



Maximizing for State Disabilities & State Aging Services

We Cracked the Food as Medicine Code for People with Specialized Needs & Associated Stakeholders



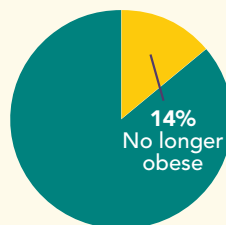
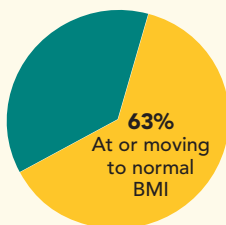
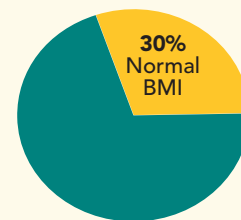
Mainstay is the name of our company and My25 is our core brand defining a family of digital products. For years, the nation's leading human services provider agencies and healthcare innovators have subscribed to My25 resources to measurably improve the clinical health and social health (SDoH) of people with behavioral and mental health challenges, IDD, autism, and TBI; the elderly; and clients in recovery/rehabilitation. Individuals in waiver, ICF, supported living, and home-based settings and intermittent and day programs. With states stepping up to lead and subscribe, broader reach can be achieved more quickly, with numerous stakeholders benefitting.

Healthcare experts conclude what we've been proving year after year: Eating the right foods in the right amounts is the key driver behind preventive health for people with specialized needs. This dispels longstanding, erroneous assumptions that the disability and/or pharmacological complications are the root cause of costly obesity, diabetes, hypertension, and additional chronic conditions for this vital population. Menus with healthy recipes, mainstream diet plans, and risk assessment tools/recommendations—the industry's longstanding, outputs-oriented "solutions"—have largely failed to be effective...missing the mark as far as sustainable health gains and reduced medical care costs for a majority of these individuals. So we dug in to alter the dismal status quo with a strategic, personalized food as medicine (FaM) approach synergistic with value-based, managed care, and care coordination expectations.

States can subscribe for different constituencies—with access to the most synergistic product options. First, for use by residents—and staff—served by human services provider agencies. In this case, the state measurably bolsters agency outcomes related to quality, operations, financials, and marketing. Second, for use by individuals in supported living or home-based residences. In all instances, improvements regarding person-centered choice, independent living skills, and overall health register and sustain. With My25 personalizing and tackling "food" strategically and holistically—addressing beyond what's on the plate—we facilitate multi-pronged impact.

My25's food as medicine approach seamlessly links together critical fundamentals—such as additional tools like customized grocery shopping lists—and galvanizes the individual's associated support network (staff, family members, guardians) to create momentum and shared responsibility. We solidify buy-in and sustainable habit change by educating, engaging, and rewarding all along the way. Subscribing states additionally have access to usage and outcomes progress reports.

Pre My25
Approximately
30% of individuals are at a
normal BMI

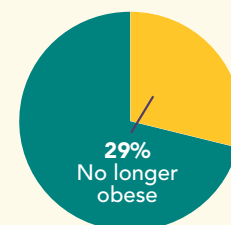
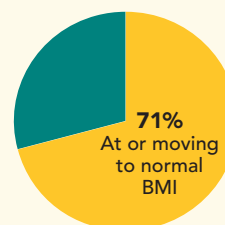


6 Months Later
63% of participants are at or
consistently moving toward a normal BMI.

Of the people who were obese at the program
start, 14% are no longer obese and are
consistently moving toward a normal BMI.

After 18 Months
71% of participants are at or
consistently moving toward a normal BMI.

Of the people who were obese at the program
start, 29% are no longer obese and are
consistently moving toward a normal BMI.



My25's Highly Successful Food as Medicine (FaM) Approach



Allied funders benefit. A number of studies conclude that by implementing an effective FaM program, a 15% to 20% reduction in healthcare costs (inpatient hospital admissions, ER visits, prescription medication) registers. In our own experiences throughout many years—across the U.S.—and via My25's FaM, our subscribers share that similar cost reductions occur regarding medical care expense in LTSS settings. Further, My25's FaM impacts a majority of individuals with specialized needs—not just the 5% most unwell as is all-too often the singular, limiting goal—making My25 a definitive population health solution.

My25's foundational guidelines and technology framework were established in partnership with the USDA and via collaboration with professionals from Northwestern University's Feinberg School of Medicine. With personalization as our constant underpinning, we subscribe to the Dietary Guidelines for Americans, the USDA's Healthy Eating Index, moderation versus deprivation, rebalancing the plate, and that super nutrient—fiber. My25's proprietary software is in the driver's seat to optimize customization and spot-on management of diverse nuances. The My25 team is comprised of nutrition, preventive health, disease management, culinary, education, technology, human services, and business professionals. Fiber nerds...each one of us.

My25's family of digital resources provides product options to address diverse populations, challenges, and budgets. States can subscribe to one or more products for use by their human services organizations and/or supported living and home-based populations. In all instances, we deliver a holistic, strategic approach to food...tailored and personalized for people with specialized needs and their associated network of support. Our track record is impressive, underscoring My25 success after success.

