



CHECKING IN ON VETERANS

The missing infrastructure in veteran behavioral health



IRELL'S STORY

Three weeks ago I was sleeping
outside with ants crawling
on me, hopeless.

Out of a cold dark night,
you called me out of the blue
and told me you cared.

**Happy saved me —
just by listening to me.**

— Irell
Wounded Combat Veteran

THE ESSENTIAL INGREDIENT

Emotional support is the essential ingredient of mental health

75%

of therapy's effectiveness comes from **ES**

1/6TH

the cost of clinical care

50%

lower mortality with consistent social connection



THE COLLAPSE

America's emotional support infrastructure has collapsed

For generations, Americans got emotional support from:

~~Family~~ ~~Neighbors~~ ~~Churches~~ ~~Veteran organizations~~ ~~Community~~

Those institutions weakened. Nothing replaced them.

The result: an emotional support deficit of historic proportions.

THE PROBLEM

Veterans are hit hardest — the consequences are overwhelming the system

01

REINTEGRATION IS →
ISOLATING

1 in 5

veterans often feels lonely

- Civilian life can lack the belonging, purpose, and structure of service
- Disconnection happens long before any diagnosis

02

THE SYSTEM →
WAITS TO BE FOUND

50%

of veterans aren't in VA care

- Care centers on diagnoses, not disconnection
- Record enrollment growth mostly reaches the already motivated
- 61% of veterans who died by suicide were not in VA care

03

THE SYSTEM IS →
THINNING

90%

of VA facilities report severe provider shortages

- 57% of VA medical centers have a psychologist shortage
- VA is cutting 30,000 jobs
- Wait times are rising at 71% of tracked hospital—some exceed 100 days

04

COSTS COMPOUND

\$2.5T

to care for post-9/11 veterans by 2050

- Untreated need spills over to Medicaid, private insurers, and EDs
- 18 veterans die by suicide each day
- Downstream societal costs are far-reaching

THE GAP

Existing solutions cannot rebuild America's emotional support infrastructure

CLINICAL RESOURCES DON'T SCALE

- Designed for illness — not the rupture of leaving service
- **57%** of VA facilities report a psychologist shortage
- **100+ day** wait times at some facilities
- Only reaches those who are willing and able to walk through the door

DIGITAL RESOURCES DON'T REACH

- **97%** stop using apps within 30 days
- Requires recognizing the struggle, the will to act, a device, and connectivity
- Built for the engaged — not the isolated or reluctant
- **61%** of veterans who died by suicide weren't in VA care

THE STATUS QUO

How do we reach Frank?

MEET FRANK

Frank, 69 – Army veteran, Vietnam era

Lives alone – nearest VA clinic 90 minutes away
COPD · Hypertension · PTSD
Lost touch with his unit decades ago
Not enrolled in VA care

 No or limited WiFi

 No cell signal at home

 No nearby provider

 No transportation

? Won't ask for help

A DIFFERENT WAY

His phone rings

It's James,
one of the most caring
people in the country

A real person
calls —
and delivers
proactive
emotional
support

 happy

FRICITIONLESS MENTAL HEALTH™



No WiFi



No apps



No portal login



No referral



No asking for help



HAPPY'S FIRST EDGE: A NOVEL WORKFORCE

The highest-skilled emotional support workforce ever built

QUALITY

LCSWs, Nurses, Crisis-trained social workers

- Top 10–20% of candidates selected through rigorous screening
- Trained using a proprietary protocol for consistent, high-quality delivery of **Emotional Support**

COST

~\$5 PMPM

- \$20–\$30/hr labor costs powered by mission-alignment

SCALE

500 members / month

- Per Support Giver — vs. 15–30 patients for a therapist

MEET MELINDA



Happy Support Giver

- Former Licensed Social Worker
- Crisis intake and care coordination background
- Trained in motivational interviewing, trauma-informed care
- Bilingual (Spanish-speaker)



HAPPY'S SECOND EDGE: FRICTIONLESS SUPPORT

The first “**zero-step**” mental health model – support without taking a single step

STEPS BETWEEN A MEMBER AND SUPPORT

VA THERAPY

20+ steps

Enroll, verify eligibility, get a referral, schedule, wait months...

MENTAL HEALTH APPS

5-10 steps

Download, register, onboard, return daily...

PEER SUPPORT / VET CENTERS

3+ steps

Find a group, enroll, show up

VETERAN CRISIS LINE

1 step

Reach out in crisis

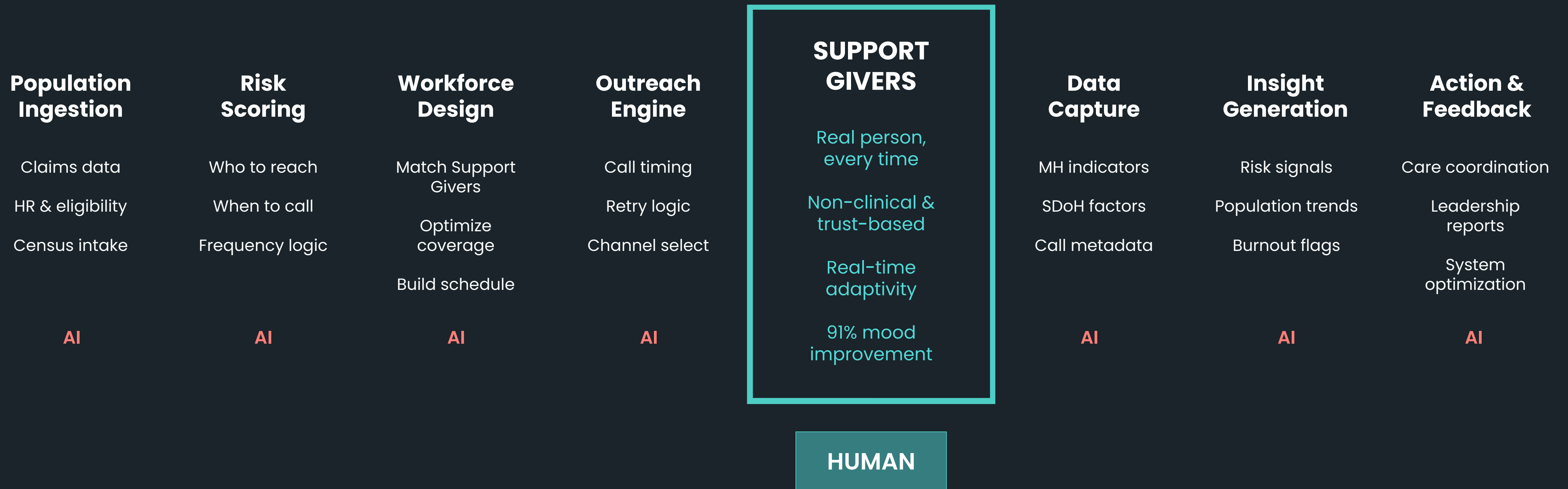
HAPPY

0 steps

Happy calls. Member answers — or doesn't. We try again.

CUTTING-EDGE TECHNOLOGY

AI edoesn't replace human compassion — it scales it



HOW IT WORKS

You give us the members. We reach them.

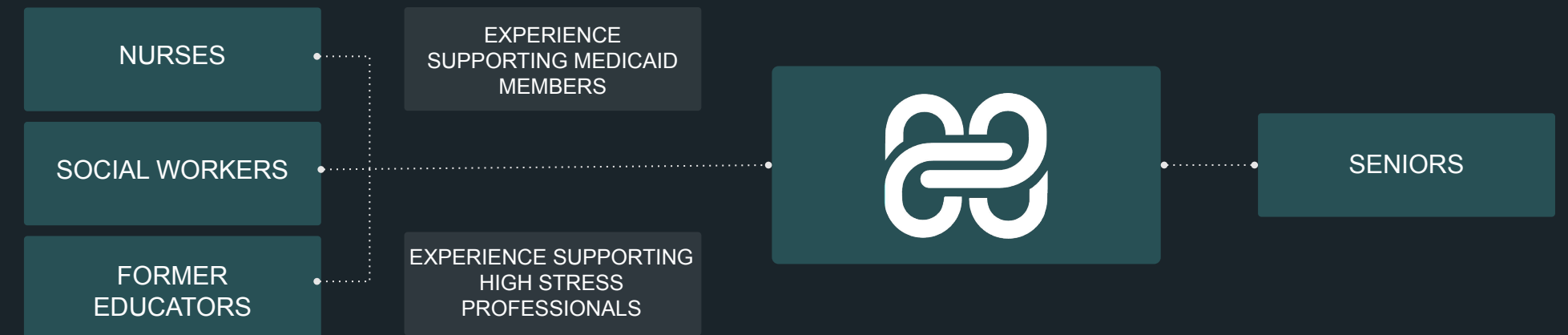
1

FIRST NAME	LAST NAME	PHONE	DOB	GENDER	DIAGNOSIS	EMERGENCY CONTACT
Aidan	Tan	788-304-9877	03-08-55	M	Bipolar I	Daughter
Madison	Glass	123-495-8723	06/10/49	F	GAD	Spouse
Chris	True	987-387-6723	07/15/53	NB	CHF/T2D	Son

Customers send their roster

Names, numbers, and whatever context you have

2

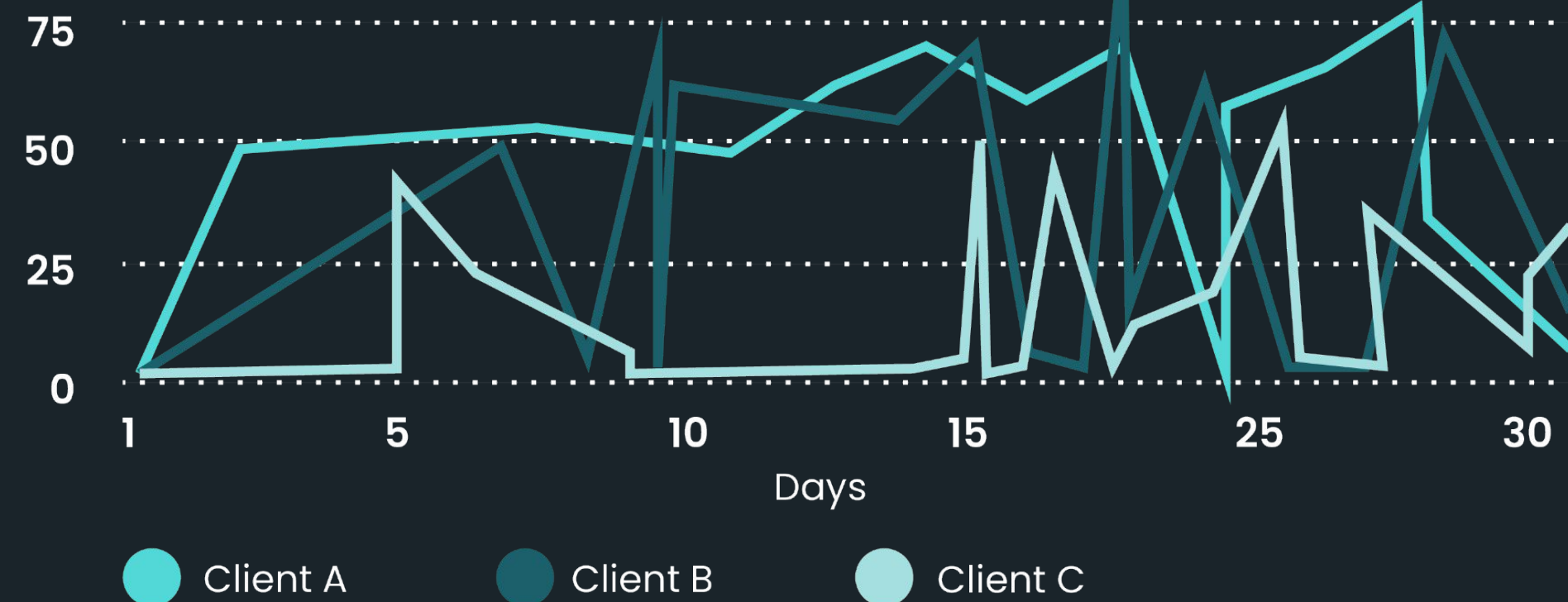


We match Support Givers automatically

AI assigns the right people from our nationwide network

3

(Call length in minutes by days from initial call)



Monthly check-ins. Unlimited support

between every person, every month—plus 24/7 access when they need more

4

CALL METADATA	MENTAL HEALTH	SDoH ISSUES	PERSONAL STRESSORS
• Date	• Depression (PHQ-2)	• Physical health	• Grief/Loss
• Time	• Anxiety (GAD-2)	• Mental health	• Relationships
• Length	• Loneliness (UCLA-3)	• Home life/Housing	• Caregiving
• Outcome	• Other mental health concerns	• School/Work life	• Education
• Adoption rate		• Discrimination/Bullying	• Employment
		• Healthcare access	• Global issues
			• Financial issues
			• Other

Real-time data flows back

Population-level insights you can act on



HOW IT WORKS

Happy found Frank before a crisis did

“Just calling to check in on you, Frank.”

— JAMES, HAPPY SUPPORT GIVER

“I wasn’t expecting this, James — thank you.”

— ROBERT, 69, ARMY VETERAN

FRANK, ONE YEAR LATER

69 years old · Army Vet · Vietnam
COPD · Hypertension · PTSD

- Lost touch with unit decades ago
- Lives alone; nearest VA clinic 90 mins away
- Prior ED visit — anxiety-related chest pain
- Not currently engaged with VA care

HAPPY HAS PROVIDED

- 12 months sustained contact
- Reconnected to VA care
- Zero ED visits since first connection

THE RESULTS

Proactive emotional support is the missing layer of veteran behavioral health

94%

of veterans would recommend Happy

87%

of veterans Happy reaches receive support

91%

of veterans avoided emergency services

0

days to care with Happy



TRACK RECORD

Happy is proven in the hardest environments in America

MILITARY

DoD · Air Force · Army

70%

reduction in
critical incidents

- Active deployments across multiple installations
- Sustained engagement at population scale

MEDICAID MANAGED CARE

Centene · Molina ·
CareSource

1M

covered lives

- \$200 PMPM TCoC savings
- 5–8:1 ROI in high-acuity BH
- 25–30% adoption with no member action

HEALTH SYSTEM

HCA Healthcare

30–40%

reduction in
workforce turnover

- Clinician burnout reduction
- Operational support layer for clinical teams

HEALTHCARE EMPLOYER

Hospital + clinic
populations

14:1

ROI

- 30–40% adoption
- 35–40% turnover reduction



PREVENTION PAYS FOR ITSELF

Happy is the wisest investment of behavioral health dollars

CRISIS PREVENTION

93

crisis events avoided

510 high-risk veterans served

91% avoided emergency services

20% counterfactual crisis rate

AVOIDED COSTS

\$291K

total avoided cost

70 ED visits × \$1,200 = \$84K

23 inpatient × \$9,000 = \$207K

Program cost: \$100K

RETURN ON INVESTMENT

2.9x

Net Value: +\$191K

Upside not counted: Repeat ED visits, longer inpatient stays, downstream clinical intensity, workforce productivity

By eliminating delay and delivering care at time zero, Happy prevents predictable high-cost behavioral health crises — generating 2–3x ROI before downstream benefits.



CHECKING IN ON VETERANS

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SOURCES

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- 75% of therapy's effectiveness comes from emotional support — Lambert, M. J., & Barley, D. E. (2001). Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy: Theory, Research, Practice, Training*, 38(4), 357–361. <https://doi.org/10.1037/0033-3204.38.4.357>; Wampold, B. E. (2001). *The great psychotherapy debate: Models, methods, and findings*. Mahwah, NJ: Lawrence Erlbaum Associates; Wampold, B. E. (2015). How important are the common factors in psychotherapy? An update. *World Psychiatry*, 14(3), 270–277. <https://doi.org/10.1002/wps.20238> TechTarget; Imel, Z. E., & Wampold, B. E. (2008). The importance of treatment and the science of common factors in psychotherapy. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (4th ed., pp. 249–266). Hoboken, NJ: John Wiley & Sons.
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- 50% of veterans aren't in VA care — U.S. Department of Veterans Affairs enrollment data, 2024–2025.
- 61% of veterans who died by suicide were not in VA care — U.S. Department of Veterans Affairs (2025). *National Veteran Suicide Prevention Annual Report* (2023 data).
- Up to 90% of VA facilities report provider shortages — Vet Voice Foundation (2025–26). Single advocacy source, and it refers to "doctors" broadly. Defensible, but adversarial to current VA messaging
- 57% of VA facilities have psychologist shortages — U.S. Department of Veterans Affairs, Office of Inspector General — *Determination of VHA's Occupational Staffing Shortages* (most recent FY)
- VA is cutting 30k jobs — U.S. Department of Veterans Affairs workforce-reduction announcements (2025).
- Wait times rising at 71% of tracked hospitals; some exceed 100 days — Vet Voice Foundation wait-time tracking (Aug 2025–Feb 2026).
- \$2.5T to care for post-9/11 vets by 2050 — Costs of War Project — Bilmes, L. (Brown University Watson Institute / Harvard Kennedy School). Range is \$2.2–2.5T.
- 18 veterans die by suicide each day — U.S. Department of Veterans Affairs (2025). *National Veteran Suicide Prevention Annual Report* — 17.6/day (2022), 17.5/day (2023).
- 97% stop using apps within 30 days — Baumel, A., Muench, F., Edan, S., & Kane, J. M. (2019). *Objective User Engagement With Mental Health Apps*. Journal of Medical Internet Research, 21(9), e14567. (~3.9% retention at 15 days, ©2026 HAPPY)

