephalography evaluation registry (PEER) to personalize pharmacotherapy. *Neuropsychiatr Dis Treat* 2016;12:2131-2142



# PEER ONLINE PROVIDES CLINICAL DECISION SUPPORT FOR PRIMARY CARE

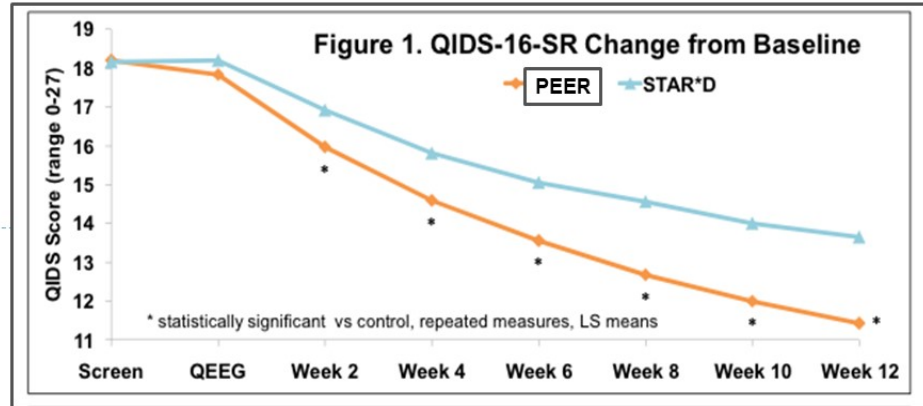


***PEER Online can become a powerful tool deployed in the primary care clinics to deliver personalized treatment plans that can drive overall population health improvements***



# PEER ASSISTED TREATMENT PLANS ACHIEVE BETTER AND FASTER RESULTS

Quick Inventory of Depressive Symptomatology Self-Report (QIDS-SR) is a standard psychometric evaluation in patients with chronic major depression; the lower the score the better measured outcome for the patients.



DEBATTISTA 2011 – PEER VS STAR-D<sup>1</sup>

***PEER assisted treatments achieve the same results as “Treatment As Usual”  
in half the time, and then continue to deliver a  
statistically better result over the full course of treatment.***

(1) DeBattista C, Kinrys G, Hoffman D, et al. The use of referenced-EEG (rEEG) in assisting medication selection for the treatment of depression. J Psychiatr Res 2011;45:64-75





# CLINICAL EVIDENCE FOR PEER

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## Independent studies

- 45 studies with 3,130 patients offer compelling evidence for QEEG biomarkers as simple, inexpensive predictors of patient response to specific antidepressants and likely treatment-related side effects (including suicidal ideation).
- EMBARC – NIMH-sponsored study of objective biomarkers found EEG predicted SSRI response, May 2018.

*"Although we continue to study brain imaging and blood biomarkers, I do recommend patients ask for these tests when seeking an antidepressant," Dr. Madhukar Trivedi said.*

## PEER Randomized Controlled Trials<sup>1,2,3</sup>

- The four randomized controlled trials of PEER, measured by Standard Mean Difference, demonstrated a 'strong' effect for these symptom scales, compared with moderate or weak effect for current treatment as usual (TAU).
- These trials represent more LOE 1A evidence than has been reported for any other targeted strategy in depression.

## Walter Reed Trial<sup>1</sup>

Service members whose doctors followed PEER Report recommendations showed statistically significant improvement:

- **Depression scores improved by 144%**
- **PTSD scores improved by 139%**
- **Suicidal ideation was reduced by 75%**
- The trial was the fourth scientific replication of previous studies, all of which have demonstrated the efficacy of PEER technology in improving patient outcomes.

(1) Iosifescu DV, Neborsky RJ, Valuck RJ. The use of the psychiatric electroencephalography evaluation registry (PEER) to personalize pharmacotherapy. *Neuropsychiatr Dis Treat* 2016;12:2131–2142

(2) Suffin SC, Emory WH, Gutierrez N, Arora GS, Schiller MG, Kling A. A QEEG database method for predicting pharmacotherapeutic outcome in refractory major depressive disorders. *J Am Physicians Surg* 2007;12:104–108

(3) DeBattista C, Hoffman D, Schiller M. Review of current results in the use of reference-EEG in the guidance of psychotropic medication selection for treatment-resistant depressed patients. Presented at 49th Annual National Institute of Mental Health (NIMH) New Clinical Drug Evaluation Unit (NCDEU) Meeting, Hollywood, FL, June 29–July 2, 2009



# WHAT DOCTORS SAY

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*"Why are we treating an organ, the brain, without measuring the effect of our treatment on the organ? There are over 100 medications available for the treatment of behavioral disorders. The core problem is not that we need three more, the problem is that we need to know how to use the 100 we have..."* - Steve Suffin, M.D., Chief of Clinical Pathology, Quest Diagnostics, CNS Response Co-founder

*"This could revolutionize prescribing practice in terms of helping people get the right treatment sooner. Psychiatry doesn't really have a predictive model for which disorders will respond best to which medications."* - Col. John Bradley, MD, US Army (Retired)

*"We all respond differently to medications. I like to see my patients feel better faster without trial and error. The PEER Report™ shows what medications worked or didn't work for people with similar brains. I'm pleased to have trained military doctors who also use the PEER Report."* -Dr. Michael Anderson, Psychiatrist (Private Practice)

*"Predicting non-responders with an easy, relatively inexpensive, predictive, objective office procedure that builds upon clinical judgment to guide antidepressant choice."* - Charles DeBattista, MD, Stanford University School of Medicine



# IMPROVING ACCESS TO CARE THROUGH ARCADIAN TELEPSYCHIATRY

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Arcadian provides a technology enabled telebehavioral health solution through a network of social workers, therapists, nurse practitioners, and psychiatrists that are licensed throughout the United States.



## Turnkey Collaborative Care Model (CoCM)

- CMS introduced 3 CPT codes that can be billed on a monthly basis for patient's that are being managed under this program.
- Arcadian partners with primary care offices to provide a turnkey solution to provide collaborative care services.



## Virtual Psychiatric Office

- The Arcadian telepsychiatry solution is designed to integrate with primary care offices and clinics to provide seamless access to behavioral health specialists.
- The Arcadian technology platform allows for the primary care office to integrate scheduling, patient data and prescriptions into their existing workflow.



## On Demand Telepsychiatry

- On-demand access to a psychiatric specialist to support patients in an acute care, skilled nursing, nursing home or emergency / urgent care environment.



## Teletherapy

- National network of licensed therapists and social workers that can provide services in a clinic environment or directly to the patient.



# TELEMEDICINE TECHNOLOGY PLATFORM SEAMLESSLY INTEGRATES WITH CLINICS

The MYnd telemedicine platform is a secure, easy to use cloud-based platform that seamlessly integrates into the referring clinic's workflow via standard protocols and interfaces. The system only requires internet, a web camera and computer that can open a browser window.

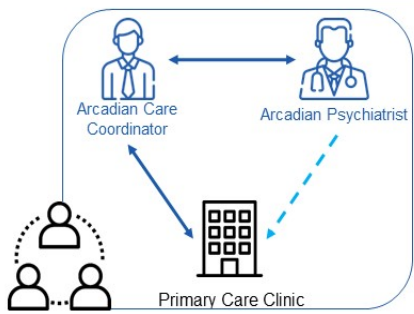


***The Arcadian telemedicine technology platform has been optimized to integrate with primary care workflow and increase referrals. Referrals from primary care increases the utilization of telemedicine services eliminating the high sales and marketing costs of acquiring patients in a direct to consumer model.***

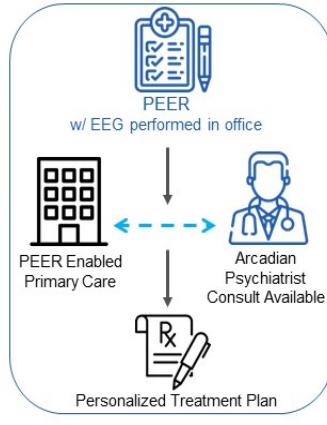
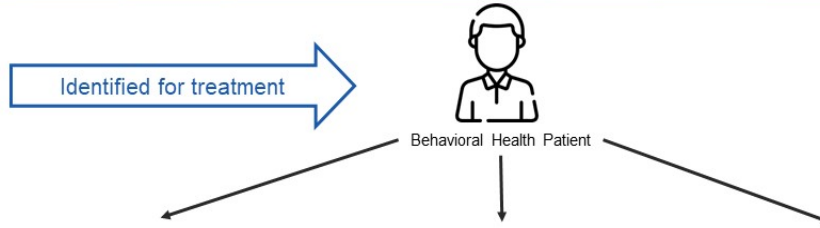
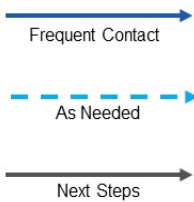




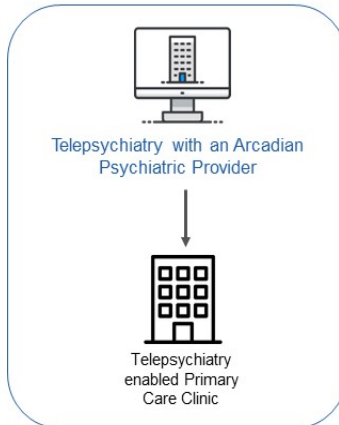
# DIFFERENTIATED BEHAVIORAL HEALTH TECHNOLOGY AND SERVICES



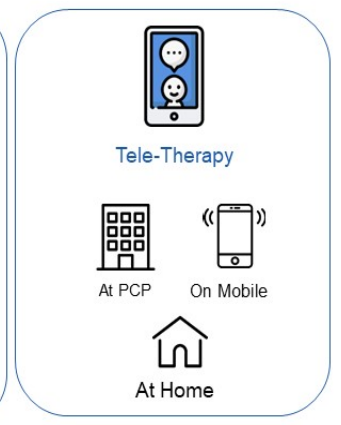
**Collaborative Care Solution Works with Primary Care to Identify Best Course of Treatment**



**PEER Online Informs Treatment Plan**



**Virtual Psychiatric Office is Used to Treat More Complex Patients**



**Flexible Teletherapy is Available to All Patients**





# TOTAL AVAILABLE MARKET

**Goldman Sachs estimates total potential savings of \$100B+ in the U.S. alone through telehealth services<sup>1</sup>**

<b>Telepsychiatry (Annual)</b>	<b>\$3,200,000,000</b>
Primary Care Physicians (US) <sup>2</sup>	200,000
Average PCP / clinics	5
Clinics	40,000
Average Annual Revenue / Clinic	\$80,000
<b>Tele-EAP (Annual)</b>	<b>\$2,368,000,000</b>
Full Time Employees (US)	100,000,000
Percentage with access to EAP <sup>3</sup>	74%
Utilization of EAP services <sup>4</sup>	4%
Average Annual Revenue / Participant	\$800
<b>PEER Online (Total Market)</b>	<b>\$ 24,000,000,000</b>
Untreated Behavioral Health Patients (US) <sup>5</sup>	60,000,000
Avg PEER Report Revenue	\$400

1. Roman D, Conlee K. Goldman Sachs Equity Research. June 29, 2015. Internet of Things Vol.5

2. <https://www.ahrq.gov/research/findings/factheets/primary/cpwork/index.html>

3. <https://iftsmallbusiness.com/what-is-an-eap-employee-assistance-program/>

4. <https://journals.sagepub.com/doi/full/10.1177/2165078915585054>

5. Demyttenaere K, Bruffaerts R, Posada-Villa J, et al. WHO World Mental Health Survey Consortium. Prevalence, severity, and unmet need for treatment of mental disorders in the World Health Organization World Mental Health Surveys. JAMA. 2004 Jun 2;291(21):2581-90. DOI: <https://doi.org/10.1001/jama.291.21.2581>



# GROWTH STRATEGY

	Organic	Inorganic	New Market
<b>Telepsychiatry</b>	Expansion within existing, large clients can drive significant revenue growth with low customer acquisition costs. Focus on expansion within primary care with a differentiated solution. Invest in sales, marketing, technology platform and operations to drive scalability.	Leverage our operational scalability to roll up smaller, regional behavioral health networks.	
<b>PEER Online</b>	Continue to develop programs at the health system level to drive PEER Online deployment at scale. Ramp sales, marketing and account management after our first health system deployments.		Develop revenue streams with pharma to leverage our database and algorithms as part of their development and deployment strategies.
<b>Integrated Collaborative Care Solution</b>	Deliver our integrated solution with existing telepsychiatry and PEER Online clients.	Leverage our access to primary care clinics to deploy other technology solutions like Online Cognitive Behavioral Therapy apps that allow for self directed therapy.	



# RECENT DEVELOPMENTS

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## Recent developments illustrate highly scalable business model:

- ✓ Partnered with Sanford Health to provide telepsychiatry services supporting outpatient primary care practices.
- ✓ Launched telepsychiatry coverage for Memorial Hospital Gulfport to provide services for their inpatient and emergency room patients.
- ✓ Announced nationwide expansion of telepsychiatry & telebehavioral health services for leading EAP provider and a national managed behavioral health company.
- ✓ Partnered with Care Compass Networks to provide telepsychiatry and teletherapy solutions to a variety of organizations including nursing homes, primary care, pharmacy, behavioral health agencies, and visiting nurse services that cover 1/8<sup>th</sup> of New York State.
- ✓ FDA designated breakthrough device status for MYnd Analytics' PEER Online solution.





# 2019 MILESTONES

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1	Expand partnership with Sanford Health to provide telebehavioral health and telepsychiatry services through Arcadian's provider network for Sanford Health's network of outpatient primary care practices.
2	Expand relationship with one of the nation's leading health and well-being companies to offer telebehavioral health services to its affiliated primary care clinics
3	Establish a new commercial project for PEER, similar to the project with Hackensack Meridian Health and Horizon Healthcare, with a managed care company or health system seeking to improve clinical outcomes and lower health care costs
4	Continue to invest in the PEER Online platform by adding additional data points collected from our clinical trials and commercial deployments.
5	Launch a Collaborative Care solution that leverages the Arcadian technology platform and clinical network to provide solutions for our primary care partners.
6	Finalize merger with Emmaus and successfully up-list Telemynd to NASDAQ.



# CAPITALIZATION

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Common Stock Issued and Outstanding (5/31/19)	12,700,016
Series A Preferred	550,000
Series A-1 Preferred	500,000
Total Shares of Common Stock Underlying Issued Options	1,670,767
Total Shares of Common Stock Underlying Issued Warrants	6,269,673
Fully Diluted Shares Outstanding	21,690,456



# SUMMARY

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**Enabling clinicians to deliver a personalized therapy solution with PEER and provide greater access to behavioral health clinicians through telemedicine while lowering the overall costs associated with untreated behavioral health conditions.**

- With telemedicine, we can deliver mental health services where and when the patient needs them including the privacy of one's own home.
- Clinicians leverage our artificial intelligence, machine learning and data analytics to deliver personalized medicine and treatment plans.
- Overall healthcare costs can be reduced by properly treating behavioral health disorders. This also allows people to live full and productive lives benefitting society as a whole.

**MYnd and Arcadian Telepsychiatry are well positioned to help individuals, providers, payers, employers and government solve their behavioral health challenges at both the personal and population level.**



# EMMAUS MERGER & SPINOFF

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- Announced merger and spinoff transaction with Emmaus Life Sciences, Inc., a leader in sickle cell disease treatment, in January 2019.
- Emmaus will become a wholly owned subsidiary of MYnd Analytics in exchange for MYnd Analytics' issuance of common stock to Emmaus shareholders and other equity holders.
  - The exchange ratio will result in Emmaus security holders owning approximately 94% of the MYnd Analytics' common stock on a fully diluted basis after the merger.
  - It is anticipated that the surviving company will change its name to Emmaus and receive a new ticker symbol to reflect the name change.
- In connection with the transaction, MYnd Analytics intends to transfer all of its assets (including cash and its equity interest in Arcadian Telepsychiatry Services, LLC) and liabilities into its wholly-owned subsidiary, Telemetrynd, Inc. and distribute all shares of Telemetrynd stock to current MYnd shareholders on a pro-rata basis.
- Upon completion of the expected spin-off and distribution referenced above, MYnd shareholders will own 100% of the predictive analytics and telemedicine business, with plans to begin operations as a new stand alone public company.



# ABOUT EMMAUS

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- ✓ Emmaus' lead prescription product, Endari, demonstrated positive clinical results in a completed Phase 3 clinical trial for sickle cell disease and received FDA approval in July 2017
- ✓ Endari is indicated to reduce the acute complications of sickle cell disease in adult and pediatric patients five years of age and older
  - **The results of the trial were published in The New England Journal of Medicine on July 19th, 2018**
- ✓ Multi-billion dollar addressable market – underserved, undertreated disease category with no new treatments in 2 decades – market poised for disruption
- ✓ **Emmaus launched Endari in the United States in early 2018 and has experienced strong market uptake**
- ✓ Endari is reimbursable by the Centers for Medicare and Medicaid Services, and every state provides coverage for Endari for outpatient prescriptions to all eligible Medicaid enrollees within their state Medicaid programs
- ✓ Emmaus has distribution agreements in place with the nation's leading distributors, making Endari available to selected pharmacies nationwide





## CONTACT

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