



A SECOND BRAIN FOR BEHAVIORAL HEALTH

Behavioral health doesn't fail
because treatment doesn't work.
It fails because connection
doesn't hold.

Beora is the connection.



— THE CATEGORY PROBLEM

The industry built a 30-day fix for a *30-year condition.*

Substance use, depression, anxiety, severe mental illness — these are **chronic, relapsing conditions**. The care model was built for the crises they cause, not the conditions themselves.

A member is admitted in crisis, stabilizes in 30 days, gets discharged, disconnects, deteriorates, returns in crisis. Rinse, repeat.

We call it the *car wash model*. It's the failure mode of an entire industry.

~ 48M

U.S. adults with a mental health or substance use condition

NORC · 2023

57%

of commercial healthcare spend concentrated in the 27% with a behavioral health condition

MILLIMAN · MODERN HEALTHCARE

\$400B

annual cost of untreated substance use disorder in the U.S.

MOST POLICY INITIATIVE



02:34 AM • TUESDAY

The cocaine is on the counter.

Three weeks out of a 30-day treatment center. The therapist is asleep.
The crisis line will take forty minutes to triage.

This is where behavioral health *actually happens*. And this is where it fails.



— WHAT EVERYONE MISSED

Disconnection isn't a treatment failure. It's a *symptom of the condition.*

The defining feature of behavioral health conditions is that they pull people *away* from the very things that help them heal.

The industry has spent decades trying to close that gap with better treatment plans, more therapy, longer stays. **None of it solves the actual gap.**

The members with the highest-acuity conditions cost payers **exponentially more** than the rest — and they're the first to drop out of contact.

*The most important thing you can build in behavioral health isn't better treatment. It's **continuous connection.***



— WHAT BEORA ACTUALLY DOES

We're not going to stop people from relapsing. We'll make every relapse *shorter, smaller, and a source of learning.*

*Pretending relapse is preventable is what built the car wash model. Beora's claim is **three things, all measurable.***

01 · IDENTIFY

Surface the relapse *fast.*

Low-friction signals from the member's daily life surface *dysregulation* before it becomes a crisis.

02 · RESPOND

From *both directions*, in the moments that **decide.**

Member to team, team to member. The multidisciplinary team shows up *before* anyone has to ask.

03 · LEARN

Every relapse *strengthens* the plan.

The team sharpens its understanding of *what triggers* the member and *what holds* them.

HOW 02 ACTUALLY WORKS

Connection runs *both ways*, continuously.



MEMBER → TEAM

Sobriety days, streaks, anniversaries, member-set goals with visible arcs. Recovery culture, made *continuous*.



TEAM → MEMBER

A peer check-in, an advocate text, a sponsor ping — *before* the member has to ask. The team stays present when the member goes quiet.

*Continuous connection turns relapse from a system collapse into a **treatable event** — the same way insulin turned diabetic crises into a managed condition.*



— THE CLINICAL FOUNDATION

Wellness isn't one thing. We adapted Cleveland Clinic and Mayo Clinic's *whole-person* model for behavioral health.

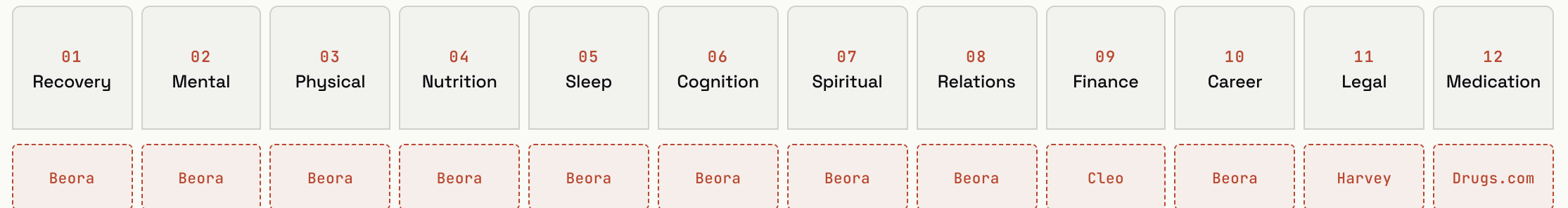
The 12 Dimensions of Wellness come from the integrative health work pioneered at the Cleveland Clinic and Mayo Clinic. We translated that framework into behavioral health and built Beora around it.

It does two things no behavioral health software does today: it lets every specialist see the *whole person*, and it puts the member at the center — the dimensions are how the member sees their own life, not how a clinician charts it.

Every interaction feeds **one continuously-synthesizing wiki** — a second brain, member-controlled, that gets sharper with every conversation.

TWELVE DIMENSIONS · THE WHOLE PERSON

↓ SPECIALIST AGENTS · SWAPPABLE ↓



The member-controlled *wiki*
 ONE SYNTHESIS · SHARPER EVERY CONVERSATION · PORTABLE



— THE PRODUCT PRINCIPLE

Recovery has to be member-led. We're the first to make that *operationally real.*

Two decades of outcome data make one thing clear: recovery only sustains when the member is leading it.

But “member-led” has never been *operationally real*. Members have lacked the tools to coordinate their own team, surface their own signals, set their own goals, and learn from their own setbacks.

Beora is that tool. With Beora, the member becomes **their own advocate** — or taps Beora’s care-advocate network to work with doctors, therapists, peer mentors, family, employers, and sponsors.

Beora is the *second brain for behavioral health* — an LLM wiki on a secure messaging platform, unlocking recovery, performance, and longevity.

COMMUNICATION · INSIGHT · ASSESSMENT · RESOURCING · GOAL-TRACKING

Five capabilities, sharpened for the team and the member at once. The member conducts; the team plays in time.



— WHY THIS WORKS NOW

In behavioral health, you don't get to pick a lane. *You have to do both.*

THE LANES EVERYONE PICKED

Every behavioral health company before us picked a lane.

Consumer-only companies — apps, peer platforms, telehealth-to-the-phone — discover that people in active addiction don't onboard themselves, don't pay, and disappear the moment they're triggered. *The member they need most is the one who won't sign up.*

Enterprise-only companies — EHRs, treatment-center software, clinical workflow tools — lose the member at the door. Discharge ends the relationship. The car wash isn't a bug in the product — *it's the shape of the product.*

WHAT BEORA BUILT

One continuous-care system with **two surfaces, one agent, one wiki.**

Beora Pro — the multidisciplinary team surface. The facility, the clinic, the practice. Where the relationship begins.

Beora — the member surface. The phone in their pocket, every day after. The thread that carries connection through discharge and into the next vulnerable moment.

Five years ago, this took two companies and two products — and the handoff is where members got lost. Today, AI lets one team build one system that serves both surfaces with the same context, the same voice, and the same member at the center.



— THE LOOP IN MOTION

Two surfaces. One agent. One wiki. *The loop is running.*



● LIVE TODAY · RED DOOR LIFE, LA

The multidisciplinary team is on *Beora Pro*.
The members are on *Beora*.

A member walks out of the facility and Beora walks out with them. If they spiral, the same system that knew them inside the building re-engages the team outside it.

ALREADY SHIPPED

Pinned-agent inbox · multidisciplinary team coordination · Kipu EMR integration · three-tier escalation routing · AI-generated clinical briefings · member-controlled wiki · admin dashboard



— THREE CURVES CONVERGING

For the first time, the technology, the economics, and the crisis are pointing the *same direction*.

01 **The crisis is at *all-time highs*.**

Overdose deaths, untreated mental illness, loneliness as a public-health condition. The gap between need and supply has never been wider.

02 **Payers are *out of options*.**

Commercial payers are watching behavioral health spend balloon while the high-acuity tail consumes a disproportionate share of cost. They know the episodic model is broken. They don't yet know what replaces it. Value-based contracts in behavioral health — case rates, shared savings, hybrid capitation — are now signing.

03 **Agents can finally *coordinate the stakeholders*.**

A year ago, this product wasn't buildable. With agents holding context across the member, the team, and the payer, we can **lower cost, raise outcomes, and increase the efficacy of every stakeholder in the loop.**

We've lived this. *Now we're building it.*

FOUNDERS



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