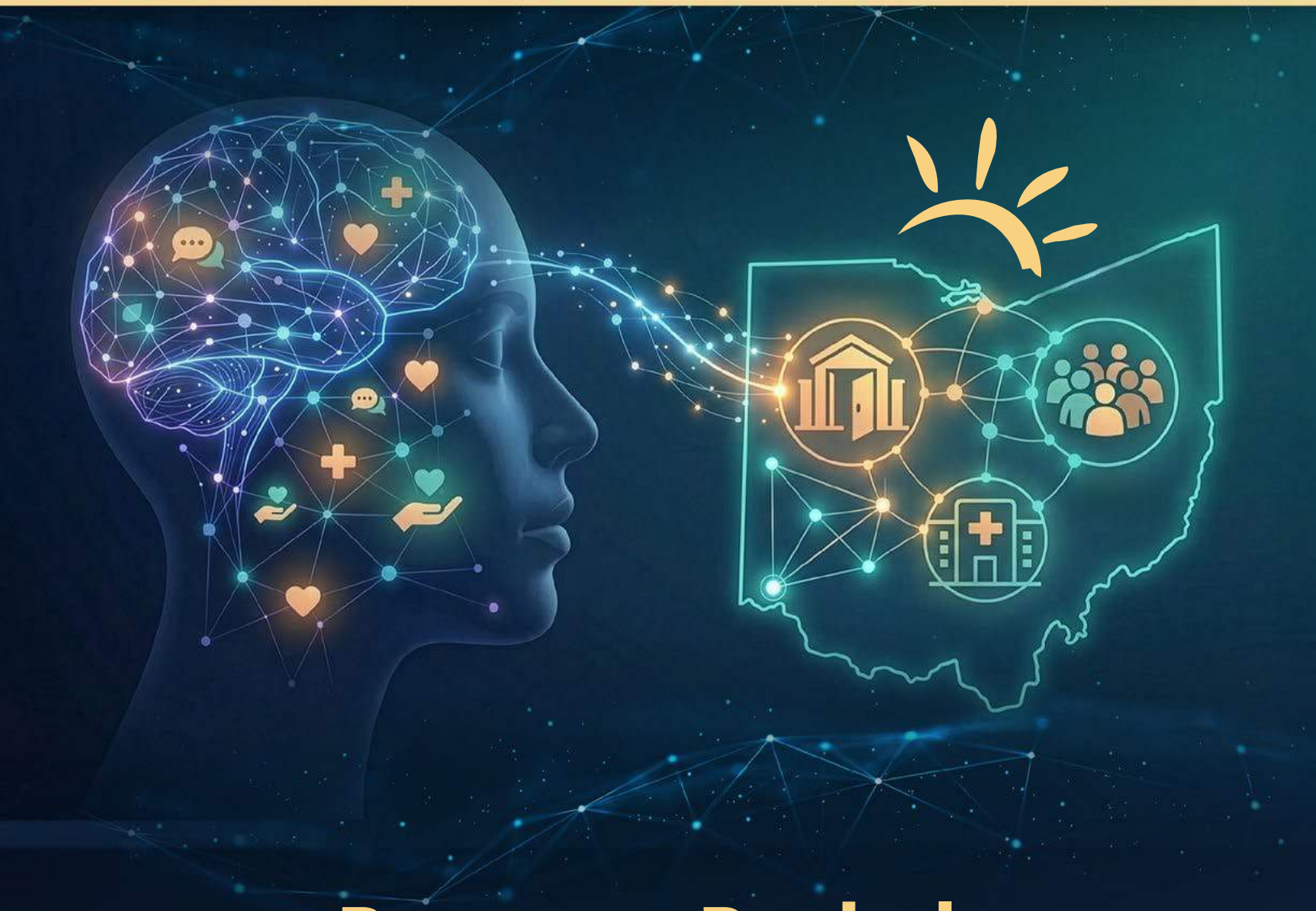
Ohio RecoveryOhio



RecoveryRachel:
Turning Conversations into Care

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Project Dates

Nov. 2024 – May 2026

Agency

RecoveryOhio

State

Ohio

Award Category

Artificial Intelligence

EXECUTIVE SUMMARY

Moments after taking the oath of office, Governor Mike DeWine made his priorities clear by signing his very first Executive Order (**2019-01D**) to establish the RecoveryOhio initiative. This action represented his commitment to saving and transforming the lives of all Ohioans impacted by mental health challenges and substance use disorders. RecoveryOhio was not just a policy — it was a mandate to build a comprehensive system of hope. It was designed to help remove barriers to treatment for Ohioans in need, provide support services for those in recovery and their families, offer direction for the state's prevention and education efforts, and work with local law enforcement to provide resources to fight illicit drugs at the source.

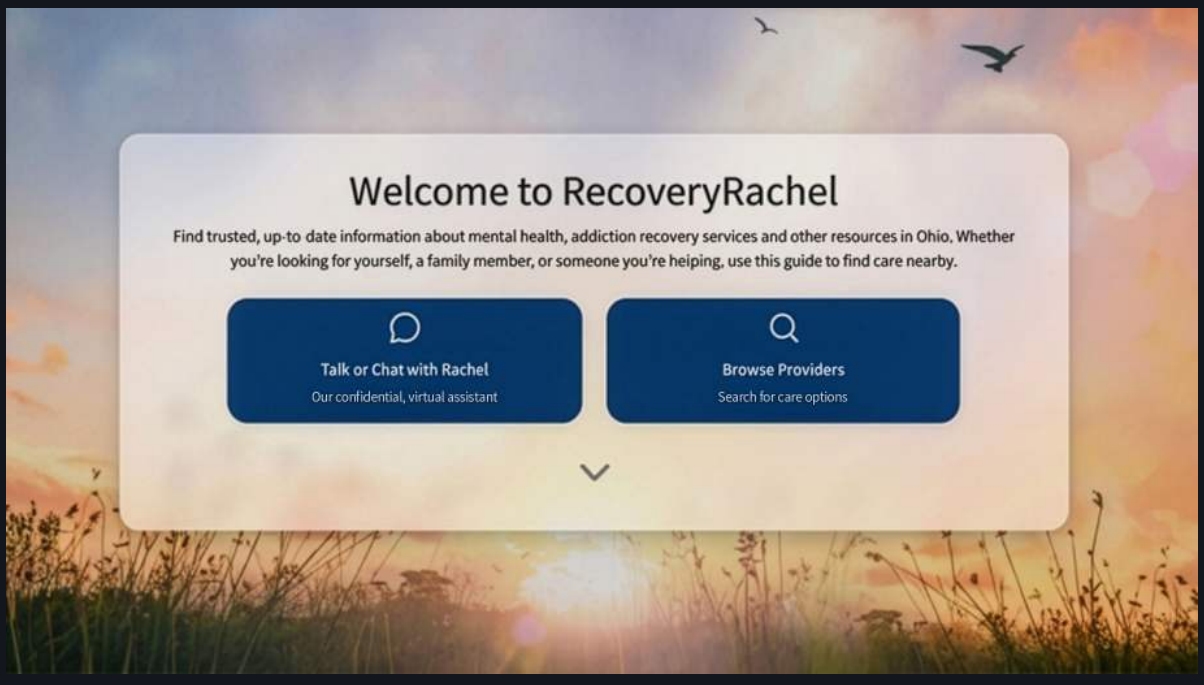
Historically, accessing behavioral health services has required navigating a fragmented system of providers, programs, and eligibility requirements, often during moments of urgent need. Traditional directories place the burden on individuals to search endless websites and interpret complex information, which can lead to catastrophic delays in obtaining critical care.

RecoveryRachel, anticipated to be publicly announced in Spring 2026, completely changes this. Developed by the RecoveryOhio Office, it is a first-of-its-kind, AI-powered behavioral health treatment finding platform that transforms how Ohioans locate resources. Instead of relying on static search, individuals can engage with RecoveryRachel conversationally via voice or chat to describe their needs in plain language. The tool meets them wherever they are.

By combining a continuously updated provider database with real-time, guided interaction, the platform helps users move from uncertainty to actionable next steps in minutes. Unlike traditional directories, RecoveryRachel enables dynamic querying and guides individuals through complex terminologies, shifting service delivery from static information to interactive support.

While the solution leverages innovative technology, it is deeply rooted in the principles of Responsible AI and user privacy — a core consideration given the inherently sensitive nature of the mission. The platform was designed with direct input from the individuals it serves. Through numerous focus groups with potential users and providers, the project team ensured that RecoveryRachel handles interactions securely and provides highly relevant responses in the appropriate emotional tone.

The delivered solution, **RecoveryRachel**, may appear deceptively simple, but that is a result of the project team's commitment to ensuring absolute accessibility for anyone in crisis. The journey is just beginning, as future phases are already planned that will forever modernize how Ohioans access behavioral health services.



IDEA

WHAT PROBLEM DOES THE PROJECT ADDRESS?

Ohio's behavioral health system spans hundreds of providers, programs, and eligibility pathways, yet access has historically depended on an individual's ability to navigate this complexity on their own. Residents seeking care must interpret fragmented information, identify available providers, and determine suitability without guidance. Traditional directories and static websites assume prior knowledge of the system, resulting in confusion, delays, and missed connections to care.

RecoveryRachel addresses this by introducing an AI-powered navigation layer that transforms how residents access services. Instead of relying on keyword search or manual filtering, individuals can describe their needs in plain language and receive guided, personalized pathways to appropriate care. This shifts the burden of system navigation away from the user and toward the technology, improving access, reducing friction, and increasing the likelihood that individuals connect to the right services.

WHY DOES IT MATTER?

Behavioral health access is not only a public health issue: it is a significant operational and financial challenge for state systems. Across the United States, behavioral health conditions represent one of the largest drivers of healthcare utilization and cost.

Untreated mental illness alone costs the U.S. economy $282 billion annually, including lost productivity and increased healthcare spending. At the same time, behavioral health services account for tens of billions in direct healthcare expenditures, with over $106 billion spent annually on treatment.

When access to appropriate care is delayed or unclear, individuals frequently enter the healthcare system via high-cost settings. Every year, there are over 10.7 million emergency department visits related to mental health and substance use disorders, costing more than $5.6 billion annually. A substantial portion of these visits are avoidable, driven not by clinical necessity, but by an inability to navigate the system and identify appropriate care pathways. These inefficiencies place strain on hospitals, increase wait times, and divert resources from higher-acuity cases.

WHAT MAKES IT DIFFERENT?

While most state systems rely on static, search-based directories, RecoveryRachel uses AI to interpret user needs in real time and dynamically guide individuals through complex decisions around service and provider fit.

To the state's knowledge, **it is among the first implementations of voice-enabled AI navigation in a public sector behavioral health context**, allowing residents to engage with the system through natural conversation rather than structured forms or keyword search.

This design choice is intentional. Traditional digital experiences assume users are willing and able to type, search, and interpret complex information, an approach that often breaks down in moments of stress or urgency. RecoveryRachel instead leverages voice and chat interaction to create a more intuitive and accessible experience, enabling users to describe their situation naturally and receive guidance in real time.

This approach also recognizes that most individuals do not know what to search for. By structuring interactions around care navigation fundamentals and dynamically adapting to user input, the platform delivers a more intuitive and supportive experience. The tool does not provide mental health diagnoses or treatment recommendations. It is intended to help individuals find the best providers for their unique needs so they can access the care they are seeking.

WHAT MAKES IT UNIVERSAL?

The challenge RecoveryRachel addresses — fragmented services, rising demand, and difficulty navigating care — is shared across every state. In the 2026 NASCIO State CIO Top Ten Priorities, Artificial Intelligence (AI) is now the #1 priority for the first time, alongside continued focus on cybersecurity, budget and cost control, modernization, and digital services. These priorities reflect a broader shift: states are no longer experimenting with technology. They are expected to use technology to deliver measurable improvements in access, efficiency, and outcomes.

RecoveryRachel directly operationalizes these priorities by combining AI with a modern digital government experience. The project team applied AI not as a pilot, but as a production system that improves how Ohioans access services, while reducing reliance on manual navigation and constrained workforces. Because it sits on top of existing systems, focused on improving how people connect to care rather than rebuilding the system itself, this model is immediately transferable to other states facing the same pressures.

IMPLEMENTATION

WHAT WAS THE ROADMAP?

RecoveryRachel was delivered using an Agile approach across multiple phases: discovery, design, development, testing, iteration, and deployment. From the outset, the project emphasized continuous stakeholder involvement, with feedback incorporated from lived experience voices, associations, and other key partners to ensure the solution reflected real-world needs rather than internal assumptions.

RecoveryRachel required enterprise-wide collaboration across multiple agencies to align data, workflows, and priorities. The project followed a phased rollout, and the first, controlled, internal release occurred in early 2026. Successful implementation is being assessed through usage and engagement measures, including overall visits, number of users, and interaction with the Rachel assistant.

WHO WAS INVOLVED?

RecoveryRachel required close collaboration across state leadership, agency partners, and community stakeholders. Core involvement included **RecoveryOhio and its Advisory Council**, the **Ohio Department of Administrative Services**, and the **Ohio Department of Behavioral Health**. The project also benefited from informal engagement with a broader set of stakeholders, including the **Department of Children and Youth, county boards, National Alliance on Mental Illness**, and multiple groups representing **lived experience**.

Buy-in and adoption were built through sustained engagement rather than one-time review. The team conducted stakeholder interviews, product demonstrations, focus groups, and user acceptance testing workshops throughout development. Associations also helped extend awareness across the behavioral health ecosystem, while formal communication plans and trainings supported readiness among key partners. This process created shared ownership, improved system relevance, and strengthened confidence in the solution.

HOW DID YOU DO IT?

The project team was committed to designing a solution that provided critical resources while strictly embodying Responsible AI principles. Because the team understood the tremendous importance of its mission, every detail was addressed to ensure the user experience matched the seriousness of the situation. For example, the team worked closely with a linguist at Scripps College to ensure the tool had the ability to understand various dialects. A custom library was established for RecoveryRachel that can now be expanded and leveraged by other agencies.

RecoveryRachel leverages the Claude Sonnet large language model. The conversational model was built on a carefully engineered and tested flow manager designed for behavioral health and architected to have multiple agents monitoring safety and risk. Rather than train a new foundational model, the project team chose instead to control the flow of conversation to ensure the efficiency and safety of any interactions.

The architecture avoids bias by replacing open-ended AI generation with a controlled recommendation flow that follows structured, state-based logic. To ensure equitable access, the system utilizes specialized AI agent personas (Guest, Caregiver, and Provider) that adapt language density and empathy to match the specific needs and expertise of different users. The platform mitigates data bias by using AI-assisted scraping to pre-fill profiles for all providers, ensuring smaller organizations are as visible as larger ones. Recommendations are based on objective database criteria—such as insurance, location, and specialized population flags—rather than subjective AI preferences. Finally, a rigorous verification system and confidence scoring encourage providers to maintain accurate data, ensuring that search results remain neutral and reliable for all Ohioans.

To bring this vision to life, Ohio engaged specialized technology partners to deliver a bespoke platform tailored to the state's behavioral health access goals. Initial delivery to the baseline took roughly 12 months, followed by an additional six months of continuous iteration and refinement.

The primary resources required were engineering and project management, particularly to support discovery, requirements definition, system design, build, and iterative testing. The technical architecture was intentionally modular: a structured provider database serves as the core source of truth, while the Recovery Assistant operates as a flexible AI layer that supports both voice and chat-based interaction. This mattered because Ohio needed a system that could be launched quickly, updated safely, and expanded over time without rebuilding the underlying platform. As reflected in the project architecture, the solution combined a cloud-native AWS environment, a purpose-built provider database, role-based administrative tools, and a micro- frontend assistant designed for controlled, scalable deployment.

To experience these capabilities firsthand, visit **RecoveryRachel** today. Additionally, the project team has provided three use-case videos that highlight the tool's core features in action: **Voice Interaction**, **Text Interaction**, and **Suicide Risk Handling**.

IMPACT

WHAT DID THE PROJECT MAKE BETTER?

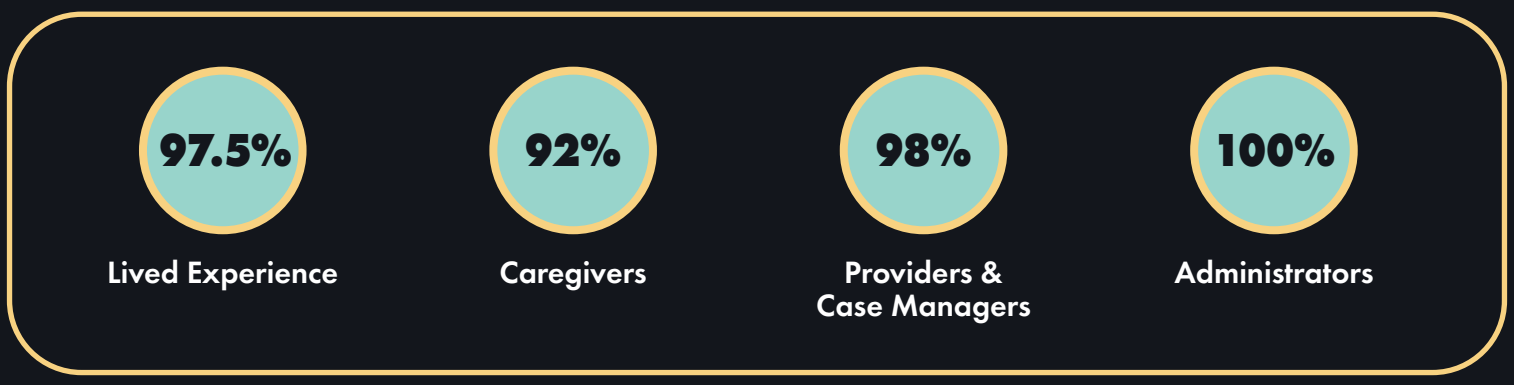
Before the project, Ohioans were often left to navigate more than ten generic, non-Ohio-specific treatment directories that were static, frequently outdated, and offered little guided support. In behavioral health, that is not a minor inconvenience. It means people who already face stress, uncertainty, or crisis are asked to interpret fragmented information on their own, increasing the risk of delay, disengagement, and missed connections to care.

That matters because behavioral health systems do not struggle only from lack of services; they also struggle from friction in getting people to the right services. Nationally, tens of millions of people experience mental illness or substance use disorders each year, and treatment gaps remain substantial. In 2024, only 52.1% of adults with any mental illness and 70.8% of adults with serious mental illness reported receiving mental health treatment. At the same time, mental and substance use disorder emergency department visits have imposed major downstream costs, with 10.7 million emergency department visits and more than $5.6 billion in service delivery costs.

RecoveryRachel addresses this business problem directly. It gives Ohio a dedicated, state-specific entry point that makes provider information more usable, more current, and easier to act on. By using AI to help organize the provider database, the portal improves the quality of the supply side of access; by using conversational voice and chat guidance, it improves the demand side by helping residents engage, clarify what they need, and move toward next steps.

HOW DO YOU KNOW?

The model was very well received across the various user groups. In UAT, the lived experience group achieved an average pass rate of 97.5%, caregivers 92%, providers and case managers 98%, and administrators 100%. After post-UAT fixes, affected scenarios achieved 100% pass rates in repeat validation. That matters because it shows the platform is not only conceptually aligned with Ohio's behavioral health goals, but operationally capable of supporting them.



WHAT NOW?

Ohio has already initiated Phase 2 of the portal. This next phase includes design revisions, expanded provider attributes, new personas, provider analytics and reporting, an enhanced provider database, a complaint reporting mechanism, broader expansion of Rachel's navigation capabilities, and the development of Outbound Rachel.

The keystone of this next phase is Outbound Rachel. This extends the same voice AI technology used to guide residents and applies it to one of the most persistent challenges in behavioral health access: keeping provider information accurate and current. Rather than relying only on static update cycles, manual outreach, or passive reminders, Outbound Rachel creates a more proactive model for engaging providers and prompting updates to critical information. This is essential because the long-term value of the portal depends not only on a strong user experience, but on the reliability of the data behind it.

Ohio is reinforcing this effort with a broader statewide push to encourage providers to review and update their information. That work is being carried out through strong cross-agency collaboration and reflects an important lesson from Phase 1: access tools only work if people can trust the information they receive. By combining provider engagement efforts with AI-enabled outreach, Ohio is building a more sustainable model for maintaining a credible, useful, and current behavioral health resource.

Phase 2 also expands one of the project's most innovative strengths: the adaptability of the AI across different personas who may interact with the system. RecoveryRachel is being extended to better support the different communication styles, needs, and decision-making contexts of the people using it. This matters because behavioral health access is not one-size-fits-all. A person seeking treatment, a caregiver, a provider, or another support role may each require different language, logic, and levels of guidance. Increasing that adaptability makes the system more inclusive, more effective, and better aligned with how people actually seek help.

RecoveryRachel will no longer just be a tool to help residents find care. It is becoming a scalable, AI-enabled infrastructure for how Ohio keeps behavioral health information current, improves access, and strengthens coordination across the system. The investment supports not just launch, but a durable foundation for modernization that can continue to grow in value over time.

"Navigating addiction treatment is frequently marked by fear, exhaustion, and urgency. For 15 years, the greatest challenge I've seen is helping people find trustworthy resources in those critical moments. RecoveryRachel changes that. By intentionally connecting individuals with vetted, credible support, it cuts through the confusion. I genuinely believe this tool will help a great many people find hope and connection when they need it most.

Tools like RecoveryRachel represent the future of accessible, compassionate, and recovery-oriented care navigation."

Pastor Greg Delaney, RecoveryOhio Faith-Based SME
Director of Advocacy & Community Engagement
Reach for Tomorrow Ohio