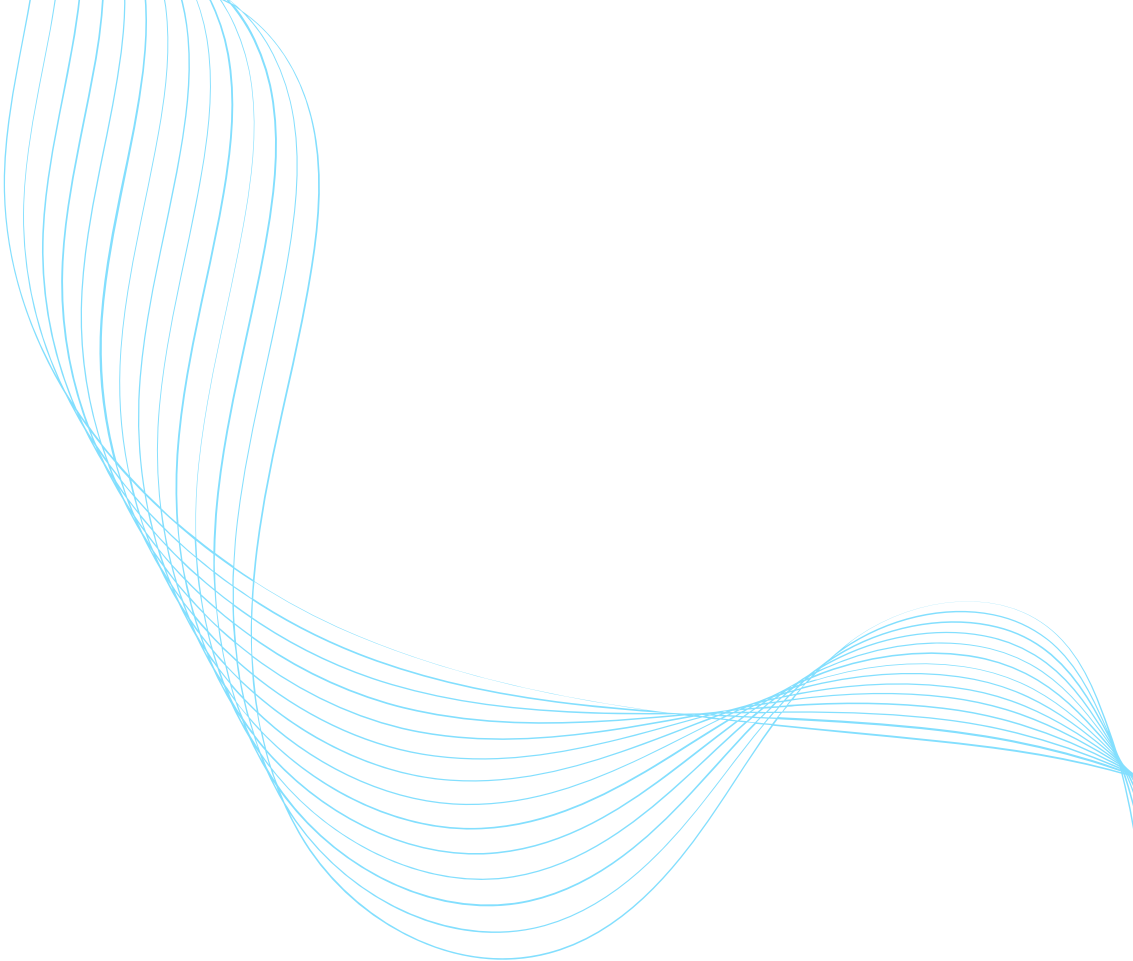
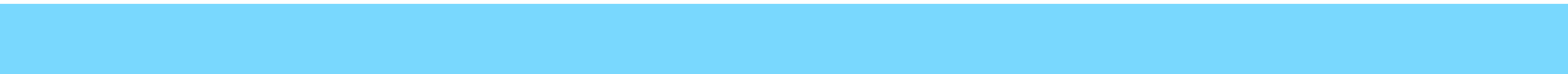


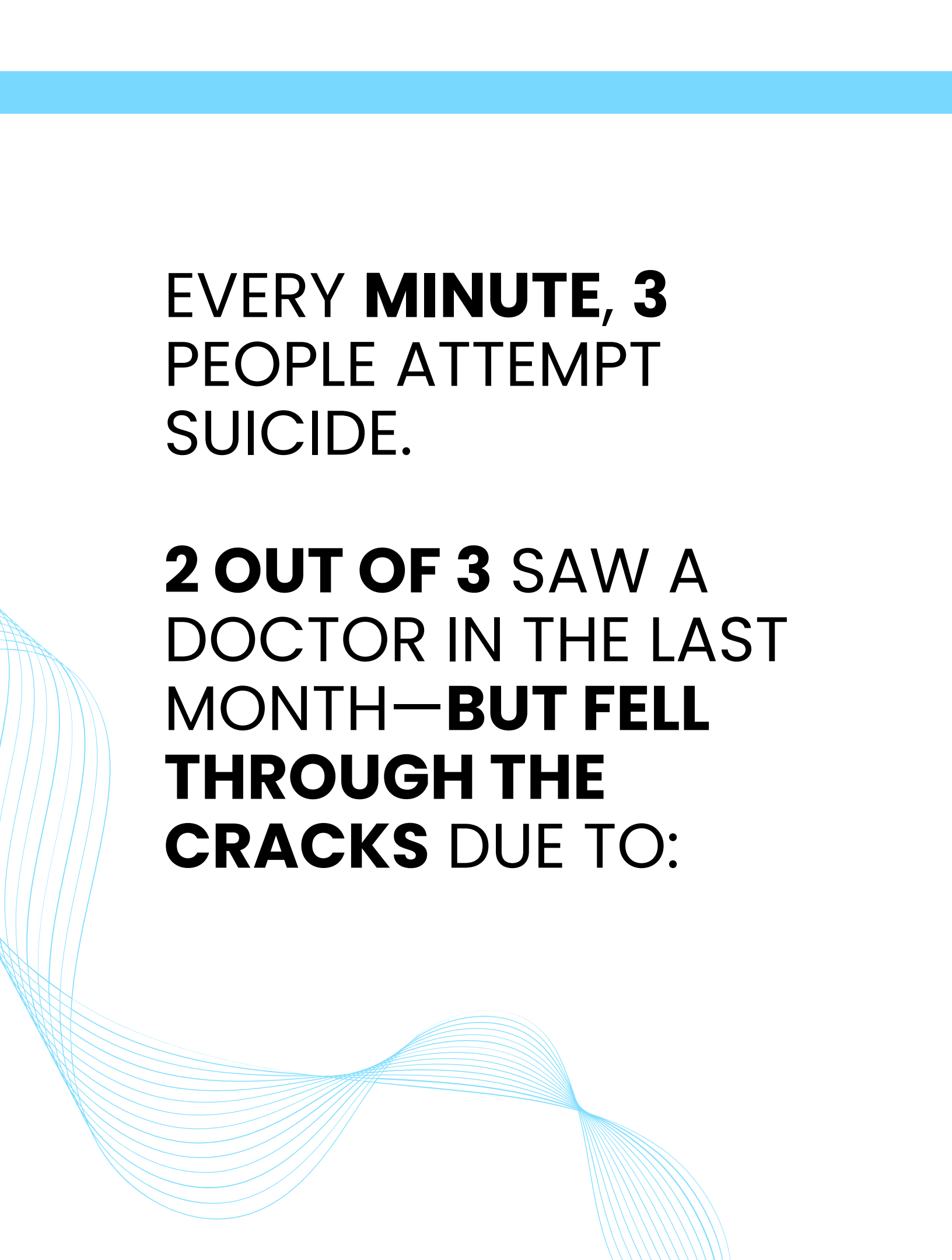


MENTEM.lab

Digital Support for Health Heroes



AI Ignite
2025



EVERY **MINUTE, 3**
PEOPLE ATTEMPT
SUICIDE.

2 OUT OF 3 SAW A
DOCTOR IN THE LAST
MONTH—**BUT FELL**
THROUGH THE
CRACKS DUE TO:



Ineffective Screening

Screeners like PHQ-9 miss up to 30% of true cases and flag 60% false positives.

Patients underreport. Providers rarely go deeper.

Poor Treatment Matching

70% of mild cases get antidepressants—despite better outcomes with psychological interventions.

PCPs lack time, training, and tools to choose the best path.

Broken Follow-up

After a positive screen, there's no system to ensure follow-up or track progress.

Referrals often lead to long waits - or no care at all.

Mentem.lab Mission and Vision

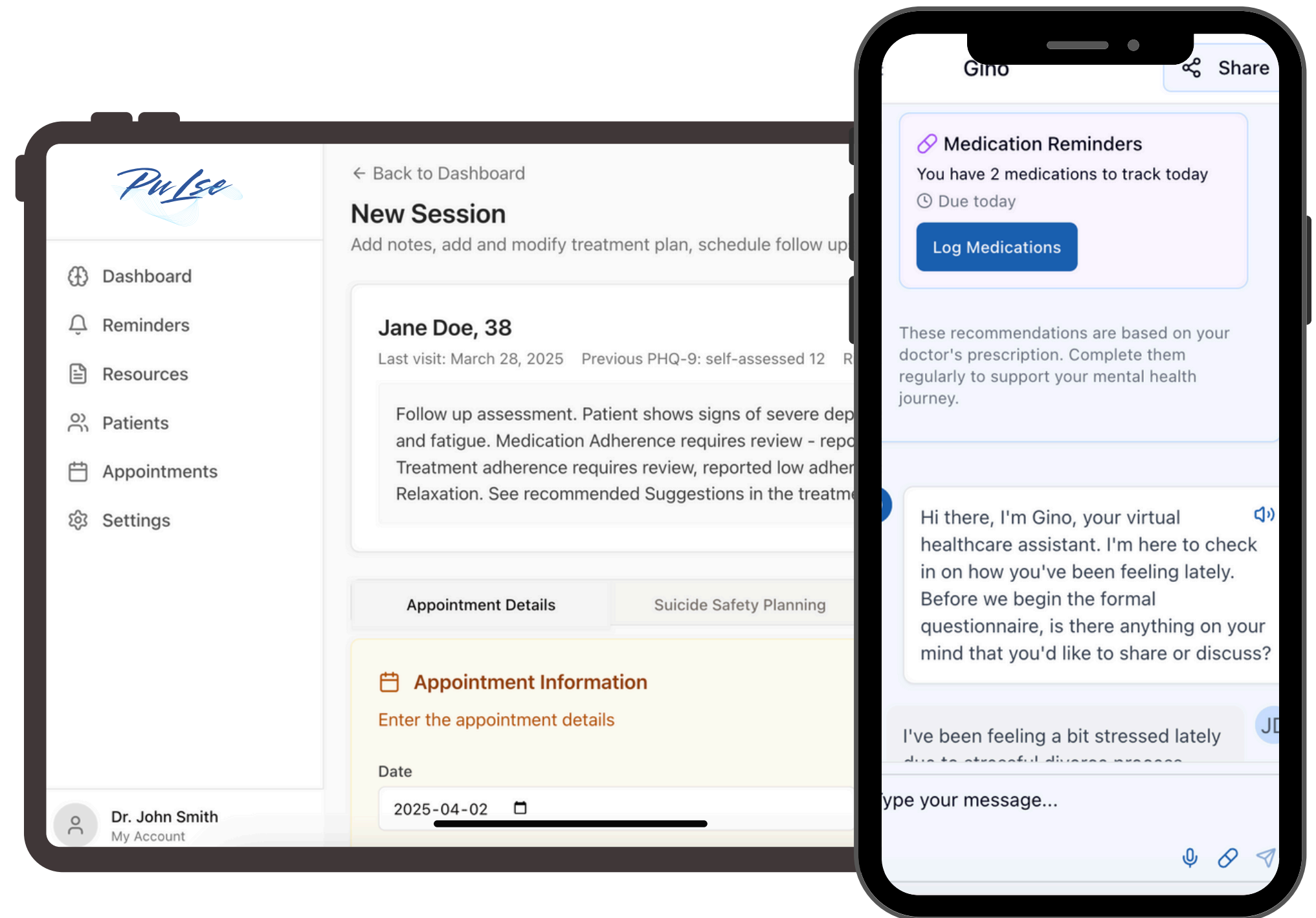
We see our mission in suicide reduction by empowering physicians to deliver better depression care and, ultimately, save those 2 out of 3 people.

To build a future where **no patient falls through the cracks**—because every provider can spot depression early, personalize treatment, and stay connected between appointments.



by Mentem.lab

AI-driven, EHR-integratable solution enabling non-mental health physicians to deliver personalized mental health care.

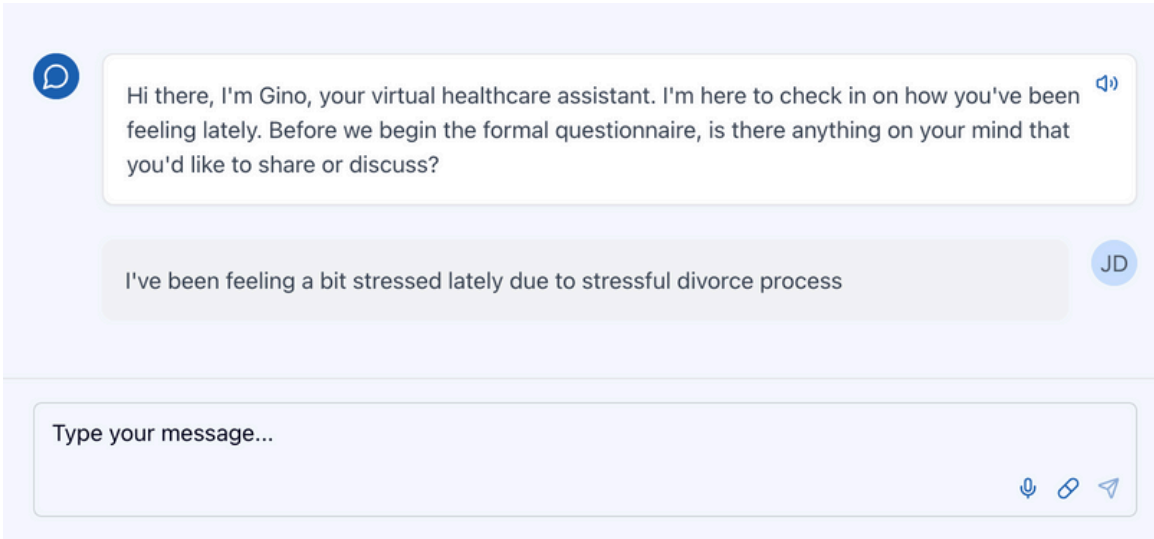


Sceening Solution

More accurate. More human.

Chat Bot that replicates the work of a trained behavioural health worker.

- Built on PHQ-9, GAD-7, and C-SSRS — evidence-based, widely adopted clinical tools.
- Adds contextual reasoning to improve accuracy and reduce false negatives
- Engages patients in natural conversation to elicit deeper insights



Supported Treatment Decision Solution

Right care. Right person. Right moment.

A recommendation engine that helps physicians personalize care—going beyond the antidepressant default:

- Personalized treatment goal
- Best suitable Treatment path like:
 - PCP-appropriate CBT techniques, behavioural activation, problem-solving therapy, mindfulness or breathing techniques
 - Matched Digital mental health apps
 - Therapists referrals based on zipcode, insurance, availability, approach and “personal vibes”.
 - Lifestyle and Self-care Suggestions
- Triggers suicide prevention protocols when risk is detected

Recommended for this patient

Group Therapy

95% Match

Dr. Smith's Group
Next session: Tomorrow

+ Add to treatment plan

View Details

Recommended for this patient

Physical Activity

80% Match

30-minute daily walks

+ Add to treatment plan

View Details

Asynchronous Care Solution

Closes the loop—automatically.

EHR integratable remote progress tracking, that ensure no patient falls through the cracks:

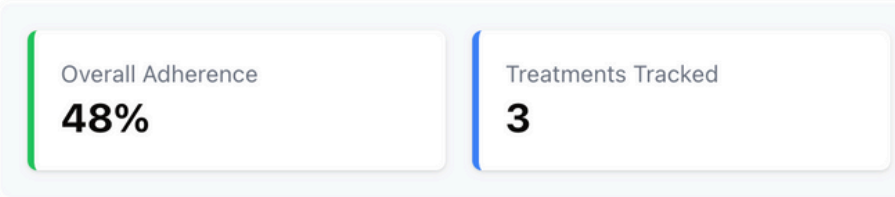
- Tracks medication & treatment adherence
- Monitors progress between visits
- Flags patients needing intervention

Jane Doe

Patient ID: PT10023455 | Age: 38

Diagnosis: Major Depressive Disorder, Anxiety

Treatment Adherence Summary



Treatment Details



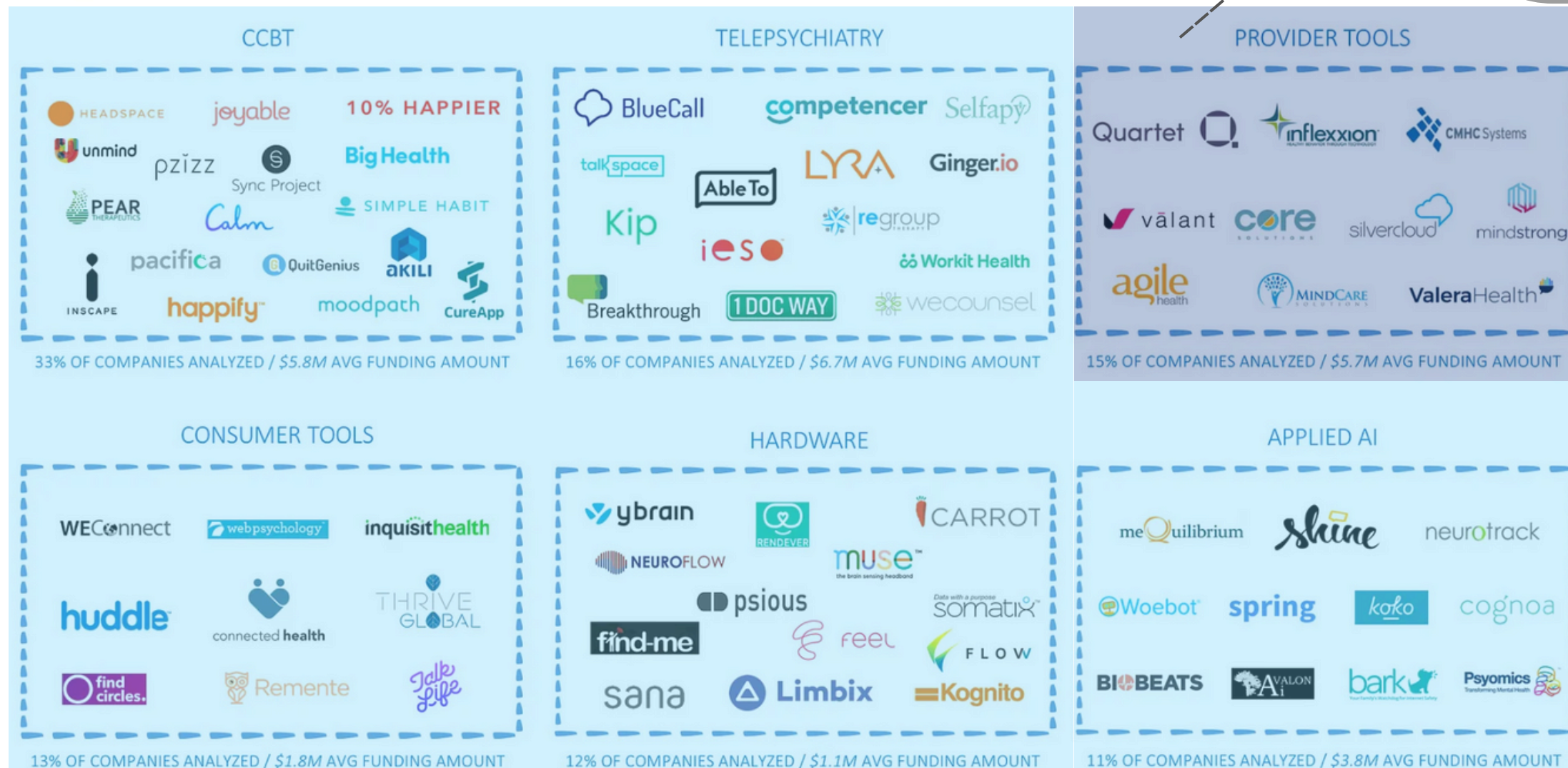
Strategic Landscape & Partner Pathways



While most tools stop at screening, we deliver full-cycle clinical continuity—from risk detection to personalized care and follow-up—all inside the PCP workflow.



MENTAL HEALTH TECH LANDSCAPE



- EPIC and other EMR
- OneMedical
- Neuroflow, etc

M&A potential

- Mentem.lab fills acquisition gaps in:
1. Research-driven clinical features
 2. Workflow-integrated care continuity
 3. Primary care-centered mental health delivery

Potential Partners

- Affiliate by:
1. Audience Match
 2. Service Complementarity

Differentiation

*What makes us clinically relevant,
commercially scalable, and hard to
replicate*

We bridge clinical insight with real-world workflows—delivering precision at scale inside primary care.

Research-Driven Clinical Features

- Product roadmap is built from clinical evidence (e.g., post-discharge text interventions reduce relapse by 50%, Columbia scale improves risk detection)
- We don't just digitize assessments—we integrate outcomes research into system design

Workflow-Integrated Care Continuity

- Screening, treatment matching, and follow-up all live inside the EHR, not as a separate platform
- Supports asynchronous follow-up, progress monitoring, and escalation protocols

Primary Care-Centered Model

- Designed for overburdened PCPs—not employer-paid wellness or psychiatry-only settings
- Focused on supporting non-specialist clinicians through reimbursement-aligned tools

Personalized, Adaptive Decision Support

- Matches treatment to the whole patient using:
 - Symptom profile, clinical history, and personal preferences
 - Therapist compatibility (insurance, modality, “vibe”), availability
 - Digital tools like CBT and mindfulness apps
- Supports individualized care aligned with patient goals and context



**Bare
Minimum**

*Functionality offered by most
digital screening tools:*

- Automated screening using PHQ-9, GAD-7, and C-SSRS (majority)
- Human-like AI chat flow for emotional validation (some)
- Care personalization (some)

Leadership Team



Marina Zub

Co-founder Mentem.lab
Technology &
Leadership
MSIS UW



Dr. David Luxton

Co-founder Mentem.lab
Licensed clinical
psychologist, affiliate
professor at department of
psychiatry and behavioural
health at UW.



Nicolas Picon

MBA UW,
Operations leadd



Suresh Lalapek

MSIS UW,
Technical Lead with 15
years full-stack
experience in Medical
Technology



Alice Lee

MS HCDE UW,
UX Lead

Advisors



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**Jessica L.
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MD., MPH
at the Outpatient
Psychiatry Clinic at
UWMC-Roosevelt and
a UW instructor of
Psychiatry and
Behavioral Sciences.



Larry M. Wright

PhD, COO at
Forefront Suicide
Prevention.



Andrew Williams

VP of Operations at
Coalfire

WHY NOW?

The urgency is rising.
The infrastructure is
ready. The market is
exploding.

Mental Health Crisis

- Suicide rates are rising—yet 80% of depression care still happens in under-equipped primary care settings
- 7/10 patients expect their PCP to provide mental health support

Policy & Payment Momentum

- Mental Health Parity laws and new CPT codes incentivize better screening and follow-up
- Medicaid and commercial payers are expanding reimbursement for digital behavioral tools

AI Readiness

- Advances in AI, including lightweight and cost-efficient multimodal platforms, enable human-like reasoning and scalable solutions.
- Proven success of AI in behavioural health, such as increased engagement and care efficiency.

Massive Market Growth

- The healthcare AI market is projected to reach \$208B by 2030
- 56% of healthcare leaders plan to invest in AI in the next 3 years

Behavioural Health Market Potential

TAM	2023	\$ 83.78 B
	2034	\$ 151.5 B
SAM		\$1.4B
SOM (10%)		\$ 138 ML

Initial focus	Secondary focus	Approximate Count
Individual Practitioners		850,000
Clinics, Ambulatory Care, Surgery Centers, Emergency Care		6,000
Continuing Care Retirement Communities		2,000
Hospitals		6,000
Home Health Agencies		11,000
Nursing Homes		15,000
Army and Veteran Health Affairs		400
Mental Health Apps		10,000
Schools and Higher Education		121,087

Company Status

Status	Funding	Key Achievements
Idea Validation/Prototype. Founded in July, 2024 LLC.	UW prototype funding recipient AWS start up initial credits SBIR, NSF grants application in progress	UW Hollomon Health Innovation Challenge – semi-finalist UW Suicide Care Research Center program semi-finalist Founders Institute – participant of Spring 2025 cohort i-Corps Certificate (Spring 2025) Social Venture Plan Competition (SPU), 2025

Pilot Support Interest	Interviews Conducted
Seattle Children’s Hospital UW Husky Health Center	70+ : PCP, RNs and speciality care, behavioural health practitioners and researchers, clinics executives and leaderships.

Plan

stage	time (months)	action	measure
Prove it works	1-9	- Launch in 2-3 pilot clinics with embedded behavioral health workflows - Run validation study with clinics - Secure grant funding (e.g., SBIR, PCORI) - Initial product version deployed for pilot use	- PHQ-9 completion rate $\geq$ 85% - PHQ-9 and GAD7 increase 2 points - Provider NPS increase 15% - Patient satisfaction increase 15% $\geq$ 60% follow-up adherence post-screen
Prove it pays	9-15	- Map features to HEDIS, NCQA, and CMS quality measures - Validate CPT code reimbursement (BHI, CoCM, CCM) - Run payer-aligned case study - Build ROI case pack for payers/ACOs - Refined product based on pilot feedback and payer input	- Demonstrated CPT reimbursement viability - Claims-aligned cost savings $\geq$ 15% - Reduction in missed follow-ups by $\geq$ 30% - Demonstrated improvement in care fidelity & engagement
Convert and Expand	15-20	- Convert at least 1 pilot into a paid subscription or payer-backed contract - Offer EHR-integrated upgrade packages - Target revenue: \$100K ARR from initial 3 contracts - Final product version based on discovery	3+ paying sites or contracts signed - Pilot-to-paid conversion $\geq$ 33% >75% provider retention post-pilot - CAC to LTV ratio 3:1
Scale	20+	- Expand to large health systems & ACOs - Launch white-label version for payers & BHI program owners - Begin rollout into Medicaid / MA-focused markets (starting in XX state)	2+ new states launched 10K+ active monthly users 90-day retention $\geq$ 70% - System-wide clinical ROI evidence

OUR ASK

Fuel Validation and Market Readiness

Main Roadblocks:

- Limited access to pilot clinics
- Need research to validate outcomes and payer alignment
- Engineering and integration timelines delay time-to-contract

Use of Funds	Base Support	Accelerated Scenario (\$750K–\$1M)
Pilot Launch & Validation	2–3 clinics in 6–9 months	4–5 clinics in 4–6 months
Engineering & Product Readiness	Core MVP + manual follow-up workflow	Fully integrated with EHR + AI-driven adherence tracking
Research & Reimbursement Alignment	1 validation study + CPT mapping	2 studies + payor-facing ROI pack in 9 months
GTM & Conversion Readiness	Convert 1 pilot to paid by Month 15	Convert 2+ pilots by Month 12
Revenue Target	\$100K ARR by Month 20	\$200K ARR by Month 18

Every dollar shortens the time it takes to get life-saving support into the hands of the providers who need it.



Financial Projections

The financial projections are based on strategic assumptions that align with the mission of addressing critical gaps in mental health care using AI-powered solutions. The model assumes that each patient interacts with the chatbot 50 times per month at a cost of \$0.03 per interaction in 2025, with operational efficiencies reducing this cost to \$0.02 in 2027 and \$0.01 in 2028. By 2029, the forecast anticipates capturing 10% of U.S. healthcare providers, each managing an average caseload of 2,500 patients, with 20% of those patients experiencing mental health challenges. These assumptions reflect a focus on scalability and cost-effectiveness, supported by early investments in R&D, compliance, and marketing. The financials also project a transition from initial operating losses to profitability by 2027, driven by increasing adoption, reduced costs, and enhanced gross margins of up to 74% by 2029. This trajectory aligns with the broader behavioral health market’s growth, which is expected to reach \$151.5 billion by 2034, highlighting the platform’s significant market potential and transformative impact.

	2026	2027	2028	2029	2030
Customers	67	541	4821	21300	48,431
Average patients per customer	45	179	230	395	430
Revenue	\$ 134,000	\$ 2,164,000	\$ 28,926,000	\$ 170,400,000	\$ 484,310,000
COSS	\$ 204,270	\$ 1,893,102	\$ 13,305,960	\$ 50,481,000	\$ 124,951,980
Gross margin	-52%	13%	54%	70%	74%
SG&A	\$ 250,000	\$ 500,000	\$ 3,500,000	\$ 40,000,000	\$ 100,000,000
Research & Development	\$ 750,000	\$ 1,000,000	\$ 5,000,000	\$ 15,000,000	\$ 50,000,000
Net Income	\$ (1,070,270)	\$ (1,229,102)	\$ 7,120,040	\$ 64,919,000	\$ 209,358,020



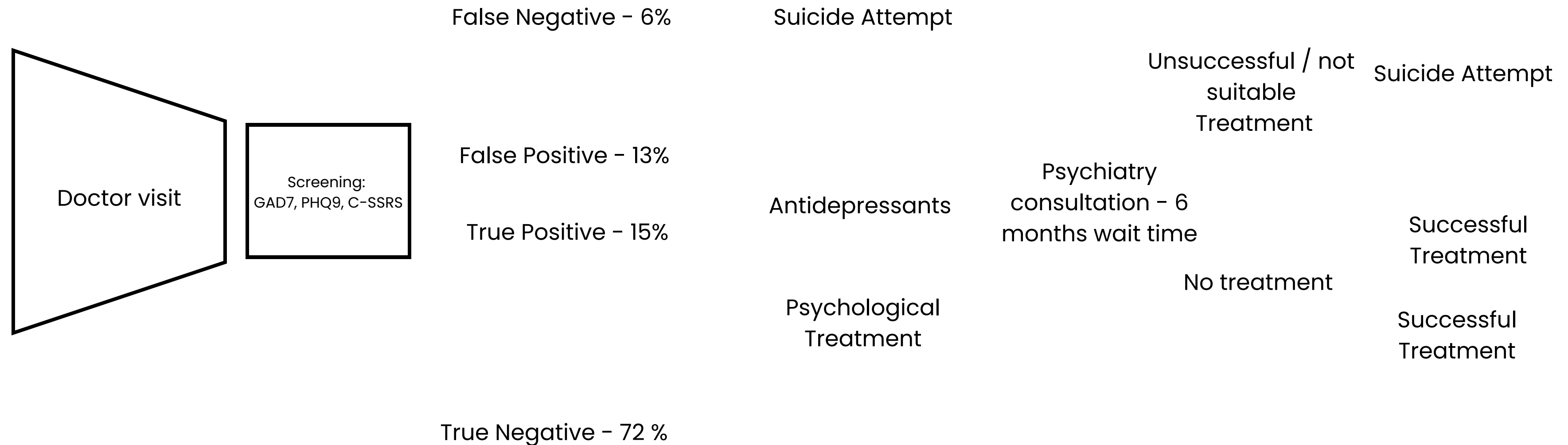
Contact:

info@mentemlab.com

+12065915587

mentemlab.com

Every minute 3 people attempt suicide.
2 out of 3 had seen a physician a month in advance of
the attempt but fell through the crack.



PRICING STRATEGY*

Value-Based Payer Pricing

Base Package

- Conversational screening + suicide risk assessment
- Care gap detection + provider alerts
- Analytics dashboard (PCPs, care managers, or health plan)

\$1.50–\$3.00 PMPM depending on population size and integration

Add-on Service

- API/EHR Integration – \$5,000 one-time setup
- Clinical Reporting Package – \$0.50 PMPM
- BH Referral Network Plugin – % referral fee or \$ per use

Performance Bonus Option

- Improved HEDIS DSF, FUH, FUM metrics
- Increased follow-up rates post-positive screen
- Reduced ER/inpatient use for MH conditions

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