cuepri

# The relationship platform for behavioral health.

One branded experience holding clients, families, and alumni. It starts the day treatment does, and it stays for years after discharge.

| $50K | 7 | 1,109 | 70% |
| --- | --- | --- | --- |
| ARR · in 3 months | paying providers | clients served | client WAU / MAU |

[traction]

THE PROBLEM

# Behavioral health operates on 1% visibility in care, and 0% after it.

DURING TREATMENT

## What limited visibility costs

**Authorized days at risk**
Evidence happens between touchpoints and misses the UR review.

**Stays cut short**
Disengagement surfaces after the decision to leave has formed.

**Gains lost at home**
The client gets the program. The family gets an hour a week.

**167 of 168**
hours of the week unseen · outpatient

**1 hr a week**
with the family · residential and adolescent

AFTER DISCHARGE

## What zero visibility costs

**Risk seen too late**
Relapse surfaces as a crisis, or remains invisible.

**Referrals never reach you**
The next family goes wherever they search that night.

**Payer proof disappears**
No longitudinal outcomes to support contracts and renewals.

**40 to 60%**
relapse within a year · SUD [3]

**90 to 100 days**
alumni engagement decay [10]

The relationship ends while the outcome is still being decided.

WHY NOW

# Holding every relationship required payroll no provider could afford.

**1** coordinator cannot continuously hold **60** clients in care + **40** families + **300** alumni

**The turn:** AI can keep up with everyone at once. It follows every check-in and response, remembers the history, summarizes what changed, and shows staff who may need attention. Staff decide what happens next.

> Judgment is still scarce. Presence is not.

THE SOLUTION

# One platform holds every relationship a provider has.

Branded by the provider. Persistent across treatment and beyond.

**Clients**
own surface · from day one

**Families**
own surface · own account

**Alumni**
own surface · same app

↓

## One continuous relationship platform, under the provider's brand.

The connective tissue across every population: it holds the history, carries the community, and produces consented signals.

↓

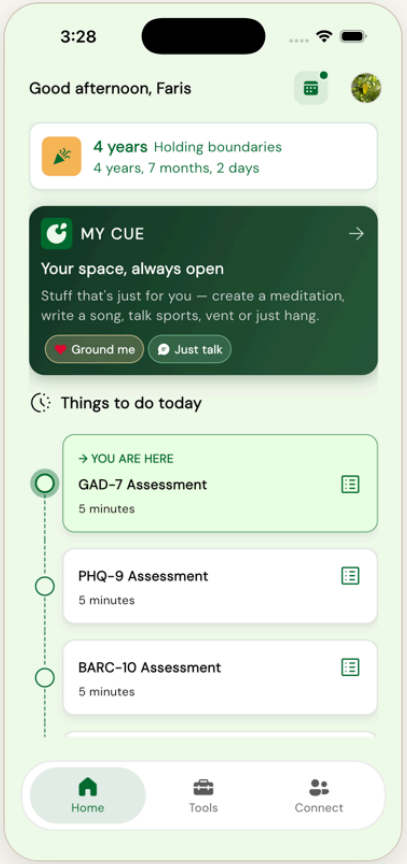
**SIGNALS**
what changed, who needs attention · from engagement and participation

**ACTION**
the next human move, prepared · staff decide

THE PRODUCT

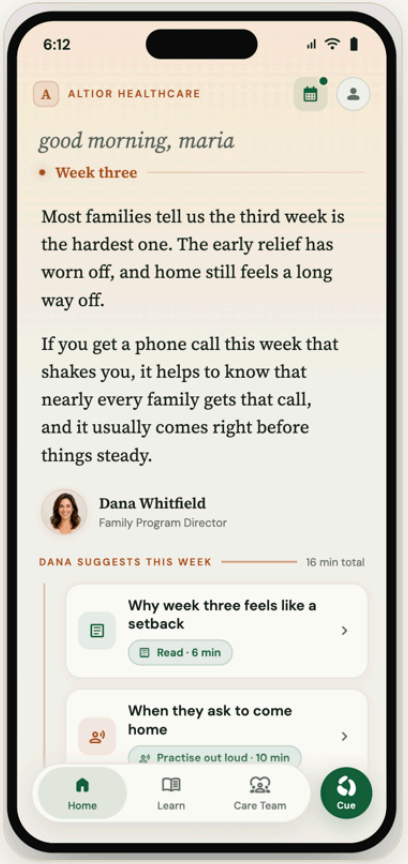
# The EHR holds the record. Cuepri holds the relationship.

One provider-branded app, reshaped for clients, families, and alumni.



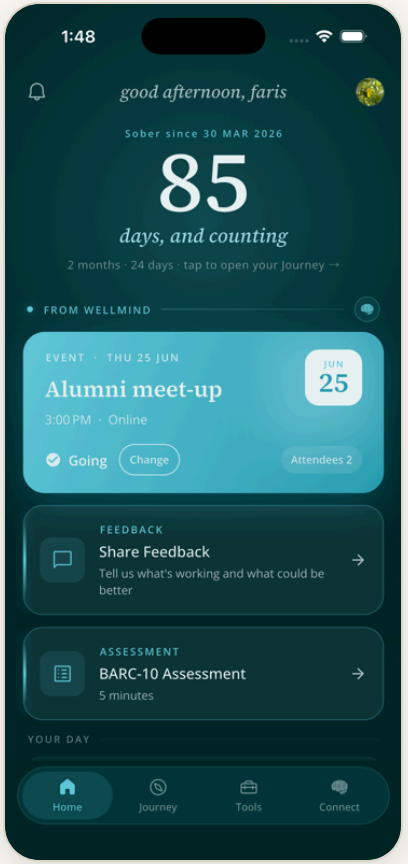

**In care · the client**

My Cue, the day's schedule, validated instruments




**Family · own account**

week-by-week staging, rehearsal: "when they ask to come home"




**Alumni · same app, reshaped**

the milestone in their own words, events, check-ins

HOW IT WORKS · THE AI WORKFLOWS

# The signal arrives with the next move attached.

| | NOTICE | PREPARE | DECIDE |
|---|---|---|---|
| **Family**<br>program director | A family stops showing up and completing program activities. Cuepri detects the change. | The director sees why it matters. The warm outreach is already drafted. | The director decides whether to send it. |
| **In care**<br>clinician | A week of check-ins shows a client struggling. | Session prep, the note, and the UR narrative are drafted. | The clinician reviews and signs. |
| **Alumni**<br>coordinator | An alumnus drifts from connected to slipping. | The warm opener is already written. | The coordinator sends it, or calls instead. |

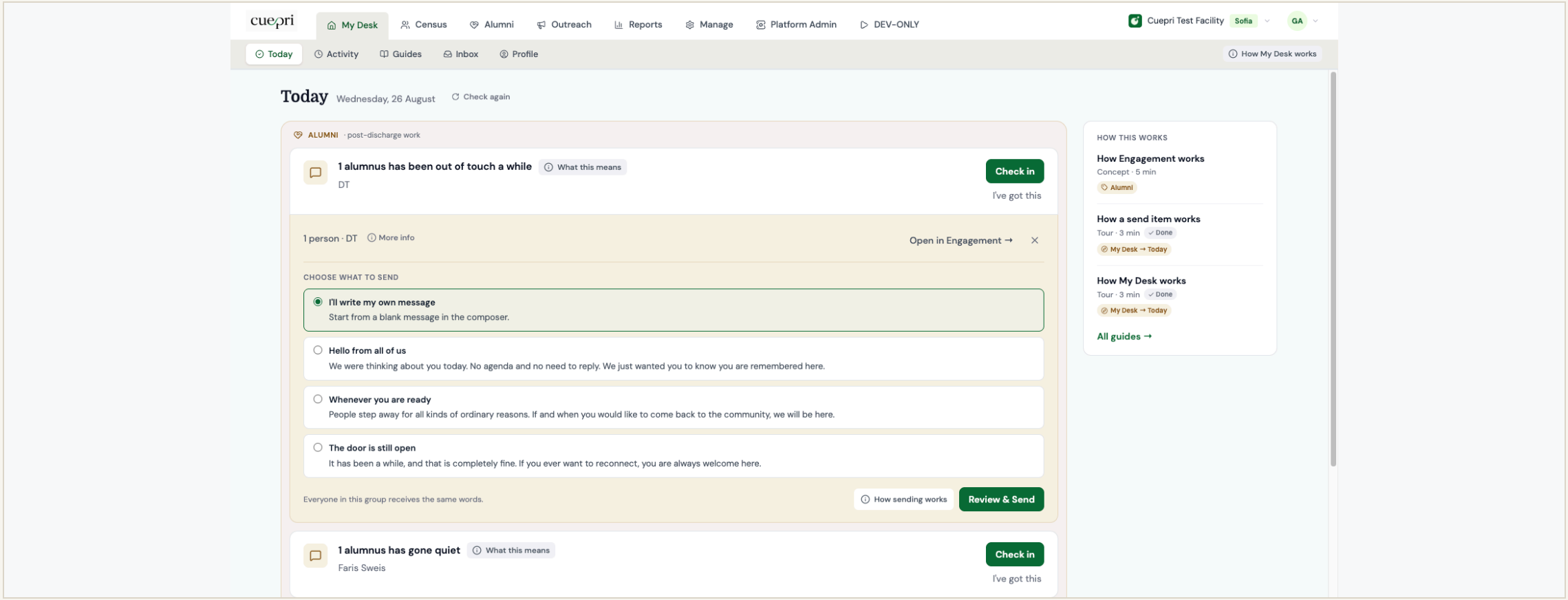
The AI calls the play. A person carries it.

THE PRODUCT, AT WORK

# The signal is not the deliverable. The next move is.

My Desk | Alumni Engagement | Family Readiness





THE BUSINESS CASE

# Three ways Cuepri pays for itself.

AUTHORIZED DAYS PROTECTED

## 38 to 53%

PHP authorized-day uplift; $339K protected at one site, in a market denied at twice the medical rate. [traction] [6]

FEWER AMA DEPARTURES

## $800 to $1,500

of revenue at risk for every unused authorized day at commercial residential rates. Family participation can reveal AMA risk while staff still have time to intervene. [12]

ADMISSIONS EARNED

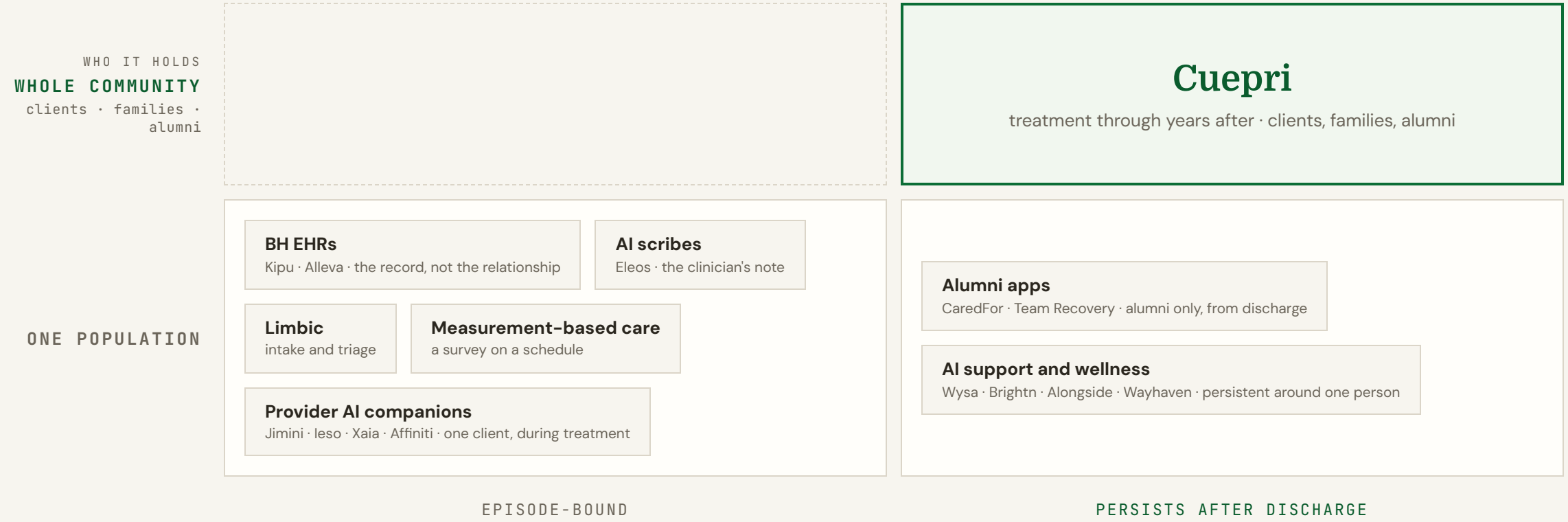
## 25 to 30%

of admissions at best-practice programs come from alumni referrals. One referred admission funds approximately 33 months. [10] [model]

Community involvement beats every established treatment, including CBT, for long-term abstinence. [1]

THE LANDSCAPE

# Others own a moment or a population. Cuepri holds the whole relationship.




Clinical systems stop with the episode. Alumni software starts after it. Cuepri spans both—and gives the family its own place.

WHY CUEPRI WINS

# Built across time, people, and work.

## Time

Starts during treatment and persists for years after discharge.

## People

The only system built around clients, families, and alumni together.

## Work

The staff's workflows live in Cuepri, so the AI runs them up to the decision, not just a note, a survey, or a conversation.

> Every admission adds a client and a family. Every discharge adds an alumnus. The relationship history, provider programming, and staff adoption compound with every cohort.

MARKET, AND HOW WE GET IN

# Land on one urgent outcome. Expand into the full relationship platform.

**$143B → $400B+**
US behavioral health, 2024 to 2033 [4]

**~28,000**
US facilities

**~17,800**
treating substance use

**Jan 2025**
CMS reimburses digital mental-health treatment [8]

LAND · URGENT OUTCOME

### Community

Begin with the provider's priority: alumni growth, family engagement, or client coordination. Current ACV is approximately $6–7K.

→

EXPAND · WITHIN LOCATION

### Clinical

Add workflows, insight, documentation, and UR at $30 per active client per month.

→

SCALE · ACROSS OPERATOR

### Multi-site rollout

One location proves the model; deployment expands across the provider's portfolio.

**The market just turned on.** CMS pays for digital mental-health treatment as of January 2025, and payers now demand continuous evidence of medical necessity. [8]

Community lands the relationship. Clinical expands the value. One location opens the portfolio.

TRACTION AND THE MODEL

# From $0 to $50K ARR in three months.

Next milestone: $100K ARR by the end of November 2026. [traction]

| $50K | 3 months | $100K | 7 |
|---|---|---|---|
| current ARR | from first revenue | November ARR target | paying providers |

### LAND · COMMUNITY, FROM $299/MO

The whole community priced together: census, alumni, and family. Branded app, Cue, boards, events, family surface. No setup fee, live in days.

### EXPAND · CLINICAL, $30 PER ACTIVE CLIENT/MO

Roughly $1 a day, roughly 15x ROI: flows, clinician insight, documentation and UR narratives that write themselves.

### EXPAND · MULTI-SITE ROLLOUT

One location proves it; the rollout runs across the operator's portfolio. ~75 multi-site platforms in the target segment alone.

**A provider's community compounds with every cohort.** Every discharge adds an alumnus; every admission adds a family. [model] Documented alumni-program builds are worth $90K to $580K per facility per year; our 33-months-per-referral model is conservative against them. [11]

THE VISION

# Behavioral health is the wedge into every high-value relationship between appointments.

The same platform applies wherever the outcome unfolds continuously, but the expert only sees the client occasionally.

**NOW · PROVEN**

### Behavioral health

Clients, families, and alumni across treatment and recovery.

**NEXT · ADJACENT**

### GLP-1, weight loss, and med-spas

High-value programs where adherence, behavior, and relationship determine lifetime value.

**THEN · PLATFORM**

### Physical health and high-value services

Any expert-led relationship where human attention is scarce and customer need is continuous.

ONE CREDIBLE PATH

## $100M

2,500 locations
× $40K mature-location ACV

```
Current ACV: $6-7K
Community land → Clinical expansion
100 active clients + Community ≈ $40K
```

Equivalent to less than 9% of the roughly 28,000 U.S. behavioral-health facilities—before any adjacent market. [model]

Episodic human attention. Continuous customer need. One missing relationship layer.

THE TEAM AND THE RAISE

# Built by the team incumbents would have to acquire.

Our DNA is experience: turning complex systems into products people understand, trust, and return to.

FS

### Faris Sweis CO-FOUNDER & CEO

27 years building B2B developer platforms at Microsoft, Telerik, and Progress. Co-founded Sentur, the first IFS-centric digital trauma platform.

DT

### Dimi Taslakov CO-FOUNDER & COO

Scaled Telerik and OfficeRnD and led transformation at Progress and Sentur. 24 years across product, go-to-market, and operations.

CLINICAL DEPTH

Advised by former addiction-treatment CEOs and clinical leaders with decades across SUD, trauma therapy, and recovery programming.

RAISING

## $2M

- Scale provider acquisition
- Productize deployment and integrations
- Build the longitudinal family and alumni outcomes dataset

What keeps people well is the same thing that lets a program grow.

APPENDIX: SOURCES →

APPENDIX · SOURCES FOR EVERY NUMBER IN THIS DECK

# Every figure traces to a source.

## RESEARCH · PEER-REVIEWED

**[1] Community involvement beats every established treatment, incl. CBT (Cochrane 2020, 27 studies, n=10,565)**
pubmed.ncbi.nlm.nih.gov/32159228

**[2] Family engagement at ~5x standard referral (CRAFT: 64% vs 13%, Miller 1999)**
pubmed.ncbi.nlm.nih.gov/10535235

**[3] 40 to 60% relapse within a year in SUD; 1 in 4 readmitted in 30 days**
sciencedirect.com · S0277953621006213

## MARKET AND REGULATORY

**[4] US behavioral health $143B → $400B+ by 2033**
grandviewresearch.com

**[5] ~28,000 US facilities; ~17,800 treating substance use (SAMHSA 2024)**
samhsa.gov · N-SUMHSS 2024

**[6] BH denials ~2x medical; 81.7% of appeals overturned**
bluebrix.health

**[7] Consumer app 30-day retention ~3.3% (vs our 70% WAU/MAU)**
BMC Digital Health 2024

**[8] CMS reimburses digital mental-health treatment since Jan 2025**
towardshealthcare.com

**[9] Kipu acquires Team Recovery, its largest deal ever (Apr 2026)**
bhbusiness.com

## INDUSTRY BENCHMARKS · LABELED AS SUCH

**[10] 25 to 30% of admissions from alumni referrals; 90 to 100 day engagement decay**
continuumcloud.com

**[11] Alumni-program builds worth $90K+ to $580K+ per facility per year**
teamrecovery.io/case-studies

**[12] Commercial residential per diems $800 to $1,500+/day**
adsc.com

## OURS

**[traction] figures: internal source of truth · [model]: arithmetic from entry pricing, not a measured result**
data/traction.md · verified citation list: research/Cuepri_Evidence_File.md §7