

## Revolutionizing Behavioral Health Care with AI and Technology

### Revolutionizing Behavioral Health Through Technology and AI: The Promise of Personalized Care

By Chris Appleton  
Founder and CEO  
Art Pharmacy

The behavioral health field is at a moment when old models of care, and associated delivery mechanisms, are insufficient at meeting the ever-increasing demand for services, especially as it concerns a need for more personalized care choices. At the same time, the field is undergoing remarkable transformation, thanks in part to advancements in technology and the rise of artificial intelligence. These innovations are reshaping how care is delivered, allowing for more personalized, or even precision-based, interventions tailored to the unique needs of individuals. The emergence of AI-driven tools has created new opportunities for delivering highly targeted support, which can address the nuanced mental health challenges that traditional one-size-fits-all approaches often miss. By offering more customized care pathways, technology is playing an essential role in enhancing the overall well-being of individuals and communities.



One of the most compelling areas of development within behavioral healthcare is the push toward personalization – where interventions are finely tuned to the individual based on factors such as environment, personal history, behavioral patterns,

and new evidence. Personalized care has proven to increase engagement, improve outcomes, and reduce costs. Research has increasingly shown that precision in care can lead to better health outcomes, particularly in behavioral health, where condi-

tions like depression and anxiety often vary widely in its causes and manifestations.

The idea of tailoring healthcare to individual characteristics is not new. Only in recent years, technological advances have made personalized behavioral health care feasible on a broad scale. Traditional behavioral health interventions, such as cognitive behavioral therapy (CBT) or medication management, have been highly effective for many people. However, these treatments often fall short for those with complex or treatment-resistant conditions. What works well for one individual may not be as effective for another.

Personalized care can leverage a wide array of data points – such as genetic information, treatment history, lifestyle factors, and even real-time feedback from digital tools like wearable devices or mobile health apps – to create a treatment plan tailored specifically for an individual. This approach is supported by a growing body of research. For instance, a study published in *Nature Human Behaviour* highlights the potential for personalized interventions to improve mental health outcomes by

*see Personalized Care on page 29*

### Future-Ready Social Work: Preparing the Workforce for Tomorrow's Challenges

By Danika Mills, LCSW, LCAT, CCM  
Head of Care Operations  
Grayce

The mental and behavioral health fields are undergoing a massive change in how care is delivered, mainly due to technological advances like telehealth, AI/ML, wearables, and more sophisticated predictive modeling, to name a few. Since the COVID-19 pandemic, over 10,000 behavioral health apps have been available for download (APA, 2019). Unfortunately, the social work field has not kept pace with these changes. Neither “technology” nor “digital health” are listed anywhere on the [National Association of Social Workers \(NASW\)](#) website as a part of social work or a facet of work setting (NASW, 2024). There are few social work field placements within technology companies, even those delivering behavioral health services. Without social workers sitting at the table, gaps in provider access, training, education, ethical and privacy concerns, and regulatory challenges could widen.



These gaps present opportunities for every social worker, higher education institution, and professional organization that serves them to increase digital literacy, establish guidelines for use, and push for pol-

icies that address regulatory bodies overseeing care. Tech companies should not monopolize expertise at the expense of care providers nor profit without considering the ethical and systemic complexities of care

- a critical component of the social work field. Social workers can leverage technology to enhance the profession and improve care delivery for clients facing mental and behavioral health challenges. But we are not yet equipped to seize this moment.

#### Implications of Not Embracing Technology

The failure of the profession to embrace a digital future presents significant risks. As the first point of contact for many facing mental health challenges, social workers who lack the technological tools needed to tailor services to client needs, such as finding culturally relevant or location-specific resources, could see diminished outcomes and disengagement. Of course, all social workers are responsible for using these new tools responsibly and ethically to avoid unintended consequences. The profession itself must take proactive steps to build competency into practice. This includes the development of practice guidelines that outline the ethical use of technology

*see Social Work on page 28*

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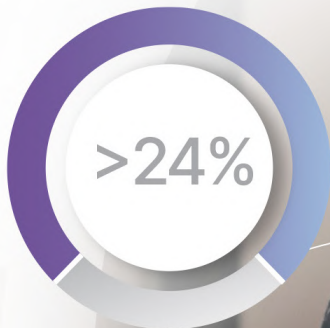
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# Technology is Always Evolving - So Should Our Approach to Youth Mental Health

By Ann Sullivan, MD  
 Commissioner  
 NYS Office of Mental Health (OMH)



Ann Sullivan, MD

From smartphones and watches to social media platforms, the world we live in today is much different than the one from twenty or even ten years ago. Technology continues to grow at a rapid pace as do the impacts these new devices are having on our mental wellbeing.

Specifically, we are seeing impacts on our children’s self-esteem, mental wellbeing, and the way they perceive the world around them. Technology is changing the way youth interact, and behavior that was once limited to physical interaction is carrying over into cyberspace via texting and instant messaging. Suffice to say, the impact has been both dramatic and troubling.

Social media use by youth is a complex issue with both positive and negative impacts. On the positive side, social media has enabled some youth to make positive social contacts, be less isolated, and even be inspired by some positive messages of leaders, celebrities, and friends.

On the serious negative side, children and adolescents who spend more than three hours a day on social media face double the risk of mental health problems, according to a report by the U.S. Depart-

ment of Health and Human Services. This includes symptoms of depression and anxiety. When asked about the impact of social media on their body image, 46 percent of adolescents between the ages of 13 and 17 said social media makes them feel worse.

Social media use was also a common theme during Governor Kathy Hochul’s Youth Listening Tour with OMH and the Office of Children and Families in 2023. The resulting report found that youth keenly understand the benefits and risks of so-

cial media and the potential strategies to support healthy use.

Given this situation, we must be cognizant of how technology is affecting young minds and take steps to mitigate the harmful side effects. To address this issue, Governor Hochul has been advancing legislation and initiatives aimed at reducing the impact technology and social media have on our youth.

In June, Governor Hochul signed into law the SAFE for Kids Act, requiring that social media companies restrict addictive feeds on their platforms for users under 18. Unless parental consent is granted, users under 18 will no longer be able to receive addictive feeds. Social media platforms will also be prohibited from sending notifications regarding these feeds to minors between 12 a.m. and 6 a.m. without parental consent.

The new law empowers the state Attorney General’s Office to seek civil penalties of up to \$5,000 per violation, among other remedies, and develop acceptable age verification and parent consent methods as part of the rulemaking process. In addition, the governor signed into law the New York Child Data Protection Act, which prohibits online sites from collecting, using, sharing, or selling personal data of anyone under the age of 18 unless they receive informed consent or unless doing so is strictly necessary for the purpose of the website.

We also need to ensure that our parents, teachers, and youth understand the gains and risks of social media and that we educate our communities on how to provide positive uses and help prevent negative outcomes. As with most challenges we face, it takes a community working together to solve the problem.

Governor Hochul also launched the ‘Get Offline, Get Outside’ campaign over the summer by encouraging New York’s youth to put down their mobile phones and devices, take a break from social media, and enjoy recreation and outdoor social gatherings. New York State parks waived pool fees to expand access and encourage other outdoor activities, inspiring major increases in attendance at state parks.

In addition to holding tech companies accountable and educating our communities, we are also providing schools an opportunity to bring mental health assistance directly to young people on school grounds. Earlier this year, Governor Hochul allocated \$20 million to help establish a school-based mental health clinic satellite in any school that wants one and further streamlined the process of developing these critical resources. This builds on the \$5.1 million awarded in 2023 to support 137 new school-based clinics, including 82 at high-needs schools, bringing the total number

see NYS OMH on page 28



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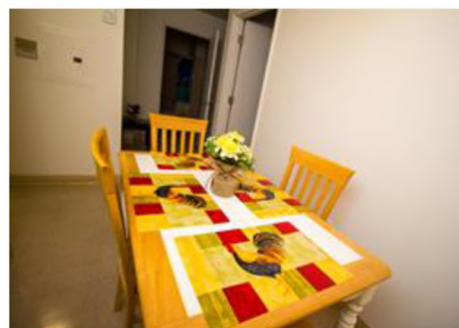
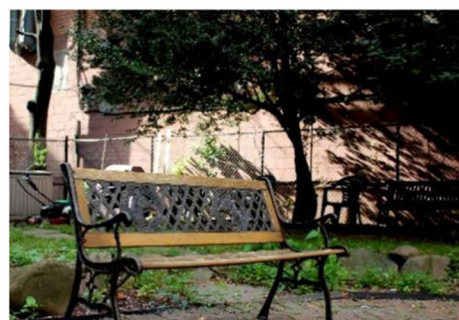
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# BI Before AI: CBC's Journey to Develop a Comprehensive In-House Business Intelligence Platform From Which to Launch AI Projects

By Pamela Mattel,  
and Ashley Loser  
Coordinated Behavioral Care  
Maria Kordit,  
Jason Lippman,  
and Jawad Sartaj  
Informd

Integrated-whole-person care requires integrated-whole-person data, yet most healthcare data is scattered across disparate sources. Even when behavioral health organizations and Independent Practice Associations (IPAs) make large financial investments into data platforms and the IT resources to operate them, those products are limited in interoperability, and staff find themselves spending significant time extracting, cleaning, and synthesizing data to answer pertinent business questions. As a result, organizations can find it challenging to identify which subpopulations are in need of targeted and timely interventions.

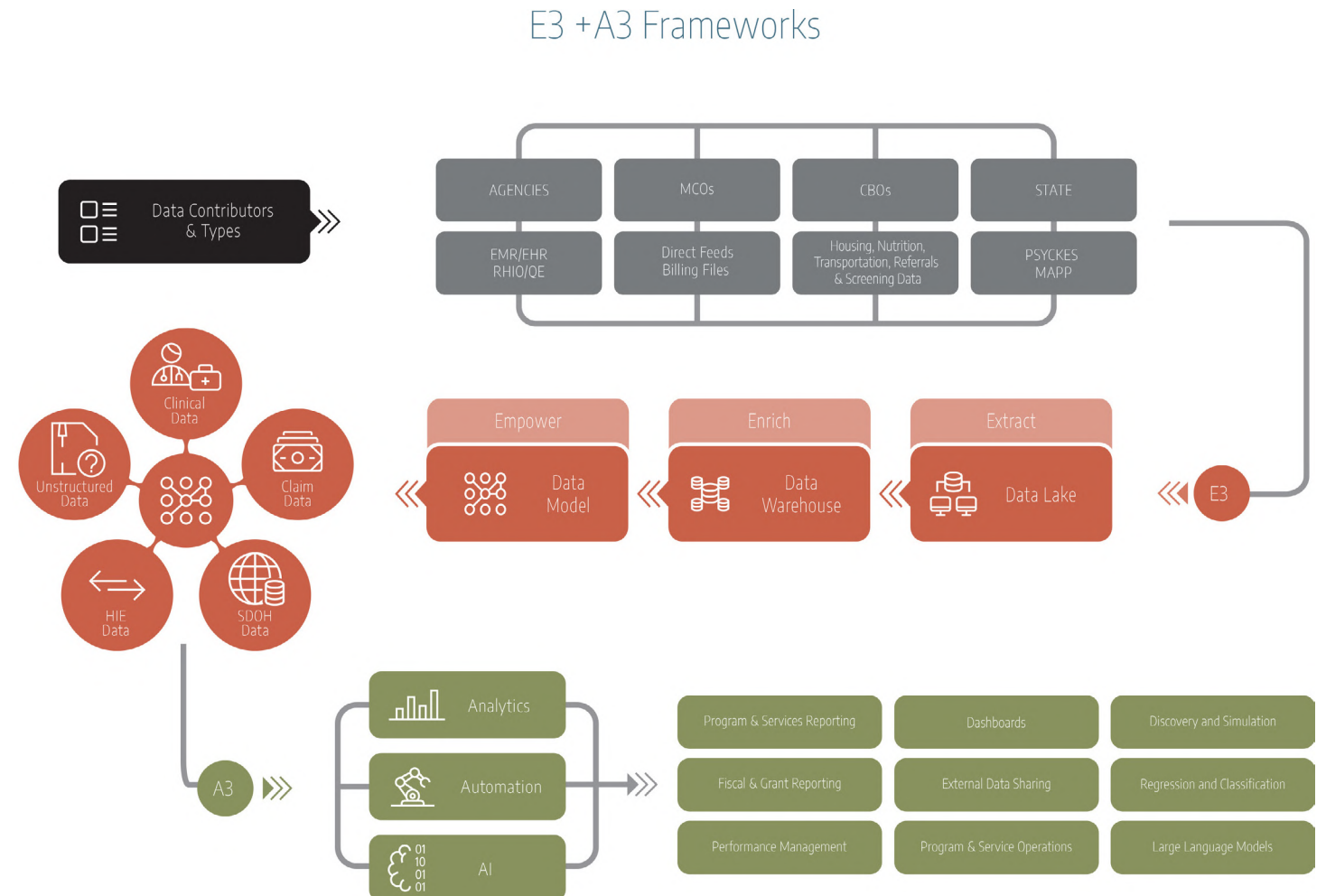
Behavioral health organizations, Certified Community Behavioral Health Clinics (CCBHCs), and Independent Practice Associations (IPAs) aim to understand the impact of their care delivery at every stage and identify opportunities for improvement. Accordingly, they must aggregate data in pursuit of a holistic patient record. However, these efforts are often stymied by the inherent messiness of healthcare data, which includes inconsistent formats, incomplete records, little standardization across sources, or lack of access to such data. Complex concerns around patient security and privacy through layered consent processes are a further complication.

Coordinated Behavioral Care (CBC) recognized that the lack of data integration along the person's health journey made it difficult to deliver comprehensive, effective, and timely care. Given its mission to empower underserved populations, who already face significant barriers to accessing care, CBC knew it needed to address these challenges without adding significant administrative burden or cost.

To achieve this, CBC partnered with Informd—an IT and data consultancy—to embark on its strategic plan for business intelligence (BI). In this article, the authors share why CBC undertook this journey, the results to date, and future ambitions.

CBC is a clinically integrated network of NYC's most forward-thinking not-for-profit health and human services agencies, delivering what matters most to over 150,000 people every year. These essential and extensive services—behavioral health, primary care, care coordination, housing, and other social care services—are improving the lives of individuals and families facing some of the most challenging issues with client-centered, data-informed, best practice approaches.

Collectively, these 77 agencies comprise the CBC Independent Practice Association and Health Home, which serves adults and children in New York City, Long Island, and Lower Westchester. Together, they are developing and implementing solutions in concert with the broader healthcare system, payors, government, and communities.



**Informd aggregates and automates data in service of performance and quality reporting. Our E3 + A3 Frameworks turn information into insights.**

CBC orchestrates a sophisticated, complex care ecosystem to improve outcomes. Centralized multidisciplinary staff, including peers, align partners around shared values, operate centralized intake, coordinate outreach and service activities, provide clinical support, case conferences, and training, and generate data-informed quality improvement.

Informd is a New York-based boutique consulting firm, and its advisors are trusted technology partners for many health and human service provider organizations across the New York metropolitan region and beyond. Founded in 2019, Informd's team of nearly 20 experts have significant experience with and understanding of the complexities of New York's healthcare, behavioral health, and social service systems and are intimately familiar with the Medicaid redesign and Value-Based Care reforms occurring over the last decade.

Informd has become a trusted advisor and partner to behavioral health IPAs, Behavioral Health Care Collaboratives (BHCCs), and information technology organizations, as well as substance use and mental health provider organizations, housing, criminal justice, and child welfare agencies. Each requires a deep understanding of their unique cultures, circumstances, and challenges.

From Decentralization to  
'One Team' - Technology as a  
Catalyst for Culture Change

Prior to undertaking this effort, CBC data staff operated in a siloed capacity,

with data analysts reporting on specific programs. Staff were extracting numerous files from the Electronic Health Record (EHR) but lacked repeatable data assets—meaning that each week, month, or quarter, staff had to manually download multiple CSV files and manually knit them together to calculate program outcomes. Each department had a unique process for data collection despite relying on similar data extracts. In short, CBC had neither standardization nor repeatability of data.

Program Directors were forced to handle complex data analysis tasks alongside their data analysts. Often, these staff handled time-consuming tasks such as manually sifting through Excel spreadsheets or using functions like "VLOOKUP" to identify pertinent events, e.g., which individuals were discharged the previous day and therefore needed follow-up care in the coming week. This inefficient process not only took up valuable time but also increased the likelihood of data errors and resulted in poor analytics.

Recognizing these challenges, CBC leadership engaged Informd to assess how CBC's data resources were organized and develop a structure that resulted in a centralized and cohesive data team. Informd also developed team roles and responsibilities that supported the implementation of a comprehensive Enterprise Data Strategy.

Next, the CBC data team underwent training to increase their technical skills with various data tools. At the same time, Informd began data acquisition efforts with EHR vendors, network agencies, the state-wide Health Information Exchange (HIE),

and other data suppliers. This resulted in a custom-built, efficient, and effective data infrastructure with real-time data pipelines to CBC's data warehouse.

The CBC leadership and data teams and Informd staff together identified and assessed data sources and reporting requirements - particularly around the need to gain timely patient care insights. CBC pursued a thorough documentation process that unpacked reporting needs into data sources, business definitions, and key measures of performance. This produced a catalog of current reports and logical reporting models, which were transformed into automations using SQL and presented using Tableau.

The culmination of these efforts was the creation of a data lake, data warehouse, and data model in less than 12 months. This framework now enables streamlined reporting and dashboards, giving CBC insights at their fingertips while also setting the stage for discovery and external data sharing with the CBC network. The result is the ability to see a member's journey, from referral to successful completion of health and behavioral health interventions. For programs such as CBC's Health Home, turnaround times for new reports decreased from an average of one week to less than four hours. Health Home documentation compliance can be tracked in near real-time, resulting in a reduction of 2,000 hours per year in manual effort.

CBC envisions future enhancements of adding Social Vulnerability Index metrics and Qualified Health Information Network

see *BI Before AI* on page 31

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# Smart and Ethical Recovery: AI in Addiction Treatment

By Ann Marie Foster  
and Alexander Pelaez, PhD  
Phoenix Houses – NY | LI

Artificial Intelligence can potentially revolutionize Addiction Treatment. This complimentary technology can aid clinicians and organizations by personalizing interventions and treatments, generating predictive analytics, aiding clinicians in optimizing workflows, and even reaching patients that might not seek assistance using traditional means. Throughout history, the benefits of any technology have always been counterbalanced by ethical considerations, and AI in the behavioral health space is no exception. AI technologies must also be designed and implemented with transparency, privacy, and bias reduction. Behavioral healthcare executives must be aware of the benefits and dangers of any technology, especially AI, ensuring proper, accurate, and ethical care is provided for all their patients.

Several researchers are exploring the benefits of AI, and undoubtedly, the results are promising. A recent Vanderbilt study could predict suicidal intentions with 80% accuracy (Forbes, 2023), and a Yale study (Roberts et al., 2022) found AI models similarly able to identify patients with a higher risk of alcohol abuse relapse with similar accuracy. The results could



revolutionize the work done by organizations focused on delivering quality care to substance abuse patients. These types of AI and Machine Learning models can provide insight across a broad stratum of patients, considering nuanced characteristics of the patient and the dynamic behaviors of patients while in treatment or post-discharge. Clinicians could be provided with information that would have been buried in notes and not been readily apparent. The information could be presented like information

gauges in an airplane cockpit, giving the pilot instant information on the changing conditions needed to successfully fly and land an airplane.

Technology in a vacuum, however, without proper guidance has many consequences. Over-reliance on AI could lead clinicians to disregard their own opinions and training when they run counter to the AI information. Clinicians may not be fully aware of how the AI and Machine Learning models are created and, there-

fore, may be wary of countering them. Therefore, it is important to understand the critical aspects of how AI models are created. All AI and machine learning models leverage preexisting data known as a “training set” to create the model. Then, a subsequent data set called the “test set” is used to see how the model compared with data the model had not seen. The accuracy measures of the test set are therefore used as a gauge to determine the model’s efficacy.

Researchers have studied highly successful models, and the concerns raised when the training sets are either limited or not representative. Joy Buolamwini, in her study *Gender Shades* (Buolamwini & Gebru, 2018), examined how even high-accuracy algorithms used for facial recognition were extremely flawed. Although popular facial recognition tools at that time had reached accuracy levels greater than 90%, they consistently misgendered and misclassified subjects, especially females with darker skin tones. While the article was written in 2018, and improvements have been made, the warning is clear. Training information into any AI algorithm is critical to success. In addition, blind faith in these algorithms can lead to concerning behaviors among those who use them and ultimately can have an adverse effect on populations.

see *AI in Addiction* on page 37

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# AI in Health Insurance: Ensuring Accountability and Oversight in an Evolving Landscape

By Rachel A. Fernbach, Esq.  
and Jamie Papapetros  
New York State Psychiatric Association  
(NYSPA)

One might say Artificial Intelligence (AI) is a double-edged sword. It has already proven helpful in streamlining and automating repetitive tasks in many areas of daily life. Yet, AI is also full of risks and dangers when not appropriately balanced with human supervision.

In October 2023, the Biden Administration issued an Executive Order on the Safe, Secure, and Trustworthy Development and Use of Artificial Intelligence. The Executive Order opens with a clear admonition:

“Artificial intelligence (AI) holds extraordinary potential for both promise and peril. Responsible AI use has the potential to help solve urgent challenges while making our world more prosperous, productive, innovative, and secure. At the same time, irresponsible use could exacerbate societal harms such as fraud, discrimination, bias, and disinformation; displace and disempower workers; stifle competition; and pose risks to national security.”<sup>1</sup>

The Executive Order uses the definition of artificial intelligence already codified in federal law: “a machine-based system



that can, for a given set of human-defined objectives, make predictions, recommendations, or decisions influencing real or virtual environments...”<sup>2</sup>

In the behavioral health context, AI might be used by a mental health practitioner to generate notes after a patient session, saving time for important patient care. It can also be useful in detecting medical errors or quality issues or automating billing and prior authorization processes. AI might be used by an insurance carrier to set insurance premiums, make under-

writing decisions, and automate utilization review of covered services. In all of these cases, careful guardrails must be in place to ensure that human intervention and oversight are maintained in the presence of computer-driven decisions.

Along these lines, this past spring, the American Psychiatric Association adopted a Position Statement on the Role of Augmented Intelligence in Clinical Practice and Research<sup>3</sup>, which cautions that AI applications may “carry high or unacceptable risk of biased or substandard care, or of patient

privacy and consent concerns.” The Position Statement refers to seven areas for increased accountability and oversight, including the need for human clinical involvement, patient education, and safeguarding of health information used by AI systems.

Here in New York, the New York State Department of Financial Services (DFS) recently issued Insurance Circular Letter No. 7 (2024), an industry guidance entitled “Use of Artificial Intelligence Systems and External Consumer Data and Information Sources in Insurance Underwriting and Pricing.” The goal of the Circular Letter is to ensure that insurers doing business in New York use emerging technologies in compliance with all applicable federal and state laws and regulations. Specifically, “the self-learning behavior that may be present in AI increases the risks of inaccurate, arbitrary, capricious, or unfairly discriminatory outcomes that may disproportionately affect vulnerable communities and individuals or otherwise undermine the insurance marketplace in New York.”<sup>4</sup>

DFS expects insurers to conduct appropriate oversight over third-party vendors, including due diligence and oversight relative to the risks of AI or external consumer data and information sources used by third-party vendors. DFS states that insurers

see *AI in Insurance* on [page 31](#)

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# How New York Psychotherapy and Counseling Center Uses Data Analytics to Expand Access and Improve Behavioral Healthcare for Underserved Communities

By Josh Klein  
VP of Strategy and Business Operations  
New York Psychotherapy and Counseling Center

The ongoing mental health crisis, exacerbated by widespread staff shortages across behavioral health providers, has highlighted the urgent need for accessible, high-quality mental health services, especially in underserved urban communities. In New York City, organizations like [New York Psychotherapy and Counseling Center \(NYPCC\)](#) are rising to the challenge by harnessing the power of data to expand access to care and continuously improve quality of services.

Founded in 1974, NYPCC is a non-profit behavioral health agency dedicated to providing affordable, culturally sensitive psychotherapy and counseling services to individuals and families in the New York metropolitan area, with a focus on underserved communities. NYPCC serves over 25,000 clients each year through its four in-person locations in the Bronx, Bushwick, East New York, and Jackson Heights, as well as via telehealth services available to clients throughout NYC and NY State.

In July of this year, NYPCC opened a state-of-the-art clinic in Jackson Heights, Queens, to address the shortage of mental health resources in that area. The new facility features expanded capacity, cutting-edge technology, and a diverse staff reflective of the community it serves.

NYPCC has long been an innovator in leveraging data to inform clinical operations and quality improvement efforts. In recent years, the organization has accelerated its adoption of advanced data analytics in order to rapidly scale services and reduce barriers to care across all of its locations and service lines.

## Streamlining Intake to Improve Access

One key way NYPCC uses data is to streamline the intake process and reduce



wait times for initial appointments. NYPCC strives to maintain no waitlist for services, and by implementing data-driven strategies, the organization has been able to achieve this goal even in the face of high demand and staff shortages.

When a client first reaches out to New York Psychotherapy and Counseling Center for services, the organization leverages its data systems and other technologies to quickly gather necessary information, process the referral, and match the client with an appropriate provider based on factors like language, location, specialty, and the client's preference for telehealth or in-person services. By automating and optimizing these processes, NYPCC has been able to significantly reduce the time from first contact to initial appointment.

NYPCC also uses predictive analytics to identify times and locations where no-shows for intake appointments are more likely to occur. This allows the organization to double-book appointments during those slots to ensure provider capacity is fully utilized and more clients can be seen. By maximizing the number of people

brought into care without overburdening staff, NYPCC is able to maintain timely access even as other providers struggle with long wait times.

## Empowering Staff with Data to Enhance Client Engagement

In addition to using data to streamline operations and expand access, NYPCC leverages its data systems to support front-line staff in delivering high-quality, engaging care. All NYPCC staff receive various reports that allow them to focus on key clinical and quality measures relevant to their role.

For example, therapists receive regular reports on their clients' attendance, progress toward treatment goals, and scores on standardized assessments. This enables them to quickly identify clients who may be at risk of disengagement or in need of adjustments to their treatment plan. Supervisors receive aggregate reports on their team's performance across these measures, allowing them to provide targeted support and coaching.

NYPCC has also developed a real-time dashboard that is used by supervisors and administrators to monitor staff and client engagement at the clinic and organization levels. The dashboard integrates data from the electronic health record, scheduling systems, and other sources to provide a comprehensive view of key performance indicators.

Supervisors can use the dashboard to identify staff members who may be struggling with certain aspects of care delivery, such as maintaining high attendance rates or completing documentation on time. They can then proactively reach out to those staff to offer additional training, resources, or other support. Administrators use the dashboard to track organization-wide metrics and identify areas for system-level improvement.

By putting actionable data in the hands of staff at all levels, NYPCC empowers its workforce to continuously monitor and improve the quality and responsiveness of care, even in a challenging and constantly evolving environment.

## Leveraging AI for Continuous Quality Improvement

NYPCC is also at the forefront of using artificial intelligence (AI) to drive continuous quality improvement in behavioral healthcare. The organization has developed AI-powered tools that can analyze vast amounts of unstructured data, such as clinical documentation, to identify patterns and insights that might be missed by human review alone.

For example, NYPCC's AI algorithms can scan case notes to identify clients who may be at higher risk for certain adverse events, such as hospitalization or self-harm, based on subtle changes in language or reported symptoms. The system can then alert the client's therapist and care team to reassess the treatment plan and provide additional support as needed.

The AI tools can also aggregate and analyze data across the organization to identify

see NYPCC on [page 38](#)

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# Digital Technologies Hold Promise for Behavioral Health Service Providers and Recipients

By Ashley Brody, MPA, CPRP  
Chief Executive Officer  
Search for Change, Inc.

Our healthcare and social welfare systems face grave challenges amid an unprecedented demand for services. The acute economic instability of recent years, environmental degradation attributable to global climate change, and chronic sociopolitical upheaval have compromised public health and wellbeing on a scale unimaginable merely a generation ago. “Existential angst” associated with these trends has become the predominant psychological state for many. For some, this is manifest as a subclinical emotional malaise. For others, it emerges as severe anxiety, dysphoria, and similarly debilitating conditions. Unparalleled rates of suicide and substance misuse and abuse have followed. An oversized demand for services driven by the foregoing factors occurs at a time when our systems are ill-equipped to deliver on their missions. This is a consequence of several factors, foremost of which is an enduring workforce crisis that has produced a dire shortage of qualified providers throughout the country. Moreover, providers must fulfill increasingly onerous administrative demands and have little time to attend to their clients’ needs. Nothing short of trans-



formative solutions is required to correct this structural dysfunction and to restore our systems’ capacity to “meet the moment.” Potential solutions may be found in Artificial Intelligence (AI) and other digital technologies if they are deployed appropriately. To paraphrase Albert Einstein, AI might constitute an opportunity embedded in a crisis.

AI encompasses a diverse array of technological applications that mimic human

cognitive functions such as learning and problem-solving. It has yielded certain benefits in various facets of the service delivery process and exceeded the performance of human experts in some instances. It has been widely deployed within the realm of medical imaging, in which it has been proven to analyze diagnostic images with greater precision than radiologists when applied to select specialties, including radiology, dermatology, and pathology (Bajwa et al., 2021). It has also been shown to aid clinicians in clinical decision-making, specifically in the realms of disease classification (i.e., diagnosis) and prognosis (Khosravi et al., 2024).

The use of AI in the behavioral healthcare (BH) and social service sectors has been more limited, however. These sectors often face acute resource limitations that preclude the deployment of new technologies, many of which are prohibitively expensive, particularly if accessed during their incipient phase of development (Glauser, 2024). AI’s application to BH is also limited by factors unique to this specialty. Diagnostic measures utilized within medical and surgical specialties such as diagnostic imaging, blood tests, and urinalysis, among countless others, entail substantial quantitative components that may be readily accessed and analyzed by emerging digital technologies. By contrast, BH relies primarily on providers’ capacity to assimilate qualitative information from disparate sources and to render judgements that reflect both the information received and innumerable contextual factors that inform the interpretive process. These limitations notwithstanding, AI may aid BH providers in aggregating and summarizing clinical documentation essential to the assessment process. It has also proven effective in the realm of “digital phenotyping,” an emerging technology that entails the use of digital information to evaluate individuals’ emotional and psychological states through analyses of content shared on social media platforms, email and text communications, and other sources. These analyses may reveal changes in behavior indicative of certain risk factors. AI has also aided BH providers through remote

sensing and ambient applications designed to monitor aspects of recipients’ physiology or environmental conditions relevant to their emotional and psychological wellbeing. For instance, commercially available technologies such as *Google Nest* are now equipped to monitor users’ sleep patterns using motion and sound sensors, and data obtained may reveal anomalies associated with certain behavioral health conditions (Muio, 2021).

AI may also reduce BH providers’ administrative workload when used to simplify or streamline service documentation processes. This is a realm of untapped potential, particularly for social welfare providers who depend heavily on paraprofessionals who operate at the confluence of several trends that have exacerbated the strain on their profession and perpetuated a workforce crisis. Social welfare organizations commonly serve individuals with exceptionally complex needs within intricate fiscal and regulatory environments. Their employees must deliver services, fulfill increasingly onerous documentation requirements, and meet innumerable other demands in exchange for modest compensation. Although much of the research concerning the use of AI in alleviating providers’ documentation burden explores its application within “traditional” healthcare settings (e.g., primary care clinics, hospitals, etc.), some findings may be extrapolated to other settings. One study that investigated the use of ambient AI “scribes” among physicians affiliated with The Permanente Medical Group (TPMG) found this technology reduced the amount of time study participants spent preparing documentation, thereby increasing the time available for service delivery and patient engagement (Tierney et al., 2024). Another study explored the impact of a similar technology utilized among family medicine practitioners and revealed similarly salutary results. Practitioners who adopted this technology reported a 72% median reduction in documentation time, statistically significant improvements in overall work satisfaction, and fewer signs of professional burnout (American Academy of Family Physicians, 2021). Other studies described beneficial applications of “voice-to-text” technologies that employ recent advances in Natural Language Processing (NLP) to accelerate the documentation process and AI-enabled document summarization tools that aid providers in gleaning essential details embedded in lengthy text documents. The “use cases” described above are not exhaustive, nor do they constitute panaceas for the behavioral health and social welfare sectors, whose challenges are significant and multifaceted. Nevertheless, as providers optimize their operations via the pursuit of the “Quadruple Aim” – a laudable goal that, if achieved, enhances the patient experience, improves population health, reduces the cost of care, and promotes employee satisfaction and wellbeing – the judicious application of AI may yield substantial benefits that cannot be realized through conventional (i.e., human) means alone.

see *Digital Technologies* on page 38



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# Empowering Patients Through Accessible Electronic Health Records: Benefits and Challenges

By Jorge R. Petit, MD  
Chief Clinical Advisor  
Cantata Health Solutions

The integration of digital technology in healthcare has ushered in a new era of patient empowerment, providing an unprecedented level of engagement and autonomy in managing one's health by enabling easier access to electronic health records (EHRs). This transformation has significantly altered the dynamics of patient-provider interactions, allowing patients greater control (empowerment) and enhancing their involvement in shared decision-making (engagement), their engagement, and shared decision-making in their healthcare process.

The trend in developing more accessible EHRs is a cornerstone of contemporary healthcare reform initiatives, reflecting a broader transition towards a more digital, data-driven healthcare environment. This movement has profound implications for all stakeholders in the healthcare ecosystem—from patients to policymakers and technology developers—and, most critically, the behavioral healthcare (BH) sector.

Historically, the BH sector has received less financial support compared to general medical care when it comes to adopt-

## The Benefits of Enhanced Access to Health Records

### Improved Patient Engagement

- Accessible EHRs encourage patients to be more involved in their healthcare, which can lead to better adherence to treatment plans and improved health outcomes.
- Patients who understand their health conditions and treatment options are more likely to engage in healthy behaviors and comply with prescribed therapies.

### Informed Decision Making

- By providing real-time access to health data, EHRs equip patients with the necessary information to make educated health decisions.
- This not only enhances patient autonomy but also facilitates a more collaborative relationship between patients and healthcare providers.

### Enhanced Quality of Care

- EHRs can integrate various sources of patient data, offering a comprehensive view of a patient's health history.
- This integration supports more accurate diagnoses, timely treatments, and personalized care plans, thereby elevating the overall quality of healthcare services.

ing health information technology. For instance, while the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 provided substantial funding for hospitals and clinics to implement EHRs, behavioral health providers were largely excluded from these federal incentives, resulting in a slower adoption rate of EHRs in behavioral health practices, especially in smaller clinics and community mental health settings, which often operate with limited resources.

Behavioral health services in the U.S. are often provided by a patchwork of public and private entities, including community health centers, private practices, non-profit organizations, and state-run facilities. These systems tend to be underfunded and lack the financial capital to invest in advanced technological infrastructure, making it difficult to implement EHRs that are interoperable within the broader healthcare ecosystem. The result is siloed systems of care that are unable to fully participate in the technological advancements seen in general healthcare.

To further complicate matters, BH data, such as psychiatric evaluations, therapy notes, and substance use treatment plans, contain more sensitive information than physical health data. This makes it more challenging to integrate behavioral health data into standardized EHRs that are designed primarily for physical health. There are also additional privacy concerns with mental health and substance use disorder data, leading to more stringent confidentiality regulations (e.g., 42 CFR Part 2) compared to general healthcare, making data sharing and system integration more challenging.

All too often, behavioral health EHRs have been developed as standalone systems, making it difficult for behavioral health providers to share data with other healthcare providers in an integrated fashion. As a result, critical information about a patient's mental health, substance use, and overall treatment plan may not be readily available to primary care providers or specialists, leading to fragmented care and poorer outcomes. This lack of interoperability exacerbates the gap between behavioral health and general medical care, limiting the potential for coordinated, whole-person care.

The slower adoption of technology in BH has profound consequences for the quality and accessibility of care. Patients with mental health and substance use disorders often require integrated, coordinated care across multiple providers. Without interoperable EMRs, behavioral health providers face challenges in accessing and sharing critical information, and patient outcomes are impacted.

## Significance of Accessible Electronic Health Records

The move towards more accessible EHRs is not merely a technological upgrade but a profound shift towards a more inclusive, efficient, and patient-centered healthcare system. This transition is pivotal for the future of behavioral healthcare delivery, promising significant improvements in patient outcomes, system efficiency, and public health management.

**Empowerment:** EHRs that offer more accessible features fundamentally change the patient's role from a passive recipient of care to an active participant. By having real-time access to their medical histories, lab results, and treatment plans, patients can better understand their health conditions, which empowers them to take charge of their health and wellness. This empowerment is crucial—particularly for vulnerable populations who might otherwise face significant barriers to healthcare access and literacy—in managing chronic conditions where continuous monitoring and adherence to treatment regimens are vital for optimal outcomes.

**Coordination:** Accessibility to comprehensive patient records across different healthcare settings facilitates better coordination of care. When healthcare providers have immediate access to a patient's complete medical history, including past treatments, current medications, and other critical health information, they can make better-informed decisions. This is particularly beneficial in emergency situations or when managing complex health issues that require multidisciplinary care, reducing the risk of redundant testing or adverse drug interactions.

**Equity:** Accessible EHRs can help address disparities in healthcare by ensuring that all patients, regardless of their geographic location or socio-economic status, have their health data tracked and analyzed. This can lead to more equitable healthcare delivery, identifying underserved populations and directing resources where they are most needed.

The move towards more accessible EHRs is not merely a technological upgrade but a profound shift towards a more inclusive, efficient, and patient-centered healthcare system. This transition is pivotal for the future of behavioral healthcare delivery, promising significant improvements in patient outcomes, system efficiency, and public health management.

### 3 Key Challenges in Implementing Accessible Behavioral Health Records

While the benefits are clear, there are three significant challenges that need to be addressed when implementing such technologies:

**1. Data Privacy and Security:** Ensuring the data privacy, confidentiality, and integrity

see *Accessible EHRs* on page 27



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# AI's Next Target: Clinician Burnout

By Khalid Al-Maskari  
Founder and CEO  
AxiomEHR

Artificial intelligence threatens to disrupt work as we know it, displacing great swaths of the workforce with language models and artificial neural networks that perform least as well as humans. Although that frightens healthcare workers, many are burning out and looking for relief. AI might be exactly what the doctor ordered.

Burnout is real. Nearly half (49%) of physicians felt burned out, and 1 in 5 were depressed in the 2024 Medscape Physician Burnout and Depression report. Administrative work, such as charting and paperwork, was the leading contributor to burnout, with 62% calling it their top source of burnout. About 2 in 5 (41%) said they're working too many hours.

Burnout is defined (Murthy & US Public Health Service, 2022) as "an occupational syndrome characterized by a high degree of emotional exhaustion and depersonalization (i.e., cynicism) and a low sense of personal accomplishment at work." Burnout leads to quitting; quitting leads to staffing shortages; staffing shortages lead to burnout. It's a vicious cycle.

More than 145,000 healthcare workers left the workforce (*Charted: The Healthcare Worker Exodus (and 3 Ways to Fix It)*,



in 2021 and 2022. Not surprisingly, approximately 75 million Americans live in government-designed health professional shortage areas (HPSAs) (*Shortage Areas*, n.d.) for primary care; this number is even higher - 122 million - for those seeking mental health care.

"The nation's health depends on the well-being of our health workforce," the surgeon general has said (General, 2022). "Confronting the long-standing drivers of burnout among our health workers must be a top national priority."

AI is one way healthcare workers might reduce paperwork and finish their jobs during regular working hours. Far from being a feared job killer in this context, it's a productivity machine.

Here are three examples of how AI helps reduce employee burnout for integrated healthcare workers.

#### Automating Manual Workflows

Consider how much of the work is busy work—engaging, diagnosing, and treating

patients compared to filling out forms, entering data, compiling reports, etc. Clinicians can spend more time responding to the computer than getting help from it.

AI is helping healthcare workplaces not only automate tedious tasks but link them together in automated workflows that require human input only when trained human judgment is needed. AI connects action items, notifications, and people and carefully maps business processes to compound the gains made possible by software.

Imagine a patient in an integrated healthcare organization telling her therapist that her medication isn't helping her cope with intrusive thoughts. Her therapist believes she might benefit from a higher dosage. Without AI's intelligent automation, the therapist would make handwritten notes of the conversation in the patient record, verbally notify a psychiatrist with the prescribing authority of the medication recommendation, alert the case manager, and periodically check in with all the participants to ensure the medication is prescribed and delivered.

AI can help automate the workflow from the very start. First, intelligent voice-to-text technology captures the initial patient-therapist interchange. Then, AI flags the therapist's dosage recommendation, automatically designates it as an action item in the organization's EHR system,

*see Clinician Burnout on page 30*

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# Using Big Data Analytics to Predict and Prevent Mental Health Crises

By Jeremy Weisz  
CEO & Co-Founder  
Greenspace Health

In recent years, mental health crises and suicide rates have surged across America. This concerning trend spans demographics, with 11.5% of youth (over 2.7 million people) reporting severe major depression and 20.78% of adults (over 50 million people) facing some form of mental illness. The aftermath of COVID-19 continues to take its toll, with lasting impacts on mental health and well-being. The [Stress in America™ 2023 survey](#) conducted by The Harris Poll on behalf of the American Psychological Association (APA) found that chronic health conditions among adults aged 35 to 44 increased from 48% in 2019 to 58% in 2023—following a rise in mental health diagnoses in this group, from 31% in 2019 to 45% in 2023.

Given that suicide is a leading cause of death globally, claiming over 700,000 lives annually, the urgency for advanced health-care solutions to predict and prevent mental health crises has never been greater.

### The Role of Big Data in Mental Health Crisis Prevention

Big data analytics offers a transformative solution for predicting and pre-



venting mental health crises at scale. While commonly applied in physical health, the transformative impact of big data within behavioral health has only recently started to gain momentum. By implementing the tools, processes, and infrastructure to collect and analyze rich demographic and behavioral health outcome data sets, we can better support our population and reduce the number, impact, and cost of mental health crises across the US.

### The Foundation: Measurement-Based Care (MBC)

While physical healthcare is driven by data—including diagnoses, clinical progress evaluation, patient engagement, and treatment adjustments—behavioral health has historically lagged behind. However, with the accelerating adoption of [Measurement-Based Care \(MBC\)](#), there is now a solid and growing foundation for a data-driven behavioral health system.

MBC uses patient-reported outcome measures (PROMs) to monitor progress and inform care decisions throughout treatment. Research shows that MBC leads to [improved clinical outcomes](#) and deeper patient engagement and enables providers to proactively identify and respond to [off-track results](#).

At the individual level, MBC ensures effective and high-quality care. At the health system level, it generates data that can be used to predict and prevent crises on a larger scale. Scaling MBC across health systems unlocks powerful datasets to reveal population trends, address service gaps, and respond to patient deterioration or crises before they happen.

### Scaling MBC: Data-Driven Insights for System-Wide Impact

Scaling MBC across health systems enables key data-informed insights that are critical for the continual enhancement of behavioral health services:

**Benchmarking:** With large-scale data, we can set and assess standards for care effectiveness across any demographic, program, or treatment modality. For individuals, this empowers an improved quality of care and the early identification of those at risk of crisis. Benchmarks also serve as an effective

*see Prevent Crises on page 36*



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# The Benefits of Robotics and AI for Children and Behavioral Health

By Rachel Baynes, MA  
Head of Clinical Research  
Embodied, Inc.

As children grapple with increasing levels of anxiety and stress, teachers have struggled to cater to diverse learning needs in overcrowded classrooms, and clinicians are experiencing an overwhelming case-load. Robotics and artificial intelligence have the potential to transform child development in a way that aligns with contemporary pillars of success. This includes nurturing skills like problem-solving, effective communication, emotional regulation, and more. These technologies also offer support to neurodivergent children and adolescents.

## Social Emotional Learning (SEL)

SEL is as critical as academics to children's development, helping them process, regulate, and communicate their emotions as well as develop empathy. Teachers, parents, classmates, and friends will always be an important part of this learning journey to help children hone and apply their social skills, but social robots and AI-powered apps can act as a supplement to these efforts when time, resources, and capabilities fall short. This is backed by the more than 12,500 peer-reviewed studies that show



strong evidence that robots help children improve social skills.

Robotics companions like SoftBank Robotics' **Pepper**, or the autonomous **NAO** (which was first released in 2008), are used in schools and clinical settings to teach children emotional regulation, social skills, and empathy. Humans will always be biased, and robots offer a judgment-free environment to practice these skills. Anecdotally, parents of children using **Moxie Robot** have reported

that their kids, who previously struggled with opening up to their therapists, are displaying major progress in this area when using Moxie in conjunction with talk therapy.

Many of these robotic companions, plus AI-powered apps and online games designed for SEL, are equipped with dashboards to track individual progress, provide tailored feedback, and recommend activities based on areas of improvement and interests.

## Neurodivergent Children

Robots have shown inspiring promise when it comes to supporting children with autism and other developmental disorders with social and emotional skills. A study conducted by Yale University found that a group of children with autism who used a robot for 30 minutes a day showed noticeable improvement in skills like eye contact or initiating communication.

Further, accessing behavioral health services outside of school can be a barrier to some families due to geography, costs, or availability of local clinicians. AI tools and robots can act as supplements to therapy in instances where care is not readily available. For example, **RoboKind** makes the facially-expressive robot **Milo** to support autistic children and their teachers. With Milo, students can work on emotional recognition and social skills, like greeting people or making eye contact. The company found that students engaged with Milo 87.5% of the time vs just 2-3% of the time with a human therapist, demonstrating the technology's effectiveness in a school setting.

In addition to children exhibiting greater engagement with robots, AI can help clinicians identify patterns or risks to deliver more personalized care. These tools supplement, not replace, human care by

see *Robotics and AI* on page 29

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# How Artificial Intelligence Can Help Combat Addiction

By Temitope Fabayo, BA, MBA  
DMC HomeCare

Substance use disorder is a worldwide problem. A report by the [Addiction Center](#) shows that in the United States, more than 21 million people have a substance use disorder. Another report by the [National Drug Control Budget](#) highlights that the government spends more than \$44.5 billion annually to address the consequences of substance abuse, such as health care expenses, lost work productivity, and crime rates.

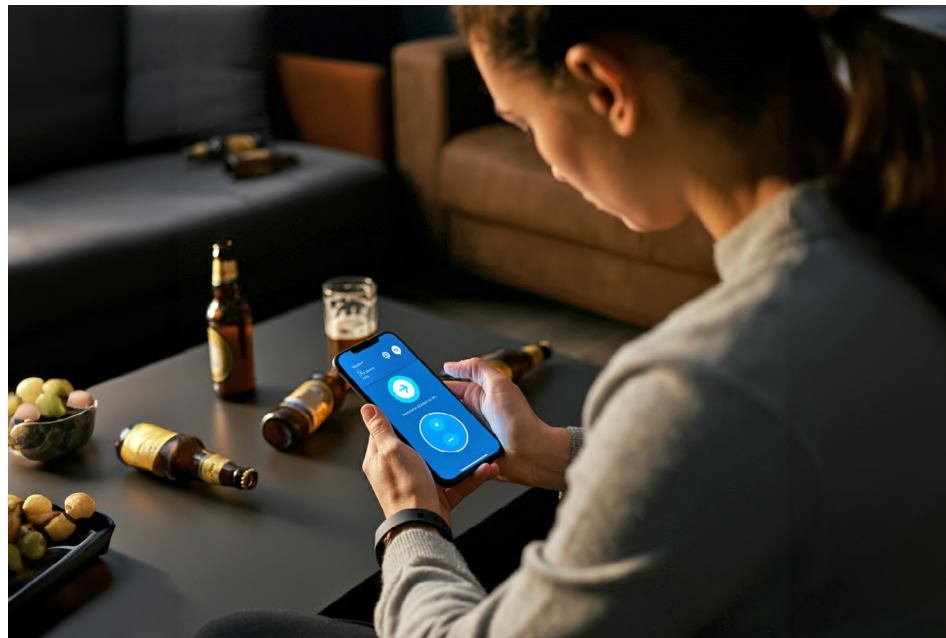
This crisis affects not only the individuals with substance use disorders but their families and their community, too. Treatment methods are limited in terms of availability, specificity, and efficacy, but technology, especially AI, can help.

## Understanding Addiction and Its Difficulties

[Alcoholism or substance abuse](#) is an illness of the brain that is chronic in nature and progressive, with marked features of relapse. It is a condition that can be described as multifactorial, meaning that there are genetic and extragenetic components.

## Types of Addiction

- **Substance Addiction:** They include



disorders involving the use of substances such as alcohol, drugs, and nicotine.

- **Behavioral Addiction:** Other impulsive and compulsive related disorders. For example, compulsive gambling or sexual behavior.

According to the [American Psychiatric Association](#), several causes of addiction are genetics, environment, and psychological disorders like anxiety and depression.

Substance dependency is not a result of one's inability to hold back from substances; it is a disease that sometimes needs lifetime treatment.

## Challenges in Treating Addiction

The nature of treating addictions poses many challenges. Traditional methods, like counseling and medication, often face challenges, such as:

- **High Relapse Rates:** Despite the treatments, a report by the [National Institute on Drug Abuse](#) shows that 40-60% of patients relapse because of triggers and stressful factors.
- **Limited Access to Care:** In a 2023 [National Survey on Drug Use and Health](#) report, it is estimated that about 12% of Americans had used an illicit drug in the past year. About 8 million people aged 12 or older required substance use treatment in the past year. Of these, about 23.6% (or 3 million people) sought treatment. It can be deduced that some of these people could not receive treatment due to high costs and a lack of professional staff.

## The Role of AI in Addiction Treatment

1. **Personalized Treatment Plans** - The application of AI in the treatment of substance use disorders enables the consideration of patient-specific information like medical history, behavior, and even genetics. Therefore, AI can work out the required course of treatment according to each client's needs in order to optimize the given solution.

2. **Early Detection and Prevention** - AI has the capacity to diagnose those who

*see [Combat Addiction on page 32](#)*

# Using Technology to Personalize Behavioral Health Treatments

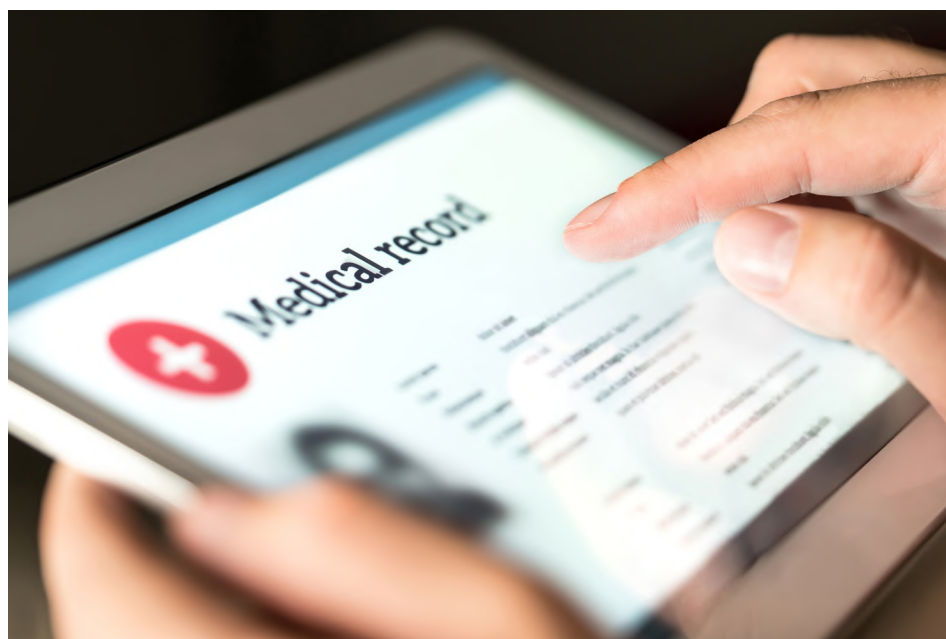
By Patrick Williamson  
Chief Information Officer  
Array Behavioral Care

It's no surprise that behavioral health providers are exploring how technology and artificial intelligence (AI) can improve patient care and support clinicians. Issues like burnout, the nationwide shortage of clinicians, and administrative burdens can be (at least) partially addressed by new technology that streamlines documentation or remotely connects clinicians with patients.

While these improvements are a step forward, they do not address a foundational issue in behavioral health care: treating patients with truly personalized care plans. It's time that we move beyond relying on technology as just an administrative assistant and figure out how to incorporate it to deliver customized patient care.

## Impactful Recent Advancements

There are two main areas where we believe technology and AI have already moved behavioral health care toward a more personalized model. First, [AI note-takers and transcription services](#) (Rajkumar, 2024) are helping clinicians speed record keeping and recognize patterns in patient feedback. These tools reduce the administrative burden on clinicians, who can now devote more time to treating their patient panels.



Secondly, the ubiquity of mobile phones and video platforms allows clinicians to schedule therapy and psychiatry sessions remotely, vastly increasing access to care. People living in healthcare deserts and those who are part of vulnerable populations now have care options even if they reside in an area without a behavioral health practitioner. While telehealth visits for physical health care decrease, [demand for virtual mental health care continues to grow](#) (Derman, 2024) thanks to the accessibility of video platforms.

## Where We're Still Falling Short

While technology and AI have increased access and uncovered efficiencies in documentation and compliance, these improvements only partially meet the growing need for personalized treatment. That's because patient data are still siloed across providers and settings, making coordination of treatment across the care continuum nearly impossible. Some conditions cause a [misdiagnosis rate of roughly 50%](#) (Seibert, 2024).

Healthcare in general, and behavioral healthcare specifically, has been critically hampered by a lack of communication between physical and mental health clinicians, healthcare systems, and patient Electronic Health Records (EHRs). Considering the [strong link between physical and mental health](#) (Fiorillo et al., 2024), this fragmentation leads to huge gaps in care and causes preventable harm in many cases. Technology can plug this gap by facilitating the sharing of patient data.

For example, a primary care provider (PCP) may prescribe antidepressants to a new patient suffering from bipolar disorder based on limited behavioral health data, which can trigger manic episodes. If the patient's physical health and psychiatric history were shared across providers, then that PCP might better understand how to personalize treatment because other therapies are better suited to address that patient's specific needs rather than antidepressants.

Additionally, patients may be admitted into hospitals where they are put on medications that inadvertently worsen their condition, lengthening their stay or increasing the likelihood of readmission in the future. Because that patient's medical history is compartmentalized across different providers and care settings, they receive "one size fits all" care instead of targeted support.

*see [AI in Healthcare on page 25](#)*

## The Long-Term Psychological Effects of Hazing and How We Can Prevent Them

By Vishwani Sahai-Siddiqui, MD  
Medical Writer & Editor, Mental  
Health Advocate, The Cognitive Quill

**D**anny Santulli, an 18-year-old college freshman, was a victim of a hazing incident in 2021. During a fraternity hazing ritual at the University of Missouri, he was forced to drink excessive amounts of alcohol, resulting in alcohol poisoning and brain damage. Danny was left unable to speak, walk, or see, permanently disabling him. Once a vibrant young man with dreams for the future, he now requires round-the-clock care and will never live a normal life again. His devastating condition serves as a reminder of the consequences of hazing, showing how a night of reckless behavior can destroy a life. This tragic case also highlights the devastating physical and mental consequences of hazing, emphasizing the need for prevention and accountability in such practices.

Hazing can have profound and long-term effects on mental health. Here's how it can lead to psychiatric issues:

**Post-Traumatic Stress Disorder (PTSD):** Victims of hazing often experience repeated trauma, humiliation, and abuse, which



can result in PTSD. Symptoms may include flashbacks, nightmares, hypervigilance, and avoidance of reminders of the hazing event.

**Major Depressive Disorder:** The severe emotional distress and feelings of helplessness caused by hazing can lead to persistent depressive symptoms. Victims may experience prolonged sad-

ness, loss of interest in daily activities, feelings of worthlessness, and thoughts of suicide.

**Generalized Anxiety Disorder:** Hazing can trigger chronic anxiety, where victims remain in a constant state of worry or fear. This anxiety might generalize beyond the specific hazing event, affecting daily functioning and interactions.

**Social Anxiety Disorder:** After enduring public humiliation, victims may develop a fear of social situations where they believe they will be scrutinized or judged, potentially leading to avoidance of group activities or relationships.

**Substance Use Disorders:** Many hazing rituals involve forced consumption of alcohol or drugs, which can lead to substance dependence. Additionally, victims might use substances as a coping mechanism to deal with the emotional aftermath of hazing.

**Psychosis or Psychotic Disorders:** A traumatic event like hazing can cause a psychotic break by overwhelming a person's ability to cope with extreme stress, leading to a disconnection from reality. Trauma triggers an intense stress response in the body. This can lead to hyperactivation of the hypothalamic-pituitary-adrenal (HPA) axis, flooding the body with stress hormones like cortisol. Stress can impair brain function, particularly in regions involved in regulating emotions and reality perception, such as the prefrontal cortex, possibly leading to psychosis. Trauma can also overwhelm the brain's cognitive processing abilities.

*see Hazing on page 33*

## CDC Report: Why Schools Are Crucial for Youth Suicide Prevention

By Christine Cauffield, PsyD  
Chief Executive Officer  
LSF Health Systems

**O**ur schools have the power to be one of the strongest allies in protecting the mental health of our youth. With growing concerns about suicide prevention, the latest [Youth Risk Behavior Survey Data Summary & Trends Report](#) from the CDC underscores the urgent need for proactive measures. Schools are uniquely positioned to be the first line of defense, offering support and resources that can make a real difference in students' lives.

The new CDC report focuses on health behaviors and experiences of US high school students. The data highlights students' behaviors and experiences in 2023, changes from 2021 to 2023, and 10-year trends. Topics included cover sexual behavior, substance use, experiences of violence, mental health, suicidal thoughts and behaviors, and other important issues, like social media use.

The results of the survey paint a concerning picture: almost all measures of poor mental health and suicidal behaviors among students have worsened during the past decade. In that time, there has been a significant rise in the number of students reporting persistent feelings of sadness or hopelessness, along with an increase



in those seriously considering or attempting suicide. Particularly troubling are the disparities among different groups, with LGBTQ, American Indian/Alaska Native, and female students more likely to experience these challenges.

However, the report offers some encouraging news regarding youth mental health in more recent years. Fortunately, we have seen improvements during the past two years. The report states that there were decreases in the percentage of female stu-

dents who felt persistently sad or who seriously considered attempting suicide; researchers discovered the same for Hispanic students. The number of Black students who attempted suicide dropped as well.

Even though these numbers decreased in recent years, it doesn't mean the problem is gone. According to the report, two in 10 students seriously considered attempting suicide, and almost one in 10 students reported attempting suicide in 2023. This proves that we need to shift our focus to

preventing mental health challenges before they take root, which means we need to invest in creating school environments where early intervention can take place.

Schools have the ability to establish safe, supportive spaces where students feel secure and valued. They are often the first place where students can access mental health support and be linked to community mental health services for both themselves and their families.

The [CDC underscores this by supporting school-based strategies](#) highlighted below that are proven to enhance students' behavioral and mental health in grades K-12.

### Increase Students' Mental Health Literacy

Increasing students' mental health literacy can be achieved by integrating mental health education into core classes or as part of the overall curriculum. Additionally, peer-led programs can play a powerful role in this effort. By training teen leaders to model positive behaviors, schools empower students to learn healthy coping strategies.

### Promote Mindfulness

Promoting mindfulness can be done through classroom-based education, where students learn about stress and its effects on the body. Schools should also give

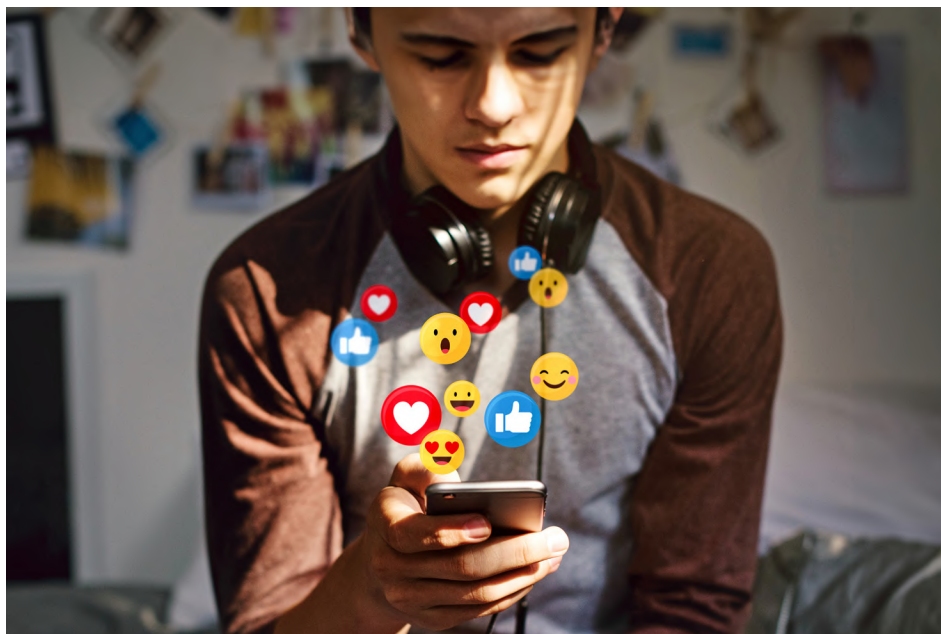
*see CDC Report on page 37*

## How to Allow Your Kids to Stay Connected and Protected: Strategies for Healthy Social Media Use in Schools and Homes

By Jorge R Petit, MD  
Founder/CEO  
Quality Healthcare Solutions, LLC

Over the last few years, as my boys became adolescents and entered high school (right smack in the middle of the COVID pandemic), as a parent and a psychiatrist, I have witnessed firsthand the impact of smartphones and social media.

There has been a flurry of articles on this topic as well as high-profile advisories and publications from SAMHSA, US Surgeon General, National Academies of Sciences, Engineering, and Medicine, American Academy of Pediatrics, and Common Sense Media, to name a few. Studies have highlighted the complex relationship between adolescent mental health and social media use. Research shows that prolonged social media engagement can significantly impact adolescents negatively, contributing to increased risks of anxiety, depression, and poor self-esteem. Particularly concerning is the evidence showing that adolescents spending more than three hours daily on social media platforms are at double the risk of experiencing poor mental health outcomes; this was called out once again over the summer by the US Surgeon General in a New York Times Opinion



Essay. This exposure often includes harmful content that can exacerbate issues like body image concerns and eating disorders, with a pronounced effect observed in teen girls and LGBTQ youth who may also face heightened risks of cyberbullying and online harassment.

Closer to home, the New York City Department of Health and Mental Hygiene released its inaugural comprehensive re-

port: [The State of Mental Health of New Yorkers](#). The report provides a crucial and detailed examination of the city's mental health landscape, with several key findings that reveal a significant portion of the city's population continues to struggle with mental health issues. The specific findings regarding teens and social media reflect the broader concerns highlighted in the current literature about the negative mental health

outcomes linked to social media use. Following are some of the key points:

**Usage** - A substantial proportion of teenagers use social media daily, which correlates with increased feelings of anxiety and depression. The all-encompassing nature of social media means that teens are rarely disconnected from their online worlds, which can exacerbate mental health issues.

**Distress** - The report notes a significant association between daily social media use and psychological distress among teens. This includes increased levels of anxiety, depressive symptoms, and social isolation. The constant exposure to the curated highlights of others' lives can lead to distorted perceptions of reality and self-worth.

**Sleep** - There is a noted impact on sleep quality among teens who engage heavily with social media. The blue light emitted by screens can disrupt natural sleep patterns, and the mental stimulation from engaging with content can make it harder to relax and fall asleep. Poor sleep impacts mental health and wellbeing.

**Cyberbullying** - Bullying and harassment have been shown to have severe mental

*see Social Media on page 34*

## Empowering Care: Leveraging AI in Helplines and Telehealth

By Nick Hurlburt, MS  
Executive Director  
Aselo, Tech Matters

*"I'm sorry, Dave, I'm afraid I can't do that." (2001: A Space Odyssey, 1968)*

*"I'm going to enjoy watching you die, Mr. Anderson." (The Matrix, 1999)*

*"I'll be back!" (The Terminator, 1984)*

Our cultural imagination is packed with images of terrifying, humanity-threatening AI. While we have managed to avoid the robot apocalypse so far, typing "AI gone wrong" into your favorite search engine will surface many examples of AI tools that have caused real-world harm. One now infamous example in the helpline space is Tessa, the eating disorder chatbot intended to replace human counselors that was taken down after providing harmful advice.

For all the negative images, Hollywood has also given us images of positive AI: R2D2. Wall-E. The ship's computer in *Star Trek: The Next Generation* reliably serving up "Tea. Earl Grey. Hot." We're a long way from AI ushering in a bergamot-infused utopia, but there are many examples of AI used well. The Trevor Project, a hotline for LGBTQ youth, built an AI training simulator for new volunteers to accelerate



training without increasing the burden on full-time staff.

AI tools are a powerful way to help meet increased needs for behavioral health support if we can avoid the dangers. So, how can you use AI for good in your organization?

I once had a boss who asked, "What problem are you solving?" every time I introduced a new idea. It was one of his more annoying qualities. However, it was a great lesson, and I now regularly ask that ques-

tion of myself. If you are considering using AI in your organization, this is the first question to ask. Resist pressure from board members, bosses, donors, and peers to "do AI," and start by identifying what needs your organization has that AI might be able to solve. For example, within Aselo, our software platform for crisis helplines, we identified the time counselors spend on manual data entry as a key problem, and we're investing in AI tools to help counselors capture data more efficiently.

As you consider how to approach AI, it's helpful to look at two dimensions of the problem. First, where it's used: internal use vs service provision. Second, the type of AI: generative vs traditional.

Uses: Internal vs. Service Delivery

AI for internal productivity tends to be the quickest, cheapest, least risky path to getting started with AI applications. You and your team are most likely already using AI in ways you may not realize, such as autocomplete in email programs. Free or inexpensive tools like ChatGPT are useful for generating an initial draft of a document, providing feedback on a document, or getting a quick summary of an article or an internet search. Consider creating an AI policy to give your staff guidelines on using these tools, such as never inputting confidential information and always reviewing generated content for style and factual errors.

Leveraging AI in service delivery is more challenging. It's essential to assess the risks and take unlikely risks seriously if their impact is significant. The builders of Tessa said it failed guidelines 0.1% of the time, yet that was enough to create a public debacle.

The best current uses of AI in helpline service delivery are for aiding human

*see AI in Helplines on page 35*

## Breaking Down Barriers to Substance Use Disorder Treatment Through Digital Innovation

By Julia Bernstein  
Chief Operations Officer  
Brightside Health

While the rise of the sober curious movement and the growing availability of non-alcoholic options signal a shift away from drinking, alcohol use disorder (AUD) remains prevalent. At the same time, substance use disorder (SUD) affects over 46 million people aged 12 and older, according to the [2021 National Survey on Drug Use and Health](#). The demand for effective, scalable treatment solutions is greater than ever. Yet, traditional care models often fall short, either due to geographic limitations, resource constraints, or an inability to keep pace with the complexity of modern-day substance use challenges.

Enter technology: a key enabler of transformation in healthcare. Telemental health care, particularly for individuals with severe conditions like AUD and SUD, offers an accessible and effective path forward. More specifically, virtual intensive outpatient programs (IOPs) deliver structured, comprehensive care to those with higher acuity needs, supporting long-term recovery from the comfort of patients' homes.

Once seen as a niche service, virtual care has become essential in addressing a



broad spectrum of mental health and addiction issues. By integrating technology into treatment, we can engage patients more effectively, track outcomes, and reduce the barriers that have historically prevented people from accessing care. Virtual IOPs offer a scalable, evidence-based solution, ensuring that even those with severe addiction receive the highest level of care in a supportive, accessible environment.

### Redefining Engagement and Accessibility

Traditionally, AUD and SUD treatment have been hampered by several barriers: limited access to care, the stigma surrounding addiction, and logistical challenges, such as transportation or the need for time off work. Virtual IOPs break down many of these barriers by offering a more flexible, accessible alternative.

One of the most significant benefits of virtual care is privacy. For many, the fear of being seen entering a treatment facility can be a major deterrent. In small communities, the visibility of one's car parked outside a recovery center may even prevent people from seeking help altogether. Virtual IOPs allow patients to receive the treatment they need in the privacy and comfort of their own homes. Until we can remove this stigma once and for all, this will help more people enter care.

Additionally, virtual care reduces logistical burdens. No longer do patients need to drive long distances, rearrange their schedules, or find childcare to attend appointments. Care only works if you go, and virtual IOPs make it easier for patients to simply show up. By eliminating the friction points that prevent people from accessing care, we can improve adherence and outcomes. This is particularly important for those with caregiving obligations, a group highlighted in the [U.S. Surgeon General's advisory](#) as being under immense pressure, who often neglect their own health and well-being due to the competing demands of caring for others. Virtual IOPs provide these individuals with the flexibility to prioritize their own recovery while managing their caregiving responsibilities.

*see SUD Treatment on page 30*

## The Importance of Real-Time Data in Tailored Patient Treatment and Integrating Traditional Wellness Practices in Modern Substance Abuse Therapy

By Marsha Stone, JD, LCDC  
Founder and CEO  
Foundation Stone

In the ever-evolving field of mental health and substance abuse treatment, utilizing real-time data to tailor patient treatment is becoming increasingly crucial. Real-time data allows healthcare providers to monitor and adjust treatment plans promptly based on the latest information, leading to more effective and personalized care. The data often tells a treatment center where they are succeeding in patient care and where to focus their efforts, so it is imperative to have a comprehensive understanding of patients and their needs at every stage of recovery. As less than [42 percent](#) of individuals who enter drug or alcohol use treatment complete programs, an integrative approach may be the difference between recovery and relapse.

A notable and key tool in this realm is the [Global Recovery Score](#) (GRS), derived from the TRAC9 assessment system. The GRS provides a comprehensive view of a patient's progress by averaging resilience factors (gratitude, hope, optimism, and life satisfaction) and pathology factors (depression, anxiety, stress, and primary diagnosis-related measures), known as the Resilience aggregate. Higher GRS scores



indicate better overall improvement.

Integrating data-driven approaches in treatment only improves patient outcomes. By consistently analyzing data, treatment centers can identify trends, measure outcomes, and make informed decisions to enhance patient care. This method ensures that each patient's unique needs are addressed, and treatment is adjusted based on their progress, leading to better outcomes and overall well-being.

### Why Customized Care Works

Although treatment centers have historically leaned more toward strictly clinical patient treatment, studies show that the medical field is [shifting](#) toward more integrative wellness approaches. In modern substance abuse treatment, it is increasingly recognized that many patients have [co-occurring](#) mental health disorders. Conditions such as anxiety, depression,

and personality disorders often accompany substance use disorders. Traditional wellness practices can play a vital role in addressing these co-occurring disorders, offering therapeutic benefits that complement clinical treatments.

A customized treatment and wellness plan takes into account the entire person, considering factors such as age, weight, family history, and trauma history. Holistic care ensures patients are given the dignity and honor to take responsibility for their own lives, leading to a more empowered and hopeful recovery process.

An effective treatment facility offers wellness programs in addition to, not in replacement of, traditional clinical methods. They may offer CBT, EMDR, DBT, and other modalities of treatment. Teams are usually overseen by a clinical psychologist who consults on cases, provides training, and offers input on treatment recommendations; in-depth evaluations ensure diagnoses are updated. Quarterly reviews offer insights into client perceptions as well as clinician reviews of programming, intervention styles, therapeutic options, and a cohesive approach with medical providers. Ongoing analysis, bolstered by real-time data, will continue to improve services, meet client needs, and ensure best approach efforts and evidence-based practices are maintained.

*see Real-Time Data on page 37*



# Enhancing Therapeutic Conversations with Sentiment Analysis in Natural Language Processing

By Akshat Santhana Gopalan

Therapy can greatly enhance an individual's ability to communicate effectively during challenging times. Therapeutic discussions are essential in mental health care. They play a crucial role in mental health treatment by enabling patients to delve into their emotions, past traumas, and life events with the help of a qualified therapist. Historically, therapists have been solely responsible for analyzing one's emotions and the decisions based on them. Recently, technology has started to assist in improving these discussions. Artificial intelligence, in the form of natural language processing (NLP), can offer effective tools for enhancing the comprehension of emotions in therapy (Koutsouleris et al., 2022). In particular, sentiment analysis has the ability to revolutionize therapeutic practice by evaluating the emotional tone of speech or text. NLP can assist therapists in better understanding clients' emotions, leading to more effective interventions (Minerva & Giubilini, 2023). This article will explore how sentiment analysis can enhance these therapeutic discussions.

## Current Therapeutic Conversations

In conventional therapy sessions, a large



part of the communication is dependent on verbal and nonverbal signals to express emotions and ideas. Therapists frequently use their experience and intuition to assess a client's emotional condition. Even though this method can be highly successful, it is susceptible to mistakes and partiality from humans, leading to some emotions being either uncommunicated or misinterpreted (Mota et al., 2012). Cli-

ents may struggle to express their genuine emotional state because of shame, fear, or a lack of self-awareness. This can lead to the overlooking of subtle yet significant emotional signals. Present treatment methods depend mainly on talking therapy models like cognitive behavioral therapy (CBT) and psychodynamic approaches, both of which demand a strong focus on emotional subtleties (Rezaii et al., 2019). Improving

these discussions through technological aids like NLP can boost therapists' capacity to grasp the client, offering a fuller emotional perspective, potentially resulting in improved therapeutic results (Hoffman et al., 2017).

## What is NLP & Sentiment Analysis?

The development of artificial intelligence led to the emergence of natural language processing, which connects languages and AI technology. NLP serves as the basis for various AGI technologies like ChatGPT and other LLMs that rely on text and speech. Another area of NLP that is becoming popular is sentiment analysis, a technique that evaluates the emotional sentiment of spoken and written language (Koutsouleris et al., 2022). These models have been trained on vast text and speech datasets containing different emotions, enabling them to identify subtle nuances and classify them with precision. Through the examination of text, sentiment analysis tools are able to classify emotions as positive, negative, or neutral, along with identifying specific emotions like joy, sadness, anger, and frustration (Minerva & Giubilini, 2023). These tools function by examining linguistic structures, recognizing

see *Sentiment Analysis on page 38*

## AI in Healthcare from page 21

### Using Technology to Improve Treatment

Establishing continuity of care is key to personalizing treatment. It's been [shown to reduce](#) (Maarsingh, 2024) mortality rates, hospital admissions, emergency department (ED) visits, and healthcare costs while improving physician productivity, medication adherence, appropriate prescribing, quality of life, patient-clinician relationships, patient satisfaction, and physician satisfaction.

It seems so simple to imagine that all of a given patient's medical history should be easily accessible to every clinician in order to make the right treatment decision. Unfortunately, the reality is that patient medical information is scattered across platforms and care settings, resulting in [97% of all hospital data going unused](#) (Moore et al., 2024) every year. New providers who are unfamiliar with a patient need to know if they have a history of issues like suicide attempts, schizophrenia, homelessness, adverse reactions to certain medications, or other comorbidities to develop a safe and effective care plan.

To create continuity of care across all stakeholders, providers, and technology companies must partner to make this possible. This kind of "under the hood" automation and technology promises to have a massive impact on accurately diagnosing and treating patients on an individual level. We've seen the first steps in the right direction with Electronic Medical Record (EMR) vendors attempting to build large-scale data-sharing networks, but these are still disparate solutions that do not easily share information between vendors. Thankfully,



Patrick Williamson

the federal government has created national data-sharing standards through the Trusted Exchange Network and Common Agreement (TEFCA), with the goal of streamlining information transmission across vendors, hospital systems, and clinicians. However, progress is still in the early stages.

Telehealthcare across different settings and specialties – including EDs, psychiatric hospitals, correctional facilities, home environments, and urgent care clinics – must be connected so that clinicians can see long-term records for a patient they may not have treated before. These longitudinal insights help customize care in the short term while following patients through the healthcare system, helping them move from high-acuity to low-acuity settings more efficiently as their condition improves over time. Leveraging technology to better share pertinent data enables the right care at the right time and in the right dose.

### What's Next for Technology and AI in Healthcare

We predict that as more patient data becomes available through improved sharing of medical information across clinicians and care settings, new efficiencies will be unlocked inpatient treatments and behavioral health operations. This will dramatically optimize care by considering multiple factors, including symptoms, health history, and social determinants of health, when treating a patient. Clinicians will discover new connections between physical and mental health, further advancing care modalities and insights. This allows clinicians to provide truly personalized care by meeting the patient where they are instead of making an educated guess based on how a patient is presenting at a particular time.

Human problem-solving will always be needed when personalizing behavioral care plans. Technology and AI support smart decision-making by presenting all relevant data across time and location. This ensures patients get the best care possible and clinicians are better supported in their roles while reducing risk factors.

Patrick Williamson is Chief Information Officer at Array Behavioral Care. Array Behavioral Care is the nation's leading virtual psychiatry and therapy practice. To learn more about accessible, comprehensive behavioral health care, visit [www.arraybc.com](http://www.arraybc.com) or reach out to [care@arraybc.com](mailto:care@arraybc.com).

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## Colorado Reforms Seek to Expand, Strengthen the Behavioral Health Safety Net

By Cristen Bates, MPH  
Deputy Medicaid Director, Colorado Department of Health Care Policy and Financing, and Office Director, Colorado Medicaid and CHP+ Behavioral Health Initiatives and Coverage

July of 2024 brought new laws impacting Colorado's behavioral health system. While Colorado has continuously made some improvements and investments in behavioral health programs, the fundamental definitions of safety net services and providers were more than 60 years old. New laws expand these definitions to include more services and reflect the significant advancements in behavioral health care in the modern age with the goal of improving patient access to quality care and improving provider payments.

Even though Colorado has historically been one of the most physically healthy states in the nation, behavioral health data shows that we have work to do. In 2021, Colorado had the sixth highest suicide rate in the nation, and as of 2023, it ranked in the bottom half of states with a higher prevalence of mental illness and lower access to care for adults and children. As a state, the mounting, complex behavioral health needs of our population require structural



reform. Within Colorado's larger roadmap of transformation, an immediate priority is modernizing how we define, pay for, and set outcome expectations for behavioral health safety net services.

"To achieve BHA's mission of transforming Colorado's behavioral health system, it's crucial that we understand and address the specific needs of the people of Colorado," said Dannette R. Smith,

BHA Commissioner. "We are grateful for the collaboration with our communities in shaping these rule changes. As a state, we are committed to fulfilling our promise of expanding access to care as outlined in these new laws."

The wave of system reforms that took effect on July 1st is an important step in a transformative effort to acknowledge the mission-critical role of behavioral health

safety net providers. Colorado's behavioral health system includes prevention, treatment, and recovery services funded through the Department of Health Care Policy and Financing (HCPF), which administers the state Medicaid program, the Behavioral Health Administration (BHA), which oversees the regulatory and policy ecosystem, and regional entities which administer and oversee local providers on the state's behalf. The state's Medicaid program has instituted a new payment system that is connected to the new BHA licensing structure and regulations that ensure access for underserved and high-need Coloradans. Together, these changes prioritize whole-person care for mental health & substance use disorders by supporting providers who offer essential, comprehensive care to high-needs and priority populations.

The value-based payment system ensures that patients have increased access to a system which rewards providers who agree to serve people with complex social and behavioral health needs. These payments are based on the cost of providing care. For example, providing housing navigation, case management, care coordination with health clinics, and day programs for an individual facing homelessness with multiple health conditions and no family

see *Colorado Reforms* on page 35

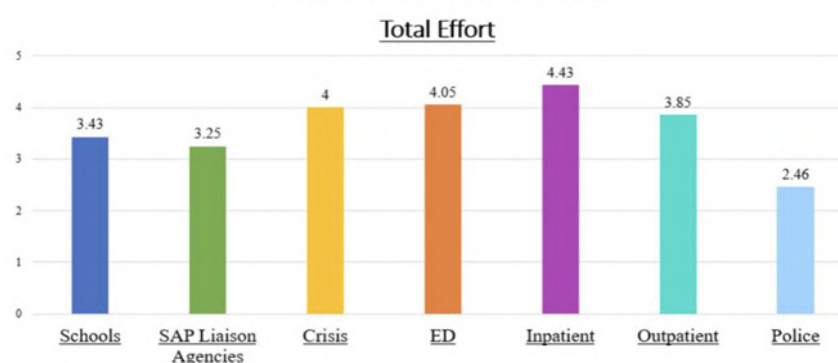
## A Decade of Advancements in Behavioral Health Technology for Pennsylvania Students

By Tita Atte, MPH, CPH  
Director of Screening and Program Evaluation  
Thomas Jefferson University

The year was 2014, and Drexel University, where I was working at the time, partnered with Pennsylvania's Office of Mental Health and Substance Abuse Services (OMH-SAS) in submitting and being awarded a 5-year, \$736,000 annually Garrett Lee Smith (GLS) grant for youth suicide prevention. Our main goals were to:

- Increase the number of:
  - staff in schools, colleges, and universities trained to identify/refer youth at risk for suicide
  - youth screened and referred for treatment
  - clinical service providers trained to assess, manage, and treat youth at risk for suicide
- Increase awareness about youth suicide prevention among youth, families, educators, and community members
- Promote statewide, systems-level change to advance suicide prevention efforts

What efforts has your organization made to reduce suicide and provide safer suicide care?  
(Average answers on a scale from 1 to 5)



^ an example of aggregated data from the POSS. This is based on an item where respondents were asked about their overall policies and procedures relative to suicide prevention.

Ten years and another 2019-2024 \$3.68 million GLS grant later, we are reviewing our accomplishments and where we need to head next.

### 2014-2019 PA GLS Grant Program

The "Suicide Prevention in Pennsylvania Schools and Colleges Initiative" from 2014-2019 implemented suicide prevention and early intervention strategies for youth ages 10 to 24 across the commonwealth. During those years, we screened 13,000 Pennsylvania students and identified 4,300 youth with some level of suicidal ideation. We did this using a software

platform that allowed us to obtain electronic consent, identify and screen students, and gather real-time data to identify resource needs over time. It had the ability to connect the Student Assistance Program (SAP) agencies across the state using the software for data collection and outcome measures. The software accomplished our "systems-level" change and provided a new statewide infrastructure.

Initially developed through a collaboration with the Children's Hospital of Philadelphia (CHOP), the software, with its Behavioral Health Screen (BHS), has been validated and researched by clinicians and experts in the fields of psychiatry, psychol-

ogy, and pediatrics. Over the last 20 years, a validation process generated a stream of scientific knowledge which can guide clinical practice, and study findings have found connections between sexual identity and disordered eating, adolescent risk factors for suicide ideation, and links between depression, substance use, and non-suicidal self-harming behavior.

When it comes to technology, additions, improvements, and innovation are constant. The software platform evolved, and our SAP agencies benefited each year from enhanced referral management for documenting attended services, a BHS child version, SAP assessment file; interactive dashboards for screening and assessment data; the launch of a case notes module, a telehealth module, and an indirect services module; and a BHS Spanish version.

Using this software technology increased the identification of youth at risk for suicide in the targeted population from 8% to 33% and has offered us a way to measure behavioral health across demographics, regions, and shared risk factors.

### 2019 - 2024 PA GLS Grant Program

The 2019 - 2024 Pennsylvania GLS program involved collaborations between investigators at Thomas Jefferson University

see *PA Students* on page 36

*Accessible EHRs from page 16*

of health data is paramount, especially in BH. The expansion of EHR accessibility brings substantial benefits but also introduces significant risks that must be carefully managed to protect sensitive patient information. Patient confidentiality is a core principle of healthcare, with more confidentiality restrictions for BH data, and EHRs must ensure that sensitive health information is only accessible to authorized individuals. As EHRs become more integrated across different health services, maintaining confidentiality becomes more challenging but increasingly essential.

It is imperative that patients exert greater control over who has access to their records. This involves clear mechanisms for obtaining consent and allowing patients to understand how their data is used. EHRs should be able to provide patients with easy-to-use tools to grant or revoke access to their data, ensuring they remain in control. Only the necessary amount of patient information should be collected and shared to fulfill healthcare needs. EMRs should be designed to collect the minimum data required for healthcare purposes, thus reducing the potential for privacy breaches.

AI introduces complex challenges to maintaining data privacy and security, impacting both patients and healthcare providers. These challenges arise from the vast amounts of sensitive data AI systems need to function effectively, as well as the sophisticated nature of the technology itself. AI systems, especially in behavioral healthcare, will rely on large datasets to function accurately and provide meaningful insights. These datasets will invariably contain sensitive patient information, including medical histories, mental health and substance use records, and personal identifiers.

Behavioral healthcare systems and providers remain responsible for safeguarding patient data, and the sheer volume of information AI systems require increases their burden in ensuring all security measures, such as encryption and access controls, are in place and constantly updated. Providers must navigate complex consent management systems to ensure that they are not violating patient privacy, requiring robust tracking of consent permissions, which can be difficult to manage, particularly when dealing with highly sensitive behavioral health data that requires strict privacy controls under regulations like HIPAA and 42 CFR Part 2.

**2. Technological Integration:** Integrating new technologies with existing systems in behavioral healthcare presents a complex set of challenges. The process involves not only technical adjustments but also aligning with organizational workflows, regulatory compliance, and ensuring that the new technology adds value without disrupting existing services. The financial burden of implementing EHR systems remains a significant challenge, particularly for smaller BH organizations and providers. The high costs of purchasing, integrating, and maintaining these systems, along with training staff, can be prohibitive without external funding or governmental support.

Many BH organizations and providers



**Jorge R. Petit, MD**

operate with legacy systems that may be outdated but are critical for daily operations. Integrating modern technologies with these older systems can be difficult due to different software architectures, data formats, or communication protocols. Ensuring seamless data flow between new and existing systems is crucial and involves data mapping, format standardization, and developing interfaces that can handle the exchange of data accurately and efficiently.

New technologies should not only integrate with current systems but also be scalable and flexible enough to accommodate future upgrades and expansions without requiring complete overhauls. Integrating these new technologies involves changing existing processes and workflows, which can be met with resistance from staff accustomed to traditional methods. Effective change management strategies are essential to facilitate adoption, including training, support, and clear communication about the benefits of the new technology.

The rapid evolution of AI technology presents significant challenges for EHR systems, which must not only be capable of incorporating the latest AI innovations but also be flexible and adaptive enough to evolve alongside these advancements. In the context of AI-driven healthcare, the future of EHRs lies in their ability to support continuous innovation and integration of new AI tools and models. This means that an effective EHR system must go beyond static data management to become a dynamic platform that can seamlessly integrate and evolve with the latest AI functionalities. Traditional EHRs are often rigid systems designed primarily for data entry, storage, and retrieval but not for the seamless integration of cutting-edge AI technologies. To keep pace with AI advancements, EHRs must adopt modular architectures that allow for the rapid deployment of new AI models without requiring a complete overhaul of the system. For instance, if a new large language model (LLM) is developed that is significantly better at interpreting clinical notes or predicting patient outcomes, the EHR should be able to “swap in” this new model with minimal disruption to ongoing clinical workflows.

**3. User Expectations:** Patients are increasingly expecting their BH providers to offer

the same level of technological accessibility and convenience that is now standard in many other areas of healthcare. The widespread adoption of EHRs and other digital tools in general medical settings has reset expectations, prompting patients to demand greater flexibility and transparency in their interactions with BH services. No longer satisfied with traditional methods of scheduling, communication, and care coordination, patients are increasingly looking for streamlined, tech-driven solutions that allow them to manage their healthcare with the same ease they manage other aspects of their lives.

One of the primary expectations from patients is the ability to schedule and cancel appointments without the hassle of making phone calls or leaving voicemails. Patients want to use digital platforms, such as apps or online portals, to manage their appointments at their convenience. This expectation aligns with the broader healthcare industry’s shift towards patient-centered care, where accessibility and convenience are prioritized. For BH providers, offering this capability not only enhances patient satisfaction but also reduces administrative burden, allowing front-office staff to focus on more complex tasks.

In addition to appointment management, patients are now expecting more involvement in their care plans. The ability to view lab results or progress notes through EHRs is no longer sufficient, and we expect patients to participate actively in their treatment process. Patients will need real-time access to their care plans, with the opportunity to provide feedback, set goals, and track their progress. This collaborative approach empowers patients, particularly those managing more chronic behavioral health conditions, to take a more proactive role in their wellness and recovery, leading to better engagement and outcomes.

Patients are looking for secure, asynchronous ways to communicate with their care teams. The demands of modern life often make it difficult to schedule time for in-person visits or phone calls. Instead, patients expect the ability to message their providers or care teams through secure portals or apps, where they can ask questions, request refills, or clarify aspects of their treatment plan at their convenience. This asynchronous communication can allow for more flexible interactions without disrupting the provider’s schedule, fostering a more responsive and accessible model of care.

As technology continues to transform healthcare, patients are increasingly expecting their BH providers to keep pace by offering user-friendly digital solutions. Behavioral health providers that adopt and implement these technologies will be better positioned to meet patient expectations, enhance engagement, and improve overall outcomes.

#### Future Directions: A New Age for EHRs

The future of EHRs isn’t just about keeping pace with technology—it’s about transforming the patient experience and creating a healthcare system that is more equitable and patient-centered. As advancements in AI, data analytics, and digital platforms continue to reshape the landscape, there’s

an unprecedented opportunity to make EHRs not just more functional but more anticipatory of patient needs. Imagine a system where health records do more than store information—they guide care, predict health issues, and provide real-time insights that lead to better outcomes and more personalized care.

Now is the time for all stakeholders - patients, providers, and EHR companies—to step up and seize this moment of transformation. For **patients**, it’s about advocating for your own care, demanding the tools that allow you to engage fully with your wellness and recovery journey. Patients need to take advantage of existing patient portals, push for more user-friendly features, and embrace the technologies that allow them to take control of their wellness in real-time.

For **BH providers**, the shift to more accessible, AI-driven EHRs means adapting to a new way of delivering care. It’s time to invest in systems that enhance communication, streamline workflows, and improve patient engagement. Embrace the potential of AI, use data-driven insights to guide clinical decisions, and collaborate with your patients to create care plans that are not only informed by their biopsychosocial history but enriched by real-time data. Patients expect a higher level of engagement, so meet them there with the tools that make it possible.

For **EHR companies**, the challenge is clear: innovation must be constant, and flexibility is key. As AI models improve and digital health platforms evolve, EHR systems must remain adaptable—able to incorporate new technologies, swap in superior models, and modify workflows in real-time. This is more than just a software upgrade; it’s a reimagining of how healthcare data should flow between providers and patients, how care should be delivered, and how health systems should function. Build systems that are not just ready for today but designed to evolve with tomorrow’s technologies.

The call to action is simple: let’s build a future where EHRs are a true catalyst for better behavioral healthcare—where patients are empowered, providers are supported, and innovation drives us all forward. Together, we can harness the full potential of accessible EHRs and technology to create a more responsive, efficient, and patient-centered behavioral system of care and wellness.

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*Cantata Health Solutions, through its Arize platform, exemplifies this integration by embedding advanced AI functionalities to enhance patient care and provider efficiency. Cantata Health continues to innovate, ensuring that their solutions not only meet current healthcare needs but are also adaptable to future advancements. The integration of AI capabilities into the Arize platform is a step towards a more data-driven, efficient, and patient-centered healthcare system. Empowering patients through accessible digital health records is more than a technological advancement; it is a fundamental shift towards a more informed and engaged healthcare experience.*

### Social Work from page 1

and research agendas that explore the impact of technology on social work practice.

Our professional bodies have made a start. The NASW Code of Ethics emphasizes the importance of staying informed about new developments in the field. This includes technological competence. Notably, the latest iteration of the COE was drafted in 2021, and many more further drafts will need to incorporate changes related to technology and AI that have occurred since (NASW, 2021). *Meeting the Grand Challenge to Harness Technology for Social Good*, from the Grand Challenges for Social Work, lists out policy recommendations for social workers to support vulnerable community member's rights to access safe, beneficent, and effective AI that include making the development of policy applications inclusive and prioritizing both AI education as well as human-centric approaches (Huang, Shanks, Teasley, 2024). Without these guardrails, practitioners could use these tools in an ad hoc, potentially irresponsible way.

#### The New Multidisciplinary Care Team

Social workers have unique transferable skills, making them well-suited to adapt to these changes. For example, social workers are trained to think critically about the systems that impact their clients' lives, making them ideal candidates for roles that involve the analysis and implementation of solutions for problems in healthcare delivery, including value-based care. By embracing new ways of working, we can deepen our impact on supporting those who are historically underserved or overlooked in a new version of a multidisciplinary care team, which involves engineers, account managers, sales, and product development.

Further, many career pathways allow social workers to continue their practice in corporate settings. These include roles in implementation and operations, where social workers can use their problem-solving and systems-thinking skills to optimize the delivery of care and services. They can also lead in sales and customer success, leveraging their advocacy and communication abilities to ensure client satisfaction and drive business growth. In product design and development, we can collaborate with cross-functional teams to design human-centric and inclusive solutions. Data analysis and research roles enable contributions to evidence-based strategies, predictive modeling, and the continuous improvement of healthcare systems, driving better health outcomes at the population level.

#### Enhancing Education and Training for a Digital-Ready Workforce

Awareness of these advancements alone is insufficient. We need at least a minimum level of competency to truly benefit. Educational institutions must update their



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curricula to equip our future workforce with the skills necessary for a tech-driven job market. Bachelor's and master's level programs must incorporate more electives focused on technology and digital health access for providers and career opportunities so that graduates are prepared to enter the workforce with the skills needed to thrive. Continuing education opportunities must be available to current practitioners to allow them to stay up-to-date with the latest advancements. The Council on Social Work Education (CSWE) is taking steps by continuing to enhance its focus on technology in the educational setting, including the recommendations of HIPAA and ethics training, including a technology requirement in field education contracts (Clary, Nason, Selber, et al. 2022). Kentucky's College of Social Work is doing its part to prepare its students using virtual reality simulations to practice child welfare investigations and a chance to improve their skills in a learning environment (Thomas-Oxtoby, Suarez, 2023). Notably, Kentucky's program doesn't imply that we will ever be entirely replaced by VR or AI. Instead, it shows how valuable human interaction is to an intervention and how tools like these prepare people to serve and intervene most effectively. Many other universities are now looking at ways to weave emerging technologies into their curricula to adapt to contemporary realities, ultimately aiming to enhance the delivery of services to those in need. This should be their highest priority.

#### Ethical Implications: Privacy, Bias, and Equity

Ethical considerations must also be considered here. Social workers must be trained to recognize and address the potential risks associated with this change, including issues related to privacy, bias, and equity. This requires a commitment to ongoing education as well as a willingness to engage in difficult conversations about the role of technology in our practice.

Undoubtedly, AI integration into social

work practice has promise to improve the quality of care and address the systemic inequities that have long plagued the field. A collective effort from educators, practitioners, and ethicists is key, but nothing should be set in stone without the voice and input of the community. The digital divide in technology-enabled access to social services disproportionately excludes those who are most in need of benefits and support (Moreno, Borrero, Ferri, et al., 2023). Let us not forget the involvement social work had with the Eugenics Movement and instead proceed with "nothing about us without us" (O'Brien, 2023).

#### A Call to Action: Embracing Innovation for Better Care

The path forward involves collaboration at all levels: micro, mezzo, and macro. Social workers must be proactive and advocate for resources and training to integrate technology into their practices without losing sight of the human element at the core of their work. Ethical considerations, such as privacy, access, and equity, must remain central to every conversation about the future of care. At the same time, technology companies must recognize the contributions of social workers and invest in partnerships that will ensure technology is used for good—not just for profit.

I would be remiss if I didn't address a simple conclusion that one might draw from this call to action, which is to say that all social workers should shift to roles in technology. This perspective misses the point that social workers have essential roles everywhere in our community. Our work is part of a social safety net, and while technology can certainly enhance our efforts, it shouldn't limit us to any single field. Instead, it should support and strengthen our practice wherever it's needed.

The call to action from Hamdoun, Monteleone, Bookman, and Michael (2023) emphasizes the need for an interdisciplinary, inter-sector approach to addressing the opportunities and challenges of behavioral health technology. We must ensure that the profession evolves while maintaining its core values and ethical commitments, which inherently means significantly and responsibly enhancing accessibility and improving outcomes. Boosting knowledge of information and communication technologies will greatly impact all areas of social work, offering chances to improve services and create positive social change (McInroy, 2019). One leader in our field, Kristina Monti, PhD, sums it up perfectly, "We are the gatekeepers of care and must continue its delivery as compassionate, ethical, and accessible." Alongside the leaders in our colleges and universities, professional organizations, and employers, social workers can build a tech-ready workforce equipped to meet today's and tomorrow's challenges.

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### NYS OMH from page 5

of clinics to more than 1,200 statewide.

During the Governor's Youth Listening Tour, New York teens emphasized how their friends often come to them first when they face an emotional issue, and they

want to know how to help. We are launching Teen Mental Health First Aid to help teens help teens. We are also hopeful that as youth better understand mental health issues and how interventions can help, they may consider a career in helping others!

As always, OMH is committed to ex-

panding outreach to all our young people and providing help and hope, especially for those who are most vulnerable and at risk. As we continue to examine the relationship youth have with technology and social media, how they use it to communicate, and the impacts it is having on their mental

wellbeing, we must mitigate its negative impacts and ensure that young people have somewhere trusted to turn, when and where they need it.

*Ann Sullivan, MD, is Commissioner of the NYS Office of Mental Health (OMH).*

**Personalized Care from page 1**

identifying more precise behavioral patterns and risk factors unique to each person's experience (Cohen et al., 2021). These findings point to the future of behavioral health: one where treatment is as unique as the individual receiving it.

Advancements in AI and machine learning are accelerating this shift toward precision care. AI tools can analyze vast amounts of data and identify patterns that might be invisible to human clinicians. For example, AI-driven algorithms can analyze an individual's speech patterns, social media posts, or biometric data to detect subtle changes in mood or behavior that might indicate the onset of a mental health crisis. By identifying these early warning signs, AI can prompt timely interventions that can mitigate the severity of an episode or prevent a relapse.

One area where technology is making a substantial impact is in the development of digital phenotyping, where behavioral and psychological data are collected continuously from mobile devices or wearables. This data, combined with AI analysis, can provide a real-time picture of an individual's mental health status, offering clinicians more granular insights than periodic self-reported questionnaires. A review published in *The Lancet Psychiatry* emphasizes the potential for digital phenotyping to revolutionize how mental health is monitored and treated, suggesting that this real-time data could allow for much earlier and more personalized interventions (Insel, 2020).

Mobile health apps and online platforms are also playing a crucial role in this transformation. These tools allow individuals to track their moods, manage symptoms, and access interventions whenever and wherever. By providing on-demand support, technology can meet individuals where they are, fostering greater engage-



**Chris Appleton**

ment with behavioral health interventions. Studies have shown that mobile-based interventions can be particularly effective for individuals with mild to moderate mental health issues, often serving as a complement to more traditional forms of therapy (Bakker et al., 2016).

With the support of a recent award from the National Center for Complementary and Integrative Health at the NIH, a company is able to develop an AI-driven algorithm to match patients with non-clinical behavioral health resources. This is an important step forward, as many individuals benefit from community-based or creative therapies that fall outside the traditional clinical framework. By analyzing a patient's behavioral health needs, treatment history, and personal preferences, the algorithm will offer customized recommendations that guide individuals toward the resources most likely to enhance their well-being.

This type of personalized matching is an important extension of the growing trend toward integrating behavioral health interventions with non-traditional therapies. Non-clinical resources have been shown to play a significant role in enhancing recov-

ery, particularly for individuals who may be resistant to conventional treatments or require alternatives. Research has indicated that personalized interventions incorporating creative or community-based therapies can lead to improved engagement and satisfaction in care, especially for marginalized populations who may not have access to clinical care (Zech et al., 2020).

In addition to improving the precision of care, AI-driven technology also holds the potential to make behavioral health interventions more accessible. One of the significant challenges in behavioral healthcare is the shortage of mental health professionals, especially in rural or underserved areas. Telehealth and digital platforms have already made it easier for people to access care, but AI can take this a step further by providing support in areas where clinicians may not be available.

For instance, AI chatbots and virtual therapists can offer immediate support for individuals experiencing distress, triaging them to the appropriate level of care. These tools are not intended to replace human clinicians but can act as a bridge for those who might otherwise face long wait times or lack access to care altogether. A study in *JMIR Mental Health* found that AI-driven chatbots can be an effective tool for delivering cognitive behavioral interventions, particularly for individuals with anxiety or depression who might otherwise go untreated (Fitzpatrick et al., 2017).

Moreover, AI can help address issues of equity in behavioral healthcare. By analyzing population-level data, AI tools can identify disparities in care and help target interventions to communities that are historically underserved. For example, machine learning models can be used to optimize resource allocation, ensuring that the right types of interventions are deployed in the areas where they are needed most.

The integration of AI and other technologies into behavioral health care is usher-

ing in a new era of precision and personalization. As research continues to validate the importance of individualized interventions, the use of AI to analyze data, predict outcomes, and deliver tailored support will become increasingly central to mental health treatment. Organizations are at the forefront of this revolution, demonstrating how AI can enhance the matching of patients with the most appropriate behavioral health resources.

This evolution promises to improve outcomes for individuals while addressing some of the systemic challenges facing the behavioral health field, such as access, equity, and the need for more nuanced care. As we continue to explore the role of technology in this space, the potential for transforming lives through personalized behavioral health care has never been more exciting.

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**Robotics and AI from page 20**

alleviating some of the burden amid nationwide staffing shortages and heavy caseloads.

#### Encouraging Healthy Habits

Robotics and AI can support behavioral health interventions by providing consistent reminders for routines or skills needing attention, feedback, and positive reinforcement. Embodied AI agents like physical robots regularly outperform<sup>1</sup> their avatar or digital counterparts. Children like being able to touch and make eye contact and are able to form a friendship<sup>2</sup> with something they are sharing a physical space with.

Such robots, like [Embodied, Inc.'s Moxie Robot](#), which is designed to encourage positive behaviors in children, can serve as daily companions, gently nudging children to stay on track with their activities and goals while encouraging them to step away and practice their skills in the "real world." Moxie has also shown in a pilot study with the Golisano Children's Hospital at the University of Rochester Medical Center that its use is feasible in a pediatric setting.

Robotics and AI are opening new frontiers in children's behavioral health with



**Rachel Baynes, MA**

capabilities that support cognitive development, emotional regulation, and social skills. From social robots that help children with autism engage in meaningful interactions to AI-driven tools that personalize experiences, these technologies have the potential to revolutionize the way we approach behavioral health and education. As robotics and AI continue to advance, their integration into therapeutic and educational settings will likely grow, making them valu-

able allies in promoting the mental, emotional, and social well-being of children.

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### Clinician Burnout from page 18

electronically notifies the psychiatrist and case manager, connects them in a workflow, and automates every step in the prescription adjustment, payment, and fulfillment process. Humans need only oversee and approve pivotal steps.

With tasks automated and integrated, the clinician and patient now have more time to engage in meaningful conversations. And with less administrative work hanging over their heads, the therapist might be able to see more patients without strain. Teams we've worked with report that their therapy sessions are more relaxed, natural, and effective.

Other workflows that could be intelligently integrated and automated throughout an organization include treatment planning, coding, billing, scheduling, calendaring, housing assistance, and insurance claims.

The goal is to free humans to do the work that actually requires trained and skilled humans - i.e., patient interaction and professional oversight - and delegate the rest to technology. Patients benefit by receiving better care.

#### A Simple Solution for "No Shows"

"No shows" waste capacity and burn staff out by occupying personnel that, without a patient to see in a given timeslot, can't do any valuable, revenue-generating work. Billions of health care dollars are



**Khalid Al-Maskari**

wasted on no shows. Filling sudden calendar gaps is a race against time that the provider usually loses.

For most integrated healthcare systems, a cancellation, even several hours prior to the appointment, is unlikely to be filled. It takes too long for cancellations to be reported and announced internally and for a new patient to be recruited by office staff from a waiting list that may or may not exist.

In advanced offices, AI is beginning to fill the gaps by automating no-show mitigation. When there's a cancellation, all relevant colleagues are immediately and automatically notified, as are patients who are waiting for an appointment. The patient

clicks a text or email link to accept the new appointment. No one has to manually report an opening, spread the news, or phone around for a replacement.

#### "Talk to the Avatar"

Digital interactive avatars for patients are another emerging AI tool that is sure to be a big hit. Rather than digging through pages, screens, and databases for information, clinicians speak with the avatar just as they would the real human patient that it represents. All the patient's data is accessible through the avatar. It's not an additional security risk; it's just a different, better interface for ad hoc queries. It's similar to using the voice chat on a popular chatbot.

This is powerful functionality, but clinicians do need to ensure they're receiving the correct information from the avatar (as with any generative AI model), especially in serious situations. Yet, in the majority of cases, querying an avatar provides clinicians with good information they would otherwise have to dig for or go without. By refreshing the case manager or therapist with the patient's updated story, the employee will be far better prepared to help the patient.

These are just some of the ways integrated healthcare organizations are making life easier for busy, hardworking staff. When software does the bulk of the tedious work, the job is more rewarding, and capacity increases. Organizations do more with less. And patients' lives improve.

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### SUD Treatment from page 24

Technology enables new ways to engage with patients, transforming how we connect with and support these individuals. For example, creating a sense of community in virtual spaces is essential, especially when dealing with personal and sensitive issues like addiction. This requires new skills for facilitators—learning how to read virtual body language, ensure participation, and create an environment where patients feel safe to share their experiences. When done right, virtual IOPs can foster a strong sense of belonging, even without in-person interactions.

#### Navigating the Regulatory Landscape

Despite the clear benefits of virtual IOPs, the regulatory landscape hasn't quite caught up. Current state-level regulations are often designed for physical brick-and-mortar facilities, and while accrediting bodies like the Joint Commission now offer fully virtual surveys, the default is still physical facilities in many states to participate in insurance programs.

This fragmented regulatory framework creates significant challenges, and providers must navigate varying regulations and licensing requirements. Each state may have different intake forms, documentation processes, and compliance standards, adding layers of complexity to what should be a seamless care experience.

Moreover, the debate over controlled substances introduces additional challenges. The evolving regulatory environment around telehealth and controlled substances remains a concern for the industry. While [COVID-19 telemedicine flexibil-](#)



**Julia Bernstein**

[ities for prescribing controlled substances](#) were extended through December 31, 2024, the DEA's proposed rule has significant implications for how virtual programs are delivered and how they are integrated into broader healthcare ecosystems. While the regulatory landscape remains a challenge, continued advocacy and collaboration with policymakers and accrediting bodies are crucial to ensuring that virtual IOPs can reach their full potential, providing equitable, accessible, and compliant care for those in need.

#### Emphasizing Outcome Measurement and Quality Assurance

Not all IOPs are created equal, and as more players enter the virtual care space, it becomes increasingly important to mea-

sure outcomes rigorously. Payers, in particular, are looking for data to guide their decisions about which virtual programs to include in their networks.

Transparency and accountability, paired with data, are at the heart of driving treatment improvements and establishing trust with both patients and payers. For example, by using outcome data, the industry can continuously refine programs to ensure that they are meeting patients' needs. This is particularly important in the virtual space, where maintaining high standards of care requires constant evaluation and iteration.

#### Industry Collaboration and Integration

To effectively treat AUD and SUD, virtual IOPs must be part of a larger, integrated system of care. One of the biggest misconceptions about virtual treatment is that it operates in isolation. In reality, virtual programs often work closely with brick-and-mortar facilities. For example, when patients are discharged from in-patient care but still need ongoing support, telehealth providers with established partnerships can transition these individuals into virtual IOPs, allowing them to continue their recovery from home. This integrated approach ensures that patients receive the right level of care at the right time, whether transitioning between care levels or managing co-occurring disorders. It also provides crucial support during the high-risk period of re-entering their former community.

Building strong partnerships between telehealth providers and other healthcare entities is critical to advancing the field of virtual SUD treatment. By working together, we can create a more comprehensive

and effective care model that reduces costs and improves patient outcomes.

#### Future Directions

As we look to the future, the potential for virtual-first treatment modalities is vast. While AUD is an important and popular area of focus, there is a growing demand for virtual programs that address other addictions, such as gambling and cannabis use. There is also the need to ensure programs address co-occurring mental health conditions.

I envision a future where virtual IOPs are not just an alternative but a preferred method of treatment for a wide range of addictions. By continuing to innovate and adapt to the needs of patients, it's possible to make treatment more inclusive and accessible to everyone, regardless of location or circumstance.

In closing, virtual IOPs represent a critical evolution in the treatment of SUD. By breaking down barriers to care, enhancing engagement, and focusing on outcomes, we can help more people access the help they need and ultimately reduce the burden of these disorders on individuals and communities.

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**AI in Insurance from page 10**

are ultimately responsible for the outcomes of the use of AI by outside vendors.

While the Circular Letter applies solely to underwriting and pricing activities, the fundamental concepts and spirit of the guidance should be applied to all insurance company activities, particularly utilization review. We strongly support and encourage similar regulatory oversight of the use of AI by insurance carriers in connection with utilization review activities, including review of claims, imposition of pre-payment review, and post-payment audits. NYSPA urges state regulators to adopt additional policies and procedures consistent with the National Association of Insurance Commissioners Model Bulletin on the Use of Artificial Intelligence Systems by Insurers, issued in December 2023.<sup>5</sup> The Model Bulletin requires insurers to develop, implement, and maintain a written AI program that mandates the responsible use of AI systems in connection with decisions related to regulated insurance practices. Such written AI programs should be designed to mitigate the risk of adverse consumer outcomes, including “inaccurate, arbitrary, capricious, or unfairly discriminatory outcomes for consumers.”

Earlier this year, New York State Assembly Member Pamela J. Hunter introduced A-9149, a bill that would amend the Insurance Law to require insurers to (i) notify insureds and enrollees about their use or lack of use of AI-based algorithms in the utilization review process by posting a notice on the insurer’s website and (ii) submit to DFS any AI-based algorithms or training data sets being used or that will be used in the insurer’s utilization review process.<sup>6</sup> Further, any clinical peer reviewers conducting utilization review on behalf of an insurer who initially uses AI-based algorithms must open and document the utilization review of the individual clinical records or data prior to issuing an adverse determination. This proposed legislation would impose penalties on insurers for failure to comply, including suspension or revocation of the insurer’s license, a one-year delay for issuance of a new license, a fine of no more than \$5,000 for each vio-



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lation and a fine of no more than \$10,000 for each willful violation. The same penalties would apply to clinical peer reviewers who violate the law. At present, A-9149 is under review by the Assembly Standing Committee on Insurance. Hopefully, this bill and others like it seeking to create standards for the use of AI in the health insurance industry will continue to garner attention and momentum.

NYSPA is closely monitoring insurance utilization review activities in New York and is working collaboratively with its national organization, the American Psychiatric Association, to address any concerns. First, if utilization review activities are applied unilaterally to behavioral health benefits and not to other types of services, we must examine whether they constitute the discriminatory imposition of a non-quantitative treatment limitation that may violate the federal Mental Health Parity and Addiction Equity Act. If a carrier uses AI-based algorithms or systems to generate record requests and evaluate clinical records, we must look carefully into whether these systems are unfairly or improperly targeting particular groups of providers or beneficiaries.

Although A-9149 is not yet law, it would be extremely interesting to know if current utilization review activities would comply with the provisions of the proposed bill,



**Jamie Papapetros**

particularly the requirement that clinical peer reviewers actually review records independently and not simply rely on a determination made by an AI program. As previously noted, the use of AI and its self-learning behaviors includes the fundamental risk of “inaccurate, arbitrary, capricious, or unfairly discriminatory outcomes that may disproportionately affect vulnerable communities and individuals....”<sup>7</sup> In this scenario, the possible risks associated with the use of AI could directly impact individuals seeking mental health care and treatment, including those who may rely on insurance reimbursement in order to access necessary and sometimes life-saving care.

AI will continue to be on the minds of regulators and public policymakers. The National Conference of State Legislatures has reported that at least 45 states, as well as Puerto Rico, the Virgin Islands, and Washington, DC, have introduced legislation regarding AI. Thirty-one states and Puerto Rico and the Virgin Islands have adopted resolutions or enacted legislation.<sup>8</sup> As New York prepares for the 2025 Legislative Session, the Assembly Committee on Consumer Affairs and Protection and the Assembly Committee on Science and Technology recently announced they will hold a public hearing to examine regulatory and legislative options to ensure consumer and public protection relating to the

use of artificial intelligence. The testimony received at this hearing, and others like it across the country will be critical in shaping future laws governing the use of AI.

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**BI Before AI from page 6**

(QHIN) data to its existing data sets and enabling health equity filters across its reporting. By housing and normalizing all its data in a data warehouse, CBC can apply data science methodology to assess, measure, and report on clinical outcomes. For example, CBC can pinpoint diagnoses that impact poorer outcomes for the member or identify if a member was at risk for hospitalization based on their encounters, thereby making timely decisions—who needs care now and what is the best type of care they could receive to close the gap.

#### Informd’s Enablement Frameworks

CBC benefited from Informd’s E3 (Extract, Enrich, Empower) data enablement framework which reduces the barriers that most healthcare organizations face when trying to aggregate data by supporting a

technical infrastructure with:

- Flexibility: creates a vendor-agnostic architecture that solves the difficulties faced in trying to move data from one product to another.
- Cost management: allows for growth without worrying about per member per month (PMPM) considerations.
- Speed: enables organizations to quickly enhance and upgrade its technology environment to respond to changing business priorities without competing for space on a vendor’s product roadmap.
- Scalability: builds on-demand elasticity without the typical long planning and contracting cycles.

CBC also realized both operational

and strategic benefits from employing Informd’s A3 (Analytics, Automation, and AI) framework. Operationally, the organization can generate uniform reporting and deploy dashboards to CBC staff for self-service analytics. In addition, they have automated reporting for payors, state agencies, and internal stakeholders. Strategically, the ability to access reliable, reusable and repeatable reporting aligned with the organization’s business goals.

#### Looking ahead - Moving CBC from BI to AI

The next phase of this transformation will focus on making the most of CBC’s unified data model to drive more advanced data science applications and show the real impact of integrated behavioral care. By deploying regression analysis, risk stratification, and classification techniques to their data store, CBC will help its provid-

ers and partners gain a deeper understanding of individual patient risks and develop tailored care plans.

Further, CBC believes that shifting from reactive to proactive care is the key to addressing the complex needs of today’s populations. Digital pathways and predictive analytics will play a crucial role in supporting decision-making and enabling earlier interventions. Looking ahead, CBC and Informd see the system continuing to evolve, with large language models (LLMs) enhancing care recommendations and reducing administrative tasks, making it easier for providers to deliver high-quality, whole-person care.

*Pamela Mattel is CEO and Ashley Loser is Product Manager of Data Operations at Coordinated Behavioral Care. Maria Kordit is Engagement Director, Jason Lippman is Director of Development and Growth, and Jawad Sartaj is CEO of Informd.*

### Combat Addiction from page 21

are most likely to develop an addiction at a time when they haven't even begun. In this case, the AI can identify likely symptoms based on factors such as lifestyle, social media activity, or previous medical history to ensure that measures are taken early enough to curb addiction.

**2. Virtual Therapy and Support** - Artificial intelligence involves the use of virtual therapy sessions and support groups that allow patients to access care at any time. These platforms can provide quick answers, recommendations, and social support for people who might have some difficulties with regular therapy. It makes treatment easier and is useful as the patients can apply what has been done to them in a face-to-face session, at home, in the office, or even in a school setting.

**3. Data Analysis and Insights** - AI is especially beneficial for collecting, storing, and analyzing large quantities of data, which is highly important for addiction patterns, factors resulting in relapses, and outcomes of treatment methods. It also enables the enhancement of the currently existing approaches and finding better ways of facilitating recovery from addiction.

**4. Tackling the Shortage of Addiction Treatment Professionals** - The US currently lacks sufficient addiction treatment specialists; according to the Health Resources & Services Administration, the country may need at least 19,000 more such specialists at present. AI can fill this gap in that it allows one to develop solutions that are easy to implement and apply at scale in helping the professional and improving the delivery of the treatment to reach as many people as needed.

#### Effects of Substance Abuse on the Economy

Substance abuse can also be proven to impose a significant financial cost to the government as well as to private individuals. Currently, the National Center for Drug Abuse Statistics shows the US government subsidizes over half a trillion dollars on addiction-related costs, and individuals suffer thousands of dollars for their treatment. Such costs can be alleviated with the help of artificial intelligence solutions, improving treatment techniques and patient outcomes and eliminating the necessity of long-term treatments.

#### Effect on Families and Children

Substance use disorders are not only



**Temitope Fabayo, BA, MBA**

confined to the person but significantly involved with families and children. There are some statistics from the survey by the Center for Behavioral Health Statistics and Quality report that can illustrate the problem, such as about 12% of children under the age of 18 living with a parent who has a substance use disorder. In this case, AI can help reduce these effects by providing the families with initial intervention and support, as well as educational materials they need to overcome addiction.

#### AI-Powered Tools and Techniques

**Chatbots and Virtual Assistants:** Chatbots, backed up with AI, can help people stay in recovery by providing instant support and advice whenever they require it. Such chatbots can provide encouragement, problem-solving skills, and instant consultation at any time of the day or night when there may be no human assistance.

**Wearable Devices and Monitoring:** Smart devices like smartwatches or fitness trackers can track one's heartbeat, a person's sleeping cycle, stress levels, etc. It means that, through monitoring of activity patterns and physical signs, those devices may identify relapse threats or signs of withdrawal.

**Brain-Computer Interfaces (BCIs):** The developments of BCIs are revealed as useful approaches in analyzing the brain alterations in addictions. Since BCIs work in an immediate manner with the human brain, this technology can be useful for extremely revealing research into how and where addiction affects the human brain.

#### Ethical Considerations and Challenges

**Privacy Concerns** - There are some drawbacks associated with the use of AI, and one of the critical issues is data privacy. Since addiction recovery involves the processing

of highly sensitive data, it's imperative for AI-powered solutions to be privacy-minded at best. Privacy and ethical implications that involve consent and usage of data also form the foundation on which users' trust in AI-based solutions can be established.

**Limitations and Risks** - Despite its advantages, AI has its drawbacks. There is a weakness where overusing algorithms can result in bias. However, to get better results, the AI models that are being developed should be trained on better data. The propaganda of wrong forecasts or undesirable advice would mean the possible suffering of patients. It is thus only right to note that it is possible to combine the utilization of AI with minimizing the risks that are associated with it by human expertise.

#### Conclusion

AI offers great potential for the treatment of addiction as it can work on a client-centered approach, coming up with early treatment and constant intervention. With the help of AI-based gadgets and analysis, AI can solve the gaps that exist in the gaps of the conventional treatment process and make it more effective.

Further investment into the AI field and further advancement of its technologies, as well as their practical application, is also important. Targeting these ethical issues and optimizing AI use in the addicted population holds the potential for positive changes in addiction treatment and effective reduction of addiction prevalence among consumers.

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*Hazing from page 22*

**Adjustment Disorders:** Victims may struggle to adjust to the pressures and aftermath of hazing, leading to a short-term but severe inability to cope with life changes. This can manifest as depression, anxiety, or behavioral problems.

**Dissociative Disorders:** Severe hazing trauma can cause dissociation, where victims feel detached from themselves or their surroundings. This can develop into more severe dissociative disorders, including dissociative identity disorder (DID)

Parents play a crucial role in preventing hazing by educating their children, fostering open communication, and helping them make informed decisions. There are various strategies they can implement:

## 1. Education and Awareness

**Teach About Hazing:** Educate your child on what hazing is, the risks involved, and the long-term mental and physical consequences.

**Discuss Consent and Boundaries:** Help your child understand that no one has the right to force or coerce them into harmful activities. Teach them to recognize when a situation is unsafe.

**Recognize the Signs:** Make sure your child knows the red flags of hazing, such as secrecy, abnormal behavior from peers, excessive alcohol or drug use, or unreasonable demands from group leaders.

## 2. Open Communication

**Create a Safe Space for Conversations:** Encourage your child to talk openly about their experiences, particularly in situations where they feel pressured by peers or unsure about participating in certain activities.

**Stay Involved:** Regularly check in with your child about their social life, group memberships, and activities to keep a pulse on any potential issues.

## 3. Encourage Healthy Decision-Making

**Discuss Peer Pressure:** Have conversations about the dangers of peer pressure and encourage them to stand firm in their values, even if it means walking away from a group or situation.

**Support Alternative Social Networks:** Encourage your child to join organizations or groups that emphasize positive, supportive, and inclusive environments rather than those focused on dangerous initiation rituals.



**Vishwani Sahai-Siddiqui, MD**

## 4. Monitor Your Child's Involvement in Groups

**Research the Organization:** Investigate the reputation and history of any groups or organizations your child considers joining, whether it's a fraternity, sports team, or other social groups.

**Ask About Policies:** Ensure the group has clear anti-hazing policies and protocols for preventing and reporting incidents. Encourage your child to choose organizations that prioritize safety and respect.

## 5. Advocate for Anti-Hazing Policies

**Engage with School Administrators:** Advocate for strong anti-hazing policies at your child's school or university. Ensure these policies are not only in place but actively enforced.

**Promote Education Programs:** Encourage schools to implement hazing awareness programs for both students and parents.

## 6. Empower Your Child to Say No

**Build Confidence:** Help your child build self-esteem and confidence so they feel empowered to refuse participation in hazing, regardless of peer pressure or fear of exclusion.

## 7. Know Legal Rights and Resources

**Inform Your Child About Legal Protections:** Make sure your child knows that hazing is illegal in many states, and victims have legal rights. Encourage them to report any hazing incidents to the proper authorities.

**Support Victims of Hazing:** If hazing does occur, support your child in seeking professional help, whether through coun-

seling or legal assistance, and hold those responsible accountable.

Educational institutions can play a pivotal role in preventing hazing by creating a culture of safety, accountability, and respect.

## 1. Anti-Hazing Policies

**Establish Comprehensive Policies:** Develop and enforce strict anti-hazing policies that apply to all student organizations, athletic teams, and social groups. Clearly define what constitutes hazing and outline the consequences of participating in or failing to report hazing.

**Zero-Tolerance Approach:** Enforce a zero-tolerance policy for hazing. Ensure students and staff understand that any form of hazing, regardless of intent or severity, will result in disciplinary actions, including suspension, expulsion, or criminal charges.

## 2. Education and Training

**Mandatory Hazing Education Programs:** Require all students, particularly those involved in Greek life, athletics, or leadership positions, to undergo annual hazing prevention training. This training should include the legal, physical, and psychological consequences of hazing.

**Workshops for Staff and Faculty:** Train staff and faculty to recognize signs of hazing and respond appropriately. Ensure they understand their role in preventing hazing and reporting incidents.

**Bystander Intervention Training:** Equip students with the skills to intervene safely when they witness hazing. Promote the idea that everyone has a responsibility to prevent hazing.

## 3. Reporting Mechanisms

**Anonymous Reporting Systems:** Provide an anonymous hotline or online platform where students can report hazing incidents without fear of retaliation. Make these systems widely known and easily accessible.

## 4. Monitoring and Oversight

**Increased Supervision of Student Organizations:** Implement stricter oversight of fraternities, sororities, sports teams, and other student groups, especially during recruitment or initiation periods. Regularly audit these organizations to ensure compliance with anti-hazing policies.

## 5. Culture Change

**Promote a Positive Campus Culture:** Foster a culture that prioritizes inclusion,

respect, and personal growth over initiation rituals. Celebrate organizations that promote positive group bonding activities and do not engage in hazing.

## 6. Proactive Prevention During High-Risk Times

**Increased Vigilance During Initiation Periods:** Pay close attention during recruitment seasons, when hazing is most likely to occur. Conduct regular check-ins with new members and actively monitor for signs of hazing.

**Ban High-Risk Activities:** Prohibit activities that are traditionally associated with hazing, such as excessive alcohol consumption, late-night events, or physically demanding tasks.

## 7. Support for Hazing Victims

**Access to Counseling Services:** Provide immediate access to counseling and psychological support for students who experience or witness hazing. Ensure mental health resources are widely available and de-stigmatized.

**Follow-Up and Long-Term Care:** Ensure that victims of hazing receive long-term care, including support in adjusting back to campus life, academic accommodations, and ongoing mental health care if needed.

## 8. Collaboration with Law Enforcement

**Work Closely with Authorities:** Establish clear protocols for involving law enforcement when hazing incidents occur, especially when criminal acts such as physical assault or forced alcohol consumption are involved.

The tragic case of Danny Santulli underscores the urgent need for a cultural shift regarding hazing practices in educational institutions and beyond. The devastating physical, emotional, and psychological consequences of hazing demand action from schools, parents, students, and lawmakers. By fostering awareness, enforcing strict anti-hazing policies, and encouraging open conversations, we can help prevent future tragedies and ensure that no individual is forced to endure the suffering and lifelong consequences that Danny and countless others have experienced. It is our collective responsibility to end hazing and protect the well-being of all students.

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### Social Media from page 23

health effects on teens. The anonymity and reach of social media can exacerbate these behaviors, leading to increased risks of depression and anxiety.

**Content** - The type of content teens are exposed to on social media also has implications for their mental health. Exposure to harmful content, such as images or messages that promote unrealistic body standards, violence, or discriminatory attitudes, can have damaging effects.

In all these reports, research, and findings, there is a flip side to all the negatives that our children constantly bring up and that we must acknowledge...there are benefits and positives to social media that impact our kid's social, emotional, and cognitive development in meaningful ways.

- Social media provides a platform for youth to stay connected with friends and family; it is how they socialize and create peer bonds.
- Many young people find communities of interest on social media, which can be particularly beneficial for those who feel isolated or marginalized in their immediate physical environments. This can include support groups for LGBTQ+ youth, hobbyist communities, or social justice platforms.
- Social media allows young individuals to explore different facets of their identities—expressing themselves creatively through posts, shares, and other interactions.
- Many platforms offer educational content, tutorials, and user-generated information that can supplement traditional education.
- For some, social media can be a source of psychological support where users share their personal experiences and challenges, offering and receiving advice and comfort from others with similar issues.
- Social media empowers young people to engage with and participate in social and political issues. It can provide a platform for mobilizing around causes, participating in civic engagement, and advocating for change.
- Social media provides entertainment through videos, memes, stories, and interactive content, which can be a relaxing break from daily stresses.

It is our responsibility, as parents, to find a balanced approach to minimize the harms while enhancing these benefits. I see these aspects of social media with my kids and every conversation turns on the positive aspects of social media for them while my focus is mostly on the harmful effects—we have to find a middle ground. This is not easy to do. At home, we have tried to limit exposure to, time spent on, and influence of these technologies on our boys, which is a slightly easier task at home but uncharted territory while they are at school and



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out-and-about. It feels like a losing battle: Instagram, Snapchat, YouTube, and TikTok exert a powerful hold on their lives. As the pressure mounts to find ways to manage these risks, whether at home or school or through different legislative actions locally and nationally, we all realize that we can't continue with the status quo.

Right before school started this month, our youngest son's school announced a ban on the use of cell phones during the school day based on overwhelming feedback from over 200 families. This decision was based on the need to safeguard our kids' focus, happiness, and meaningful connectedness. As a family, we wholeheartedly embrace this decision—much to my son's chagrin—and wish they had done some sooner. Despite all the grousing and apocalyptic scenarios that the kids mustered against the ban, I am happy to report that everyone has survived thus far without their cell phones during the day!

In light of the complexity of social media's influence on adolescent development and their wellbeing, as a psychiatrist, I am compelled to advocate for proactive strategies to manage and mitigate risks while recognizing the inherent benefits of digital connectivity.

Addressing these issues will require a multi-faceted approach involving parents, educators, and policymakers. We need more robust regulatory frameworks to protect our kids from the harms of excessive and unsafe social media use, as well as education on digital literacy and fluency to help teens navigate social media in healthier ways. In 5<sup>th</sup> grade, our son came home after school one day to tell us about a health class he had where they talked about technology, social media, and its impact. He learned that anything they did on the internet/social media was permanent...not a "digital footprint," as was the common explanation, but more so as a "digital tattoo" that would be a part of them forever. That was a sobering and very visual representation of the potential risks, which has stuck with me and which I remind them often of.

So, based on all the reading through the latest research, talking to other parents and experts, and my own parenting experience, here are five recommendations on how we allow our kids to be connected but also protected:

- 1. Education** - Educate yourself about the challenges that today's digital landscape poses for our youth. This can help you provide more empathetic support to your child and better understand their unique point of view. While schools are increasingly incorporating mental health education (e.g., addressing the psychological effects of social media) and digital literacy into their curricula to teach students about responsible social media use, the permanence of the digital footprint, online safety, and the distinction between real and curated online personas, we as parents must get involved. For example, we should push for schools to enact bans on smartphone use while in class. This won't make you popular at home, but the long-term benefits are invaluable.
- 2. Structure** - As a parent, you must help your child structure their social media usage, setting specific times when social media is allowed and when not allowed. Setting boundaries and parameters (no cell phones in the bedroom after lights out, for example) can help prevent excessive use and ensure it does not interfere with sleep, homework, or physical activity. Utilizing parental controls and monitoring tools can help manage and limit use as well. There are tools that can block inappropriate content, limit screen time, and help parents keep track of online activities without being overly intrusive. Lastly, consider developing a [Family Media Plan](#) that balances online and offline activities.
- 3. Involvement** - Parents have to be involved in their children's digital life—whether through having access to their social media accounts, knowing their passwords, and/or regularly discussing online activities, as well as engaging with them in the games or apps that they use and enjoy. Sharing those experiences can help parents better understand what they are doing online. Open (and frequent) communication and active listening are essential to help our kids navigate their experiences positively... as a parent, I have learned that it's important to find opportune moments for discussions (like in the car) rather than forced interactions and that it's always better to be curious, not furious!
- 4. Modeling** - As a parent, model the behavior you want to see in your children. This includes setting your own boundaries around technology use, demonstrating healthy habits, and showing that you value real-world interactions over digital ones. Encourage your kid to engage in more face-to-face interactions with friends and participate in extracurricular activities. This reduces the reliance on digital platforms for social interaction and helps develop interpersonal skills.
- 5. Guidance** - It is crucial to remain vigilant and responsive to any changes that might indicate underlying issues, such as signs of distress or changes in behavior. These can include changes in mood, behavior, sleep patterns, and academic performance.

While we all know that adolescence is fraught with serious changes in almost all aspects of our kids' lives, it is critical we remain attentive (and not chalk these up to "being a teenager") by being aware of some possible signs of distress:

- Withdrawal from social activities
- Changes in academic performance
- Changes in sleep patterns
- Mood fluctuations
- Changes in online behavior

It's important to seek professional help if these changes persist over several weeks or worsen, or your child expresses feelings of hopelessness or thoughts of self-harm, and if their "normal" functioning (such as social interactions, schoolwork, and family life) is significantly impaired.

As we continue to navigate the digital age, the role of social media in our lives cannot be underestimated nor easily rolled back. While it offers unique opportunities for growth and connection, it also presents undeniable challenges. As parents, we must embrace a balanced approach that safeguards our children's wellbeing while allowing them the space to reap the social and educational benefits of these platforms. By implementing structured guidelines, promoting open dialogue, and fostering greater digital fluency, we can equip our kids with the tools they need to navigate their online world in a safer and more effective manner, with agency and forethought.

Together, we can commit to not only protecting our children from the potential pitfalls of social media but also empowering them to build a more constructive and positive online presence that supports their ultimate development and wellbeing.

#### Resources

[American Academy of Pediatrics Center of Excellence on Social Media and Youth Mental Health](#)

[KOHS Report: Online Health and Safety Resources](#)

[Kids Online Health and Safety Task Force](#)

[SAMHSA Parent and Caregiver Resources](#)

[Social Media and Youth Mental Health: A Guide for Parents and Caregivers](#)

*To get support for mental health, drug, or alcohol issues, visit [FindSupport.gov](#). If you or someone you know is struggling or in crisis, help is available. Call or text 988 or chat at [988lifeline.org](#).*

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**AI in Helplines from page 23**

counselors rather than replacing them. Børns Vilkår, the national youth helpline of Denmark, built an AI assistant that watches an ongoing conversation and recommends reference materials to a counselor, who can choose whether to use them. This provides service quality and efficiency gains but minimizes the risk by keeping a trained human in the loop.

One safe way to have AI directly interface with service users is to limit it to a specific set of responses and have it fall back to contacting a human. For example, we use a chatbot that asks a series of survey questions before a service user talks to a counselor. The chatbot can only say a specific set of things, minimizing risk, and if the service user has problems using it, they are sent to a counselor.

**Types: Generative vs. Traditional AI**

ChatGPT is an example of generative AI built on Large Language Models (LLMs). Generative AI is designed to create new content based on vast quantities of text. It excels at many creative tasks, though this creativity is driven by statistical patterns, not comprehension. Custom development can make generative AI more effective for specific problem domains, such as recommending relevant articles from an internal knowledge base to a counselor during a conversation.

Traditional AI methods, frequently overlooked today, are often a better match for the problem you want to solve. They excel at prediction and classification tasks and usually provide more control and transparency than generative AI solutions. Predicting future staffing needs to meet demand is a great use case for traditional AI. One

**Nick Hurlburt, MS**

challenge is that traditional solutions typically require a significant amount of data on which to train.

It's always important to remember that bespoke AI development, no matter which type you use, carries a high cost. Organizations can almost never just throw data at an AI model and get useful results. Even well-organized data needs to be prepared, and it can take multiple iterations of testing to get an AI model to the point where it is useful and safe. And then there's still a need to create feedback loops, maintenance, and training for your team, which is an ongoing process. New AI tools typically cost hundreds of thousands, if not millions of dollars, so if you only expect to save tens of thousands per year on the tool, it may not be worth developing.

If you are not already using data analysis to support decision-making in your

organization, that may be a good first step before moving on to AI. GivingTuesday, in its 2024 AI Readiness report, found that "the best predictor of AI readiness was the size when an organization hires its first technical or Monitoring Evaluation, Research, and Learning (MERL) person." If you can't afford to hire a data analyst or technologist, options like hiring a fractional CTO or bringing a tech leader onto your board can be worth exploring.

There may be less need for bespoke development in the future. More products will roll out that encapsulate AI for shared use cases, spreading the development cost across many customers. One example is ReflexAI, which offers a counselor training simulator that is customizable to different helplines' needs without re-developing the core AI underneath.

At all times, and especially when considering third-party vendors, it's critical to think about service users' data privacy. Give special care to a vendor's privacy and data retention policies to understand how your data will be used. Some vendors will contractually promise that data will not be used for training publicly-available models (which is important with LLMs because a person's private conversation could be unearthed). Some will also pledge Zero Data Retention (ZDR), meaning that not only will they not use data in new models, but they will not store the data at all after their systems have processed your request.

AI today realizes neither our greatest hopes nor our worst fears, but it can do real good or harm. Start with clear problem identification, examine the best uses and types of AI to fit your needs, consider data privacy and ethics, weigh costs and benefits, and keep staff involved to ensure the tools are safe and effective. Always keep in

mind what's best for the people you serve, or in the words of the AI film character Tron: "I fight for the users!"

Nick Hurlburt can be contacted at [nick@techmatters.org](mailto:nick@techmatters.org). Tech Matters is a non-profit with a mission to bring the benefits of technology to all of humanity, not just the richest 5%. To learn more about Tech Matters and its Aselo open-source contact center platform, visit [techmatters.org](https://techmatters.org).

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**Colorado Reforms from page 26**

support costs more than a small practice providing only psychotherapy. This type of payment model creates predictability, consistency, and sustainability of payments for BHA-approved safety net providers to support these providers in successfully helping patients achieve improved outcomes through less intensive and more community-based care.

"Historically, the behavioral health safety net in Colorado has been held together largely by a non-profit, mission mentality—and that is incredibly impactful," said Daniel Darting, CEO of Signal Behavioral Health Network, which oversees crisis behavioral health and substance use prevention, treatment, and recovery services in 37 Colorado counties. "But it's predominantly funded on a grant mindset, so services are often in flux in communities. Enhanced payments create stability. If we want a functional behavioral health system, we need to invest in it as a true health care system."

The updated reimbursement model strengthens and expands the reach of our safety net by supporting providers in expanding access to critical community-based services. This is especially transformative in our many rural and frontier communities where the safety net is largely composed of small to medium-sized providers. Additionally, Colorado's new reforms allow smaller providers to collaboratively apply for

**Cristen Bates, MPH**

safety net designations through the BHA by taking on additional care coordination responsibilities, making them eligible for enhanced reimbursement. Multiple providers can pool services and jointly apply as comprehensive safety net providers or essential providers of select safety net services to access this funding stream.

"These designations demolish the idea of having to exclusively be a sole, comprehensive provider and replace it with a more inclusive and expansive approach," said Breeah Kinsella, Executive Director of the Colorado Providers Association

(COPA). "A lot of providers are doing this work in their communities already, but there was never a path, a structure for them to achieve the same level of sustainable funding from the state that was available to larger providers."

While these reforms significantly update the long-established definitions, procedures, and ways of operating for safety net providers, achieving their intended outcomes requires commitment.

Every computer operating system that's ever been created needs updates after it's launched. The same is true of Colorado's behavioral health system transformation. At the state level, both HCPF and the BHA continue to work closely with providers to identify and resolve the myriad of questions that come with these new policies, designations, and quality of care standards.

"We want more providers to step up and get into the space," said Chris Lindley, Chief Population Health Officer of Vail Health, a Colorado Community Mental Health Center and a comprehensive safety net provider. "Everybody wants to see changes to this system, but it's a behemoth, and there are still an enormous number of regulatory hurdles to work through."

"For the everyday individual, there's more access and better services than there were ten years ago," said Charles Davis, CEO of Crossroads' Turning Points, a provider based in Pueblo, CO. "I'm hopeful the work being done now will continue

on that trajectory, but this field is one of the most complicated disciplines I've ever been around."

To help community partners better understand system changes and meet new reform requirements, HCPF has worked to create a series of technical assistance and resources to help providers and their workforce prepare for and navigate the opportunities created in this transformation. That effort rolled out earlier this year and will continue to evolve as we learn more about where barriers remain for providers and how those barriers can best be navigated, mitigated, or, ideally, removed.

The stigmas of behavioral health aren't just social—in many respects, they have been codified into policy and into funding and infrastructure over decades. Colorado's reforms seek to remove that dynamic and reflect the equity, dignity, and community-building value our behavioral health providers deliver, in addition to increasing the access Medicaid members have to a full continuum of quality behavioral health services.

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### PA Students from page 26

and Drexel University, as well as partnerships with county and local leaders from several target counties around Pennsylvania. We called it “Pennsylvania Resource for Continuity of Care in Youth-Serving Systems and Transitions (PRCCYSST) – ‘PERSIST.’”

Using a two-tiered model, this project targeted youth ages 10-24. Tier 1 was state-wide and provides awareness, training, and screening activities to equip mental health professionals and the general public to increase identification and improve outcomes for youth at risk. Tier 2 worked with target counties to promote systemic change to improve continuity of care between youth-serving systems for those at risk of suicide. Again, we relied on the same technology infrastructure to continue our progress.

The program focused on an extensive data collection process whereby representatives from youth-serving systems completed the Pennsylvania Organizational Self-Study (POSS), a needs assessment adapted for each system to fit their anticipated needs and best-practice goals. The results of this assessment were aggregated by county and presented back to county and system leaders so that they might see where their strengths and needs exist.

Additionally, a smaller cohort of some of the same agencies participated in the Penn-



**Tita Atte, MPH, CPH**

sylvania Network Analysis (PANA), which utilized cutting-edge network science to highlight connections, both unidirectional and bidirectional, between youth-serving systems in a given county. Results from the PANA allowed counties to see in a map-like format how data and information are shared both within agencies of the same system type as well as across systems, visualizing where strong continuity of care exists in a county and where the opportunity remained to grow it.

Activities from this grant term also included statewide efforts aimed at increasing awareness for suicide prevention, such

as the continuation of the [Higher Education Suicide Prevention Coalition \(HESPC\)](#), new courses added to the [Prevent Suicide PA Online Learning Center](#), and the annual Prevent Suicide PA Youth PSA Contest for Suicide Prevention, where high school students across the Commonwealth created and submitted poster, video, and audio entries showcasing their creative talents and engage their peers in suicide prevention.

The Behavioral Health Learning Collaborative (BHLC) of Pennsylvania continues to bring together SAP agencies in more than 70% of the state’s counties to provide updates on the software platform and invite agencies to share their latest achievements and lessons they have learned in identifying and supporting students at risk of suicide. This network has generated best practices and high-quality research that can benefit both state and local programs throughout the country. We created a web-based hub to share this information with the public and to continue our collaborative efforts outside of funding cycles.

#### The Future of Behavioral Health Technology

As we plan for 2025 and beyond, we will continue using this software technology to achieve our goal of preventing as many youth suicides at the highest rates possible. This includes the integration of artificial intelligence – which enables

computers to perform a variety of advanced tasks - to aid us. We know a comprehensive student mental health system connected with technology identifies conditions early, and early detection and treatment saves lives.

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### Prevent Crises from page 19

avenue for value-based care contracting, where providers are incentivized to engage in care processes that are known to facilitate high-quality care and enhanced clinical outcomes. Benchmarks are also useful beyond clinical outcomes, as they can be leveraged to fine-tune the process of care and ensure that mechanisms of change that will enhance clinical effectiveness are being leveraged in practice.

**Treatment Planning:** Big data allows for more personalized care. By automatically analyzing demographics, acuity of challenges, and individual experiences, providers are empowered by predictive models that show which treatments are most likely to be effective for any individual. This minimizes reliance on trial-and-error approaches, helps direct people to the most effective care option for their needs, and offers an early indication as to when treatment may need to be adjusted.

**Understanding Demographic Needs:** Big data enables a deeper understanding of how treatment disparities affect various populations, allowing for the development of policies and services that better address gaps in care quality and ensure equitable care is prioritized throughout behavioral health services.

Proven in Practice:  
The NHS Talking Therapies Program

The [NHS Talking Therapies Program](#) (formerly IAPT) is a leading example of large-scale data collection leveraged throughout behavioral health treatment. Since its 2008 launch, it has used session-by-session outcome monitoring to

improve access and quality of care, raising clinical recovery from 38% to 52%.

The program now collects self-report measures from [98% of its service users](#) across all of the UK, generating a rich dataset that drives continual improvements in care quality. It has also demonstrated the financial ROI of leveraging big data to improve care quality; for every £1 invested, the NHS gains £4 through reduced healthcare costs, reduced work-related benefits, and increased tax revenues. The program’s commitment to [data transparency](#) has enabled international replication of its approach, where MBC serves as the foundation for service delivery. In Norway, for example, their [IAPT-style program](#) had a benefit-to-cost ratio of 3.6 and resulted in recovery rates twice as high as standard care.

The Future: Big Data, AI, and Predictive Analytics in Behavioral Health

The future of behavioral health care lies at the intersection of big data, AI, and predictive analytics. By harnessing these tools, clinicians can access actionable insights that help them identify subtle or significant symptom changes in their patients, allowing for timely treatment adjustments, optimized care pathways, and improved outcomes.

Expanding Data Sets for Deeper Insights

In addition to patient-reported outcomes (PROMs), behavioral health systems can integrate other metrics—such as wait times, number of sessions, demographics, insurance coverage data, and natural language processing analysis—to build a more comprehensive picture of effectiveness and areas of improvement in behav-

ioral health care.

As an example, the NHS Talking Therapies program was able to examine their outcome data and uncover that assigning additional measures specific to a patient’s unique challenges would contribute to an [increase in the number of sessions](#) within a client’s treatment plan and higher recovery rates among these individuals. Even when controlling for the number of sessions, each hour of therapy was shown to be more effective at improving outcomes when additional, more precise measures were leveraged.

By leveraging these data elements, we can substantially enhance access to high-quality care and ensure patients receive the most appropriate and effective services for their needs.

Population Health:  
Proactive Crisis Prevention

Population-level data provides a powerful tool for understanding overall mental wellness and developing preventive, upstream care strategies. Population health management systems with self-guided resources and mental health tracking empower case management teams to leverage predictive models to identify individuals at risk. With proactive intervention, they can avoid further deterioration of those individuals’ mental health symptoms as well as the associated high costs of care.

Given that in the US, there are [350 individuals for every one behavioral health provider](#), and millions of people are living in regions with behavioral health workforce shortages, self-guided population health care models are imperative to ensuring resources are allocated based on need and that everyone has timely access to the most appropriate levels of care.

A Call to Action: The System-Wide Benefits of Big Data Analytics

Behavioral health systems powered by big data analytics can function more efficiently and deliver vast enhancements to the overall quality of care available to any population. Improved clinical outcomes, early identification of at-risk individuals, and the ability to understand which treatments work best based on symptom acuity and demographics will lead to a healthier population.

The financial benefits are equally significant, with reduced healthcare costs, fewer hospitalizations, and increased productivity resulting from improved behavioral health outcomes. The enhancements fuelled by big data analytics enable us to build health systems that invest strategically and can better reduce mental health crises and disparities across the US.

The behavioral health industry is at a turning point; we need to continue driving MBC education and implementation, equipping behavioral health providers and leaders with the tools to better understand their patients and meaningfully improve care. Only then can health systems harness the full potential of big data, MBC, and AI in order to reshape the future of behavioral health and build a system where we deliver proactive, personalized care that not only prevents crises but also builds a healthier, more resilient population.

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**CDC Report from page 22**

students time each day to practice mindfulness on their own. Additionally, small group activities may provide students with a deeper understanding of mindfulness techniques.

**Promote Social, Emotional, and Behavioral Learning**

Good mental health also applies to social skills and behavioral development. Schools should implement classroom lessons that help students understand their feelings, make decisions, solve problems, and build healthy relationships.

**Enhance Connectedness Among Students, Staff, and Families**

Feelings of isolation often start in school. When students feel genuinely cared for by peers and teachers, it fosters a strong sense of community and connection. However, despite these efforts, many students, particularly those from marginalized groups, may still experience feelings of isolation. To address this, schools must prioritize and invest in relationship-building programs that foster inclusivity and support.



**Christine Cauffield, PsyD**

**Provide Psychosocial Skills Training and Cognitive Behavioral Interventions**

Psychosocial skills training helps students reflect on whether their actions match their personal values. If they realize their behavior doesn't align with their values, they can

make positive changes. These approaches help students improve their behavior and handle life's challenges more effectively.

**Support Staff Well-Being**

The CDC reports that high levels of burnout and depression among educators, particularly those of color, can harm the learning environment. Educators experiencing burnout and mental health challenges may struggle with motivation, effectiveness, and engagement, which can affect their interactions with students and the classroom atmosphere. Implementing school-based mental health programs for staff can foster a more positive climate, improving outcomes for both educators and students.

Schools have the potential to profoundly impact students' lives, but they can't do it alone. For their efforts to be truly successful, schools need the support of families and communities.

Lastly, while treatment is crucial, focusing on prevention – especially in the formative setting of schools – makes a significant impact. Implementing these strategies early in a student's life can help mitigate the development of more serious problems

down the road. In essence, the classroom is where the road begins.

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Source

Centers for Disease Control and Prevention. *Youth Risk Behavior Survey Data Summary & Trends Report: 2013–2023*. U.S. Department of Health and Human Services; 2024.

**Previous CDC Reports**

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- [Youth Risk Behavior Survey Data Summary & Trends Report: 2009–2019](#)
- [Youth Risk Behavior Survey Data Summary & Trends Report: 2007–2017](#)

**Real-Time Data from page 24**

**Integrating Traditional Wellness Practices**

It is important to note generational differences and evolving needs of patients as today's patients are accustomed to instant gratification and may struggle with impulse control, meaning strictly clinical approaches yield increasingly lackluster results. Adapting treatment methods to client needs will make treatment more appealing and effective, reducing the likelihood of patients disengaging from the process.

A spa- or retreat-like environment helps clients to relax and focus on their recovery, free from the daily stressors that might otherwise hinder their progress. Practices such as massage therapy, acupuncture, and sound bath meditation can complement clinical treatments, offering patients a more rounded and supportive healing experience. Practices such as hormone balancing, dietary attention, and stress management may be implemented, which have been shown to improve mental health and wellbeing significantly. By utilizing these tools, treatment centers approach mental health issues from many



**Marsha Stone, JD, LCDC**

different angles, improving a patient's overall approach to healing and enhancing long-term results.

Additionally, engagement in ancillary offerings such as IV infusions and massage therapy provides clients with necessary breaks from the intense work required in treatment. Regular massages, for instance, can reduce stress and anxiety, improving

a client's overall mental health outlook. These wellness practices offer physical relaxation and contribute to emotional and mental well-being.

Ultimately, a comprehensive, multifaceted approach recognizes that addressing mental health and substance abuse issues requires more targeted interventions. A unique blend of clinical and wellness approaches at treatment centers has shown significant improvements in clients' overall functioning and sense of well-being. By incorporating real-time data and listening to patients' experiences with treatment, treatment centers offer a powerful and holistic approach to care and set a new standard in the field of mental health and substance abuse treatment.

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**AI in Addiction from page 8**

In the substance abuse domain, we must be vigilant in understanding how the new AI technologies are trained and implemented. Our industry must ask very direct questions of technology creators, insisting on more information on how models are created, trained, implemented, and tested. Allowing the technology to provide a classification for a patient should be considered helpful to a clinician, but it should not be the only evaluation of the patient. Even allowing an AI algorithm to write clinical notes or provide a selection of notes to simply meet regulatory re-

quirements or increase efficiency may be problematic. The loss of information in a free text note from a clinician can contain very rich information and could further provide insight that may be sanitized by an algorithmic tool used for efficiency or regulatory compliance.

Our aim must always be to provide the best outcomes for the population that entrusts us with their care. A balance must be found between AI technology and clinicians to ensure proper care. The AI models must be considered a tool that our clinicians can use to provide the best outcome, and they should not replace the experience, insight, and compassion that only a

clinician can provide.

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**NYPCC from page 12**

best practices and areas for improvement. For instance, if the AI detects that clients working with therapists who use a particular evidence-based technique tend to have better outcomes, it can flag that insight for further investigation and potential scaling across the organization.

Importantly, NYPCC uses AI not to replace human clinical judgment but to augment and support it. Therapists and supervisors are trained to interpret and act on AI-generated insights in the context of their clinical expertise and the unique needs of each client. NYPCC also has robust governance processes in place to ensure that AI is being used ethically and equitably.

By pioneering the use of AI for contin-

uous quality improvement, NYPCC is not only enhancing the effectiveness of its own services but also helping to advance the field of data-driven behavioral healthcare as a whole.

**Advancing Health Equity Through Data**

NYPCC's use of data to expand access and improve quality is ultimately about advancing health equity for underserved populations. By leveraging data to optimize resources, proactively engage those in need, and deliver the highest standard of care to every client, NYPCC is working to close long-standing disparities in access to behavioral healthcare.

But data is only as powerful as the actions it enables. The real impact comes when organizations like NYPCC use

data-driven insights to drive meaningful changes in how care is delivered and how partnerships with communities can address the root causes of mental health inequities.

As the behavioral health field continues to evolve and embrace the power of data, organizations like NYPCC offer a roadmap for how to harness that power in the service of health equity. By combining cutting-edge technology with a deep commitment to the communities they serve, these providers are not just closing gaps but transforming the landscape of accessible, equitable mental healthcare in a time of unprecedented need.

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**Josh Klein**

**Digital Technologies from page 14**

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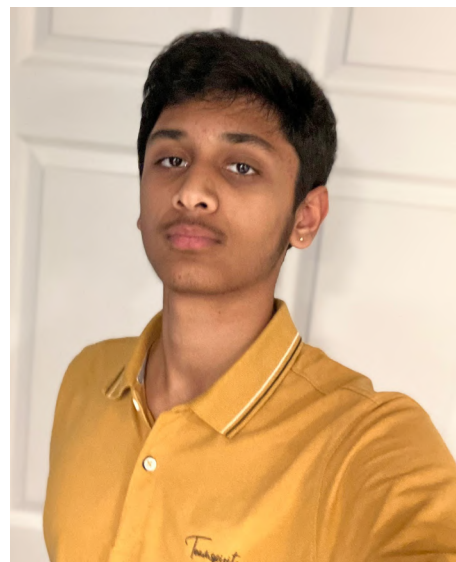
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**Sentiment Analysis from page 25**

sentiment indicators, and attributing sadness, anger, and frustration (Minerva & Giubilini, 2023). These tools function by examining linguistic structures, recognizing sentiment indicators, and attributing sentiment scores to conversations (Mota et al., 2012). Algorithms are equipped with extensive training on diverse datasets encompassing various emotions and facial expressions, enabling them to identify patterns of sentiment in live situations (Rezaii et al., 2019). Utilizing sentiment analysis in a therapist's discussion provides the therapist with a better understanding of the client's emotional condition, even if emotions are not explicitly expressed (Hoffman et al., 2017). By measuring and monitoring shifts in feelings as time passes, the therapist can obtain a valuable understanding of emotional behaviors and patterns that might not be clearly visible during conversations.

**Integrating Sentiment Analysis Into Therapeutic Conversations**

Incorporating sentiment analysis into therapy sessions can improve the therapist's capacity to monitor and address emotional variations immediately. During a session,



**Akshat Santhana Gopalan**

the NLP algorithm can offer a real-time sentiment dashboard that showcases sentiment shifts as the client speaks (Koutsouleris et al., 2022). This enables the therapist to recognize instances of emotional distress or intensified emotions that require prompt intervention, even if the client is not articulating them explicitly. Moreover, emotion analysis can supply a post-meeting analysis and present a comprehensive emotion

chart of the discussion. This can help therapists improve their methods for upcoming sessions and customize interventions to meet the emotional needs of the client by analyzing patterns from various interactions (Mota et al., 2012). Nonetheless, it is essential for the implementation of this technology to be encouraging rather than controlling; NLP tools should amplify, not supplant, human instinct and compassion, and therapists should maintain authority over the way they understand and respond to the emotional information given (Minerva & Giubilini, 2023).

**Conclusion**

Emotional analysis in NLP offers a strong chance to enhance the therapeutic dialogue by offering a more profound understanding of emotional conditions. Ensuring a balance between digital tools and the personal touch in therapy is crucial as technology becomes more integrated into behavioral therapy (Rezaii et al., 2019). Therapists can benefit from utilizing emotional analysis to tailor their approach and effectively address clients' emotional needs. Nevertheless, ethical concerns such as protecting privacy and ensuring data security must be thoroughly dealt with to guarantee responsible utilization of this

technology. Emotional analysis, when used carefully, can enhance therapy's emotional responsiveness and effectiveness, leading to improved client outcomes in behavioral health (Koutsouleris et al., 2022).

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