

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): **November 28, 2017**

**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:

- 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.

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**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. Financial Statements and Exhibits.**

(d) Exhibits

<b>Exhibit No.</b>	<b>Description</b>
<u>99.1</u>	<u>Investor Presentation</u>

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**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.**

November 28, 2017

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

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*GREATER ACCESS TO MORE EFFECTIVE TREATMENTS  
REDUCES TOTAL COST OF CARE*

**NASDAQ: MYND**

*Investor Presentation  
November 2017*

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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.

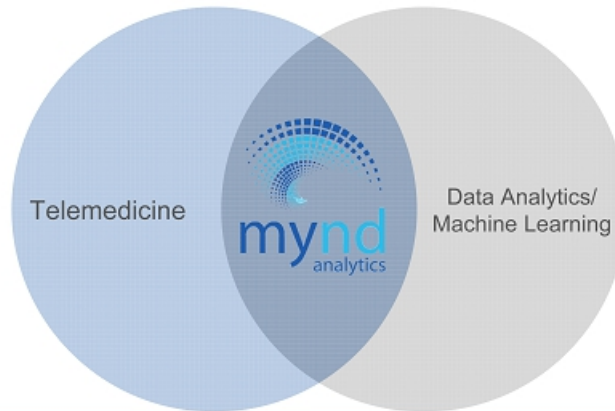




## MYND ANALYTICS (NASDAQ:MYND)

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Unique first mover in **treating mental health conditions** through the combination of **telemedicine** and data analytics/artificial (augmented) intelligence to **improve health care delivery and reduce costs.**





# INVESTMENT HIGHLIGHTS

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- ✓ **Initial focus is the \$147 billion underserved mental health market<sup>1</sup>**
  - Highest worldwide disease burden and single largest reason for work disability
  - Over \$6k additional yearly health care costs for individuals not adequately treated for co-morbid behavioral health diagnosis
- ✓ Arcadian Telepsychiatry subsidiary specializes in the delivery of mental health services through a **network of licensed clinicians in over 42 states and growing**
  - Improves access to care for the 60% of individuals who do not currently receive care
- ✓ Technology platform that utilizes machine learning to analyze EEGs and inform therapeutic regimens, thereby **improving patient outcomes and reducing healthcare costs**
- ✓ **Expanding partnerships with provider groups and managed care companies**
- ✓ **Broad patents (20 issued, 8 pending) and strong clinical validation (100 peer-reviewed studies)**
- ✓ **Increasing reimbursement** due to new government mandates
- ✓ Solid balance sheet and clean capital structure

(1) National Institute of Mental Health: <https://www.nimh.nih.gov/about/directors/thomas-coon/blog/2015/most-of-health-care-costs-are-for-mental-health-by-the-numbers.shtml>

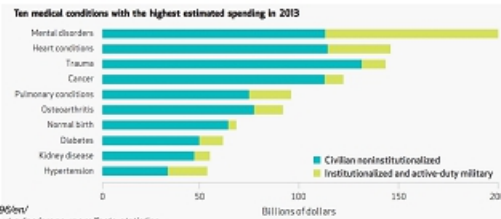


# MENTAL HEALTH - INCIDENCE & COST

## Mental disorders, including substance abuse, have the highest estimated annual health spending in the U.S.

- Globally, an estimated 300 million people suffer from depression and 60 million have Bipolar affective disorder.<sup>(1)</sup>
- Anxiety disorders are the most common mental illness in the U.S. affecting 40 million adults.<sup>(2)</sup>
- It is estimated that 129 million children globally have Attention-deficit/hyperactivity disorder (ADHD), representing 7.2% of the world's child population.<sup>(3)</sup>
- Eating disorders affect up to 24 million people in the U.S. (6.5 million U.S. adults suffer from binge eating) and 70 million people globally.<sup>(4)</sup>

**\$147 billion is spent in the U.S. treating mental health, while \$2.5 trillion is spent globally, with nearly 2/3 in indirect costs. The global cost is expected to increase to \$6 trillion by 2030.<sup>(5)(6)</sup>**



(1) World Health Organization: <http://www.who.int/mediacentre/factsheets/fs385/en/>

(2) Anxiety and Depression Association of America: <https://www.adaa.org/about-adaa/news-room/facts-and-statistics>

(3) CHADD: The National Resource on ADHD: <http://www.chadd.org/Understanding-ADHD/About-ADHD/Data-and-Statistics/General-Prevalence.aspx>

(4) The Renfrew Center Foundation for Eating Disorders, "Eating Disorders 101 Guide: A Summary of Issues, Statistics and Resources," published September 2002, revised October 2003: [https://www.renrew.edu/treatment/counseling/Eating\\_Disorder\\_Statistics.pdf](https://www.renrew.edu/treatment/counseling/Eating_Disorder_Statistics.pdf)

(5) Eating Disorder HOPE: <https://www.eatingdisorderhope.com/information/statistics-studies>

(6) National Institute of Mental Health: <https://www.nimh.nih.gov/about/directors/thomas- Insel/blog/2015/mental-health-awareness-month-by-the-numbers.shtml>





## ECONOMIC IMPACT (IN 2012)

Population	% with Behavioral Health (BH) Diagnosis	Per-member per-month (PMPM) cost without BH Diagnosis	PMPM with BH Diagnosis	Increase in Total PMPM with BH Diagnosis
<i>Commercial</i>	15%	\$340	\$941	276%
<i>Medicare</i>	9%	\$582	\$1429	245%
<i>Medicaid</i>	20%	\$381	\$1301	341%
<i>All Insurers</i>	14%	\$397	\$1085	273%

*Source: Melek S., Norris D., Paulus J.: Economic Impact of Integrated Medical-Behavioral Healthcare: Implications for Psychiatry. Prepared for APA; 2014, pp.1-39.*

**An estimated \$8,500 in excess annual health care costs incurred by a patient not properly medicated**





## TRIAL AND ERROR PHARMACOTHERAPY

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**Millions of Americans have failed two or more therapeutics for mental illness and are considered resistant to treatment**



*"Current medications are not sufficient for most patients... We still do not know who will respond to a specific treatment. Even for the fraction of patients who ultimately respond, clinicians often must resort to trial and error before finding a regimen that works, subjecting patients to potentially life-threatening delays, ineffective treatment, or adverse side effects."*

*Thomas R. Insel, MD  
2009-2010*





# SERVICE LINES

## Problem

### Looming crisis in access to care:

- Psychiatrist shortage
- Waiting lists are high
- 70% of mental health is treated by PCPs
- Low attendance and adherence to treatment (avg = 2 visits)

**Clinicians often rely on trial and error prescribing** for depression, anxiety, PTSD and other mental health conditions

### Impact:

- Over half of patients never seek treatment
- Treatments themselves are marked by low efficacy, low adherence



## Solution

- ✓ **Telepsychiatry:** Deploying multistate networks for large insurers where access is diminished
  - Patient access to clinicians from the convenience of home
  - Increased adherence
- ✓ **Data Analytics:** clinically validated technology platform
  - Patented technology utilizes complex algorithms to analyze EEGs
  - Informs therapeutic regimens, thereby improving patient outcomes and reducing healthcare costs.



## The Market

- Telemedicine is **one of the fastest growing areas of healthcare services** today
- The global telemedicine market is **expected to reach USD \$113.1 billion by 2025** and grow at over an **18% CAGR**, according to Grand View Research, Inc.<sup>1</sup>
- **Shortage of mental health providers** is driving strong demand for telepsychiatry services
  - Over eighty-nine million Americans live in federally designated Mental Health Professional Shortage Areas
  - Two-thirds of US primary care physicians report not having adequate access to psychiatric care for their patients

## The Process

- Telepsychiatry involves the use of video conferencing and telecommunication equipment to conduct real time mental health consultation between a clinician and patient
- Ideal for individuals living in underserved areas or those with limited access to services, and patients seeking access to care in the privacy of their own home
- Payors are paying tele-health companies ongoing fees for network access, in addition to the actual provision of services



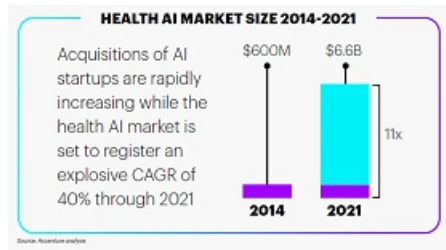


- Arcadian specializes in the delivery of mental health services through a network of social workers, therapists and psychiatrists throughout the United States
- Offers a suite of services including **telepsychiatry, teletherapy, digital patient screening, curbside consultation, on-demand services, and scheduled encounters**
- Services for **all age groups** and flexibility in scheduling appointments **7 days a week**
- **Arcadian serves consumers in over 42 states through its network of licensed clinicians**
- **Customer base includes:**
  - Government and non-profit agencies
  - Hospital networks
  - Private insurers including managed care organizations
  - Physicians and patients



# HEALTHCARE AI MARKET

- According to Accenture, when combined, key clinical health artificial intelligence (AI) applications can potentially create \$150 billion in annual savings for the United States healthcare economy by 2026<sup>1</sup>
- In just the next five years, the health AI market is expected to grow more than 10x<sup>2</sup>
- Growth is already accelerating, as the number of deals to healthcare-focused AI start-ups went up from less than 20 in 2012, to nearly 70 by mid-2016<sup>3</sup>



*"The AI solutions market in healthcare industry is expected to gain wider adoption as a result of easier integration with hospital workflows and patient-centric treatment plans leading to excellent patient outcomes, elimination of unnecessary hospital procedures and reduced treatment costs."*

- Frost & Sullivan<sup>4</sup>

(1) Accenture, <https://www.accenture.com/us-en/insight/artificial-intelligence/healthcare>

(2) Frost & Sullivan, <http://www2.frost.com/news/press-releases/522-n-4-future-artificial-intelligence-systems-poise-for-dramatic-market-expansion-healthcare>

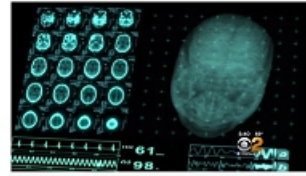
(3) CB Insights, <https://www.cbinsights.com/blog/artificial-intelligence-startups-healthcare/>

(4) Frost & Sullivan, [http://opencom.frost.com/5mms&NA\\_PR\\_KB&vtrc\\_NFFE\\_18Dec15](http://opencom.frost.com/5mms&NA_PR_KB&vtrc_NFFE_18Dec15)



## HOW IT WORKS

- An electroencephalogram (EEG) is a completely painless, non-invasive test that records your brain's electrical activity and provides a basis for comparison against others within the Psychiatric Electroencephalography Evaluation Registry ("PEER") database
- MYnd utilizes **AI, machine learning and data analytics in order to inform therapeutic regimens**, thereby improving patient outcomes and reducing healthcare costs
  - MYnd's PEER Report uses data from EEG tests, outcomes and machine learning to identify endophenotypic markers of drug response
  - This Big Data approach has allowed MYnd to generate a large clinical registry and database of predictive algorithms: 10,000+ patients & 38,000+ outcomes



***Proven results with 144% improvement in depression scores and 75% reduction in suicidality***





## INTERIM FINDINGS FROM THE 4<sup>TH</sup> CLINICAL TRIAL – WALTER REED PEER TRIAL

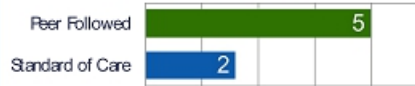
### Improvement Over Standard of Care <sup>(1)</sup>



- 144% more improvement in QIDS-SR16 depression scores
- 75% greater improvement in CHRT-7S scores for suicidal ideation
- 139% greater improvement in PCL scores for PTSD

<sup>(1)</sup> VA/DOD Clinical Practice Guideline for Management of Major Depressive Disorder

### Median Treatment Visits Over 6 Month Trial



- Patients had a median of 5 visits compared to 2 visits for patients whose physicians used PEER as compared to those that did not follow PEER

*Patients whose physicians followed PEER had more statistically significant improvement than physicians who followed standard of care treatment based on VA/DOD Treatment Guidelines.*

*Neuropsychiatric Disease and Treatment, August 2016.*

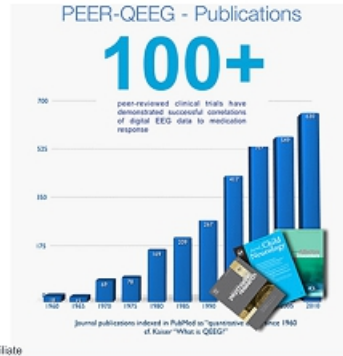




# INDEPENDENT VALIDATION

From a rapidly growing research base, **100 peer-reviewed studies\*** of Quantitative EEG (QEEG) neurometrics (n = 6,025) have demonstrated the utility of these markers, including:

- 12 randomized controlled trials of QEEG neurometrics for predicting medication response (n = 2,087)
- 88 observational cohort studies (n = 3,938)



\*Source: Clinical dossier prepared by Cedar Associates, LLC, a Stanford Health Policy Adjunct Affiliate





## 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



# TARGET BUSINESS MODEL: PAYORS

## Managed Care



Payers and health systems seeking to improve clinical outcomes and lower health care costs

## VA/Military



Where suicide rates are high and need for innovative and effective mental health care is high

## Global



International – single payer countries

**Case study:** Horizon Healthcare Services, Inc., New Jersey's oldest and largest health insurer, is running 600-patient pilot to explore how the use of PEER Online® may reduce trial and error medication management and total costs of care.

**Horizon.**



Horizon Blue Cross Blue Shield of New Jersey

**With over 3.8M patients in its network, Horizon alone represents a \$48M potential annual market, in one state alone.**

*The cost of PEER results in a 4.7-fold return in cost offsets\**

\*Source: Clinical dossier/economic analysis prepared by Cedar Associates, LLC, a Stanford Health Policy Adjunct Affiliate





# TARGET BUSINESS MODEL

## Patient Direct



60% of individuals do not receive care in mental health

## Multi-Practice Groups



Over 15% of patients have mental health concerns but expertise not present to address in practice

## Provider Direct



Multi-practitioner provider groups seeking to provide value-based care and cutting edge objective measurement tools that are reimbursed

### 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

**Billing CPT Codes: 95816, 95957, 99090**

### Collaborative Care Model (CoCM)

- 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"

**Billing CPT Codes: 99492-4, 99484**





# EXPERIENCED LEADERSHIP

## Management Team

### **George C. Carpenter, IV – President & CEO**

- Over 25 years of experience in healthcare technology and business development
- MBA in Finance from the University of Chicago, BA from Dartmouth College

### **Brian MacDonald – Chief Technology Officer**

- Responsible for machine learning algorithms that form the core of the PEER reports
- MBA from the University of Pennsylvania, BS from the University of Alabama

### **Don D'Ambrosio – Chief Financial Officer**

- Over 25 years of C-level experience, including at a public company
- BA from Temple University

### **Robert Plotkin, CEO of Arcadian**

- Founded Arcadian Telepsychiatry in 2013
- Previously founded Social Work prn of Philadelphia, a behavioral health staffing company

## Board of Directors

### **Robin L. Smith, MD, MBA – Chairman**

- Former CEO of Neostem (now Caladrius)

### **Geoffrey E. Harris**

- Portfolio manager at c7 Advisors

### **John Pappajohn**

- Served as Director of 40+ companies in healthcare industry

### **Michal Votruba**

- Director of the Gradus/RSJ Life Sciences Fund

### **Peter Unanue**

- Over 25 years of senior business experience. Executive Vice President of Goya Foods, Inc.





## MILESTONES: 12 MONTH GOALS

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1	Establish <u>2<sup>nd</sup> paid pilot program(s)</u> with managed care companies and health systems seeking to improve clinical outcomes and lower health care costs
2	<u>Publish pharmacoeconomic benefits</u> when providers use the PEER report on-line tool
3	<u>Penetrate VA and Military</u> where suicide rates are high and need for innovative, improved access and effective mental health care is high
4	<u>Grow patient direct sales</u> through digital media buys continuing to scale and roll out PEER products in the United States
5	Continue to <u>enroll patients in Canadian military trial</u> providing value-based care and cutting edge objective measurement tools in single payer system



## CAPITALIZATION & BALANCE SHEET

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**Clean capital structure with over \$8M\* cash  
and no long-term debt**

Common Stock Issued and Outstanding (11/27/17)	4,246,561
Total Shares of Common Stock Underlying Issued Options	799,083
Total Shares of Common Stock Underlying Issued Warrants	4,567,672
Fully Diluted	9,613,316
Cash (6/30/2017)	\$ 409,300
Capital Raise – net proceeds (7/19/17)	\$ 7,750,000
Long-Term Debt (11/14/17)**	\$ 800,000

\*Includes cash at June 30, 2017 and proceeds from July 2017 capital raise

\*\*MYnd assumed approximately \$800,000 of loan obligations in its acquisition of Arcadian



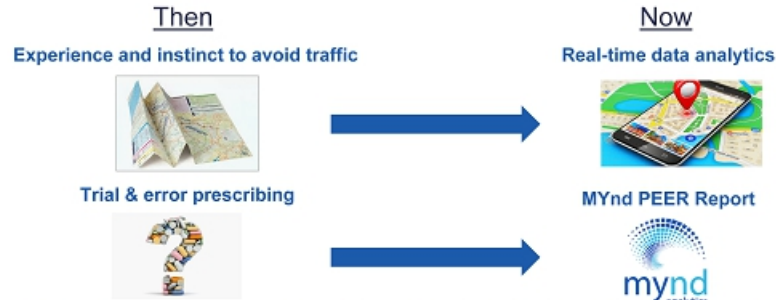


# SUMMARY

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With telemedicine, we can deliver mental health services where and when the patient needs them including the privacy of one's own home.

With artificial intelligence, machine learning and data analytics, we can analyze massive quantities of data to recognize patterns, predict outcomes and personalize medicine.



**MYnd's patents and first mover advantage place it ahead of the curve, as major players such as Google, Amazon, Oracle and others enter the market...**





## CONTACT

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**George C. Carpenter IV,**  
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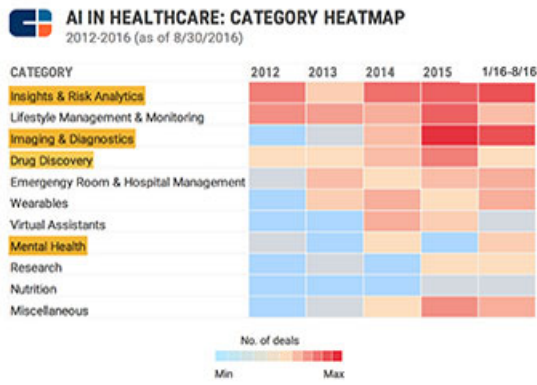
**Don D'Ambrosio,**  
Chief Financial Officer  
tel: 949-420-4402  
email: dambrosio@myndanalytics.com





# DIGITAL HEALTH CARE: INVESTMENTS

MYND is in one of the hottest areas of AI/digital health care



## DIAGNOSTICS AND RISK ANALYTICS DRAW MOST DEALS IN 2016

Imaging & diagnostics dominated 2015, and is at par with insights & risk analytics so far this year.

Deals to lifestyle management & monitoring picked up in 2015.

Virtual assistants, and AI startups in mental health still have room for further investment activity.





## DIGITAL HEALTH CARE

In 2016 the 10 largest acquisitions brought in over **\$11B** for shareholders

Target	Acquired By	Acquisition Amount
Change Healthcare	McKesson	\$3.0B
Truven Analytics	IBM	\$2.6B
eResearchTechnology	Nordic Capital	\$1.8B
Netsmart Technologies	Allscripts	\$950M
Brightree	Resmed	\$800M
Imprivata	Thoma Bravo	\$544M
Assurex	Myriad Genetics	\$410M
Cardon Outreach	MedData	\$400M
Sequenom	Laboratory Corp	\$371M
Valence Health	Evolent Health	\$219M

Source: RockHealth, 2016

<https://rockhealth.com/reports/digital-health-exits-2016-ytd-112-digital-health-acquisitions-and-two-ipo/>





# MENTAL HEALTH - TODAY

## Problem:

- There is a shortage of psychiatrists so most treatment for non-psychotic mental health disorders is delivered by non-psychiatrists.<sup>2</sup>
- Clinicians often rely on trial and error prescribing for depression, anxiety, PTSD and other mental health conditions before finding a therapeutic regimen that works.



2/3 of individuals with mental illness never seek medical care, and of those who do millions fail to respond to current medication therapies <sup>1</sup>

## Solution

- Through Arcadian, MYnd is **improving access to care through its telemedicine platform**
- MYnd has developed a **clinically validated technology** platform that utilizes complex algorithms to analyze EEGs
  - MYnd's patented platform technology informs therapeutic regimens, thereby improving patient outcomes and reducing healthcare costs.
  - Addresses depression, anxiety, bipolar disorder, PTSD and other non-psychotic disorders

(1) 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  
(2) Psychiatry and Clinical Neuroscience, Charles Zorumski and Eugene Rubin, <https://books.google.pl/books?id=x2hpAgAAOBAJ&printsec=frontcover&hl=en>