



The following is a high-level description and a modest accounting of the work and the expense incurred during Flowstate's implementation of Correctional and Crisis Services with County Social Services.

Between December 1, 2022 and April 30, 2023 (And ongoing; the work is ongoing.), Flowstate collaborated with CSS team members to transition and onboard 9 hospitals and the Adult Crisis Stabilization Center and 10 jails and the West Union Residential Facility.

This was Flowstate's largest implementation with a MHDS region to date, which meant we had little historical data to work with when estimating cost. The estimation we provided was based on a region one third the size of CSS.

There were three main onboarding functions: **Administrative, Credentialing and Electronic Health Record.**

Administrative

506.5 hours – Includes every email, meeting, phone call and all travel.

- Emails
- Meetings
 - In-person meetings with every hospital and the crisis center
 - In-person meetings with every sheriff's office and the residential facility
 - Additional online meetings with various stakeholders: Correctional Services, Crisis Services and CSS team members
- Phone calls
- Travel
 - To and from every hospital and the crisis center
 - To and from every sheriff's office and the residential facility
 - 3,756.70 miles traveled

Credentialing

243.5 hours – Credentialing is the work of establishing privileges for each Flowstate provider with each hospital and is executed between hospital administrators and Flowstate's credentialing lead.

Electronic Health Record

132.75 hours – One of the main value-adds of Flowstate in comparison to your former contracted provider is that we work directly within each hospital's electronic health record. This means we act as though we are hospital

employees, true team members. As such, they see our documentation and our progress with both patient evaluation and placement in real time. In order to do so, we collaborate with each hospital's informatics lead/s, often at the corporate level, so that Flowstate providers have internal access to collaborate with emergency department nurses and doctors in real-time.

Total expense also includes accommodation for overnight stays but does not include information technology expense. Again, this is a modest accounting.

Results

To date **we have seen 61 inmates via Correctional Services, more than two per day on average.** This includes both state and federal inmates. We have a designated Correctional Services provider and are seeing inmates more quickly than was your previous contracted provider. Flowstate's system eliminates a full layer of bureaucracy, as jail administrators are now able to communicate directly with a psychiatric provider as needed, whereas before they were forced to go through an office administrator to schedule appointments. This allows for quicker more connected service delivery.

To date **we have seen 48 citizens via Crisis Services at the Adult Crisis Stabilization Center (ACSC).** ACSC staff report faster response times and a higher quality of service. Reminder that Michelle Vore, who leads Crisis Services for Flowstate, preceptored at the ACSC and is closely connected to Amber Lucina and other ACSC staff and is intimately familiar with their processes and procedures. This is a value-add for CSS, who is now working with lowa-based providers, including Michelle, who resides in your region, whereas before they were often working with out-of-state providers with little to no knowledge of the Adult Crisis Stabilization Center or how it interacts with CSS and your local provider ecosystem.

To date **we have seen 78 citizens via Crisis Services at CSS hospitals.** Hospitals report faster response, evaluation, and placement times, and a general improvement in service delivery.

Perhaps most importantly, Flowstate's recidivism rate continues to dwarf that of your previous provider, meaning that we are seeing the same folks less often, because we are working with CSS and your local provider organizations to help folks find the right level of care after our first encounter. This is an enormous tax savings in the aggregate and a reason to feel very good about your decision to transition to Flowstate Health and our lowa-based model of care.

We exceeded our initial implementation projection by 33,922.90. Our initial projection was \$30,000, again, based off our experience with regions much smaller than CSS and with no historical data for a region of CSS's size. We are asking for reimbursement for half of the overage, which is \$16,961.45.

Thank you so much for your consideration. We are thankful for the opportunity to work with CSS and to collaborate in solving for seemingly intransigent issues in lowa's mental health delivery system. Things are getting better.