



Healing Our Nation: State-based Solutions For Connecting People to Mental Health Care and Addiction Recovery Services

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01:15 - EMILY BARSON

Hi everyone and welcome. My name is Emily Barsen, and I'll be your host for our webinar today. I'm also the executive director of United States of care, the organization putting on this event in partnership with our friends at wellbeing trust. First, good afternoon, good morning, depending where you are. First, I just want to thank you for taking time out of your schedules today to join us for what is sure to be a valuable conversation. We've convened a phenomenal panel of experts from around the nation to educate state policymakers, stakeholders and advocates on thoughtful essential mental health reforms with a focus on the needs among youth in this country at this perilous time for mental health, and to highlight successful, politically durable pathways to those reforms. I'll introduce you to our expert panelists in just a moment. But before we get going, I'd love to share a bit about the United States of Care and what brought us here. United States of Care is a nonpartisan nonprofit organization, we work to ensure that everyone has access to quality, affordable health care, regardless of health status, social need or income. The healthcare system isn't working for millions of people in the United States. And our research shows that people want a better health care system in the wake of the pandemic. And in fact, we believe there may be an opening for reforms that weren't possible before. We do our work in a unique way. We go around the country to understand people's needs to drive health care reform, and we're tackling these challenges on two tracks. First, we're working in states to expand access to quality, affordable health care right now, because people can't wait for a perfect solution from Washington, DC. And second, we're also working to create the conditions for long term change. We know that we need a new national conversation and new innovative solutions to build momentum to federal change that people can rely on that won't be overturned at every election. We do all of our work in partnership with policymakers, advocates, leaders, entrepreneurs and everyday people, all of whom make up our leadership councils are exceptionally lucky to have such a robust network of support and engagement.

And our work could not exist without them. Our bipartisan Board of Directors, our founders Council of over 100 experts are entrepreneurs council who help us infuse innovation into the work that we do, and our voices of real life who helps ground us in the needs and experiences of people as we do our work. Our strategic approach fits together our mission, principles and priorities with a world class team of staff advisors and on the ground partnerships across the nation. Our drive to understand people's shared needs is more than data collection or story banking. It unearths the shared and diverse experiences of people that direct our policy research and former state level engagements with elected officials and stakeholders and ultimately guide our vision for durable people centered federal reforms to meet those needs. This year, there are innumerable crises threatening the health of the nation each more pressing than the last in an attempt to narrow our focus for 2021 around building a better, more equitable health care system in the wake of COVID-19. United States of Care's committing to work at the state and federal level in the following areas, supporting COVID-19 response, expanding affordable coverage options, using virtual care as a tool for expanding equity, and championing mental health and substance use disorder care and all of our work. It's the latter most priority that we're focused on here today. As we continue to use our listening and research to grant All of our work, we are lucky enough to be able to explore voters' beliefs and needs as they relate to each of our priorities. As we reach out to policymakers, it's hugely valuable to be able to point to the broad aligned base of demand there is for solutions that bring down the cost of mental health care, which is often a barrier to access. For example, 86% of voters nationwide believe the affordability of mental health care resources should be a priority for elected officials, including 82% of Republicans and 88% of independence. This is a nonpartisan concern with broad bipartisan demand for reform. You can find a deeper analysis of this national survey and what it means for policymakers on our website at UnitedStatesofcare.org. As we drill down to the state level, we see similar responses. We just completed polling in Georgia last month.

05:53 - EMILY BARSON

And I want to pause here for a moment because these results could not be more compelling for the parody campaign. Voters recognize the serious rising threat that mental health concerns pose to the well being of their fellow Georgians. Voters do not believe that equal coverage for mental and physical health exists now in the state. And voters would like to see a Mental Health Parity law passed with some haste, and would be more likely to vote for legislators who do so. These targeted insights paired with our analyses and relationships with local stakeholders make for policy for powerful policy educational opportunities with policymakers. Beyond polling, we've released several resources over the last several months to support policymakers both to highlight serious concerns and spotlight exciting or promising reforms. I'd like to highlight two of them that are relevant to today's conversation. First, last year in partnership with wellbeing trust, United States of care rolled out a series of state level policy recommendations focused on improving mental health and substance use disorder care delivery. The embedded action items for state leaders touch on the needs of a host of vulnerable populations, including essential workers, students, and incarcerated people among other community members, and will continue to be relevant well beyond the nation's most serious public health crisis in a century. The second is our latest playbook, which illuminates the path of a successful push in Arizona for mental health reform from Governor duties agenda priorities to the passage of a new mental health Omnibus. While the legislation covering youth suicide prevention, consumer protections and Mental Health Parity enforcement was passed before the pandemic. The lessons about focus nonpartisan work in the face of crisis are more valuable now than ever. Of course, you can find these and other tools, and sign up for

updates at our website at [United States of care.org](https://www.unitedstatesofcare.org). I'm now honored to introduce our three outstanding panelists who will share their insights into addressing the mental health crisis and a few key populations in areas. Once we've heard from everyone, the four of us will come together for a discussion with the opportunity for questions from you. So throughout the presentations, please feel free to submit your questions through the zoom q&a function. You probably know the drill by now, and we will do our best to address them all, both in our remarks or in the conversation that follows. Our first guest is Dr. Ben Miller, who is the Chief Strategy Officer for our partner organization wellbeing trust, a National Foundation committed to advancing the mental, social and spiritual health of the nation. In this role, he helps oversee the foundation's portfolio, ensuring alignment across grantees and connecting the work to advance policy. Prior to joining wellbeing trust, Ben spent eight years as an associate professor in the Department of Family Medicine at the University of Colorado School of Medicine. Ben is also a board member for Mental Health Colorado, as well as an adjunct professor in the Department of Psychiatry and Behavioral Sciences at the Stanford School of Medicine. Our next speaker will be Mayra Alvarez, the president of the Children's Partnership, a nonprofit children's advocacy organization committed to giving every child no matter their background, the resources and opportunities they need for a bright future. Under her leadership, the Children's Partnership is building community partnerships, conducting essential research and working to advance policies that better serve the health and well being of children and their communities. Myres health policy work at the Children's Partnership is informed by her experience at the federal level, having filled several roles in the US Department of Health and Human Services under the Obama administration, as well as in the US Senate and House of Representatives. And finally, to offer some insights into a successful policy reform effort at the state level. We're joined by Christina Cariari. Joining us from Arizona. Christina is a senior policy adviser to Governor Doug Ducey where she focuses on policy development for the governor and guidance for several state agencies including the Department of Health Services and the Department of Economic Security last year policy team was lucky enough to interview Christina as part of a larger case study on the 2020, Arizona mental health omnibus bill known as Jake's law. And the key takeaways from that effort to improve mental health parity and combat as well as youth mental health crises are captured in the playbook that I highlighted. Thank you all for being here today. I will now turn it over to Ben Miller at from wellbeing trust,

9:05 - BEN MILLER

Yeah, thanks so much, Emily. And thanks, everybody, for joining us today and to the entire amazing United States of care team for the work you all are doing. It's so great for wellbeing trust, to be able to have such thoughtful partners and helping us advance some of the work so we think we're thankful for you all today. All right, context matters here. So even in the face of some of the most dire situations many of us have ever faced, there's reason to hope. So in these brief opening remarks, I want to really try and underscore three things. One, if we do not seriously pursue strategies for addressing mental health, all the problems I will highlight in just a minute are only going to get worse. Mental health is foundational and often left out of meaningful policy discussions for help. Two, we have to pay close attention to the data and stop guessing what we think is going to happen or what we think might work. And three solutions to our nation's problems, especially for mental health requires all sectors to come together and for us to rethink care and delivery. Next slide, please. Okay, let's get going. I couldn't get an updated slide here quick enough to show you the increases from 2018 to 2019. So let me just tell you what this slide shows, and why it should be burned into each of your brains. It's our problem, one

that many of us inherited, and yet our solutions are not coming close to even stemming the tide of what you see here in front of you slowing down this problem. These are what we call deaths of despair. These are deaths to drug, alcohol and suicide, and they've been rising since 1999. You can see the least lightest last, excuse me data point on here from 2018. 2019 saw an additional increase of 256,000. And then when we saw preliminary data from 2020, we were looking to see an additional 18% at least in drug overdose over 2019. These trends are extremely concerning, and should be discussed every night on Nightly News. But sadly, there's deafening silence. We have a pandemic Yes, but we're naive to think that the pandemic is not exacerbating problems that were already here way before the virus hit. Next slide, please. Our team alongside partners at the Robert Graham center created a predictive model to see how bad does some disparate may get because of COVID-19. You can see the visual display of these data and predictions that we made on the website link right there in front of you. But needless to say, when you combine social isolation, economic decline and the ongoing problem plaguing families on accessing care, you're bound to see more problems occur. Next slide, please. And just as each of us have felt a strain, so apparently has the rest of America. No one is immune to the worry and stress that comes along from such a profound level of uncertainty. Our collaboration with Kaiser Family Foundation showed last year that half the country was feeling their mental health was negatively impacted. Next slide please. So what we do next is on us, will we continue to marginalize mental health, have it as an afterthought and add on? Or will we bring it to the front and center of any discussions where it belongs? In one survey that will be trusted with Viacom CBS, we found that nine out of 10 voters from both parties said that our elected should be doing much more for mental health. We're not quite there yet. But we need to get there quickly because it's our next generation that worries me the most. Next slide please. As my colleagues will likely discuss, we're setting up the next generation to have to deal with a lot of emotional distress and trauma if we don't begin to pay attention to them now. Teams today are under stress. Within the US surveys find that teens and young adults are more stressed than older people. In fact, there was one survey that was done. That found that the most commonly reported sources of stress from young adults and adolescents were school and getting into a good college are deciding what to do after high school. Another survey found that 70% of teens report worry about the level of anxiety and depression among their peers, not just about their own mental health, but their peers' mental health, we must do more to help this population and we must do more to create the system for them that they want alongside them. Let's build a vision of what good could look like Exactly. Our nation has been in pain, it's been hurting for some time. This is what well being trust created, healing the nation for a guide for more robust policy movement for mental health. You can see the current iteration of healing the nation dot wellbeing trust org. And as Emily mentioned, we've been really focused on trying to take this overarching framework, which I'll describe in just a minute and apply it to state and local communities. Next slide, please.

14:40 - BEN MILLER

Our structures as so many of you know often reinforce this fragmented view of our health. It seems that the calling card for mental health for the last few decades has been integration and we should embrace that. But we feel pretty bad at implementing it and codifying it through policy. It's still our Northstar. It's our goal, but we have to work a little bit more to Make accessing care easier. This slide is our solution of sorts. It recognizes that for us to truly get to the heart of so many issues we have to begin with in community we have to begin in community. From there we do the things that we know we have to do in the traditional health policy space, find comprehensive covered options that are affordable, you know,

enforce Mental Health Parity get people enrolled. It's this orange column, I want you to pay attention to, though for just a second, because this is also about changing the entire way we conceptualize access. Why don't we bring mental health and addiction services to wherever people are, wherever they present, make it consistent through policy and see that bringing care to people is one of the most significant ways, we can begin to address some of the most egregious disparities that we've seen. Next slide, please. And again, for those of you interested, you can see the entire report here, including easy to download one pagers for each of the entry points that we described in the report. Of note, there's a lot of reports out there talking about mental health and policy, what we wanted to do is to make it really easy for folks to be able to go and find specific resources in whichever domain that you might be interested in from criminal justice to health care. Next slide, please. And here are the entry points that I just mentioned. These are grounded in evidence, where are people going for help? How can we better support them when they get there, instead of get another referral instead of always saying that we can coordinate better, which we do need to do? Let's start by bringing mental health to wherever people are, states can be on the leading edge of making this happen. When we started healing the nation as a federal policy agenda, we realized instantly that we needed to go deeper into the states. And that's the document that Emily mentioned at the top of the call that we did with United States of care. Next slide please. So enter the United States of care and their excellent guide on bringing healing the nation into the states, I'm using the same framework that I just outlined to you. This allows for us to be more thoughtful and consistent when we have discussions in our states around policy change. Next slide, please. It also allows us to go deeper on programs and policies that can help our youth policies like those that can help our schools have increased access to mental health clinicians, policies, or programs that might help better identify those earlier with needs. And if you didn't see the horrible story out of New York today about the nine year old, Google that later, it's it's another example of how we have to be able to have a different system of care for those individuals that are struggling with mental health crisis and how we have to have that truly integrated in some form or fashion and invested in properly. This report, which I will encourage you all to read is a great start. For those of you who may not be sure where to start with mental health, it offers a vision of what good could be and it gives concrete policies that we should consider if we're serious about making an impact in our states, for our communities, and their well being. Next slide, please. Um, Henry David Thoreau has been attributed to saying that youth gets together with materials to build a bridge to the moon, or maybe a palace on Earth, then in middle age, they decide to build a woodshed with them instead. And for me, when I read that, quote, it's hard to not see this in policy, where's our creativity? Where's our vision, if we're serious about a redesign, one that has mental health at the center, we must do more alongside our youth, have them at the table with us as we begin to make decisions on what that next generation system is going to be. If we don't have in the table, what we do is we run the risk of creating something that's not in response to their needs. Next slide, please. Many of the resources that I mentioned can be found here on this website, we'll make sure that you all have those. And I want to close by thanking you for attending today. Look forward to our discussion. Thank you United States of care for your leadership in this space. And for all of you for being attentive and doing what you can do to help advance mental health and all our communities. I will turn it over to you, Myra.

18:47 - MAYRA E. ALVAREZ

Great, thanks so much, Ben. And thanks so much to the entire United States of care team for hosting today's conversation for all of you for joining us, and for inviting me to be a part of this important panel.

And most important this discussion, because as Ben alluded to, I think it's there couldn't be a more opportune time to ensure that we're centering the needs of our young people as we seek to rebuild our communities from the impacts of COVID. But frankly, for the well being of all of us. So to reiterate, my name is Mayra Alvarez, I have the honor of serving as president of the Children's Partnership. We are a child policy and advocacy organization based in California. And we strive to advance Child Health Equity through our meaningful partnerships, our quality research, and policy priorities that reflect the needs of the communities we serve. Partnership is in our name. And we fundamentally believe that in order to advance child well being, we must work together across silos across sectors to advance a shared agenda. And I'm honored to be a part of this conversation because when you consider the mental health of children and young people, there really has never been a time where we're Working together is so clearly necessary. Right now states like California, but states across the country, our federal government, it's working around the clock to ensure that we respond to COVID-19. And that we take specific steps to protect families and to uphold our values. But in the aftermath of what we have seen with this pandemic, it's our young people who have borne the brunt of the impacts of the many challenges in front of us. They've borne those, they've borne the brunt of those impacts and learning in safety and access to food and, and opportunities for healthy social and emotional development. And as we do seek to rebuild our communities focusing on creating equitable systems of care and support must respond to the needs of our diverse communities, in particular, those most disproportionately impacted by the pandemic.

20:54 - MAYRA E. ALVAREZ

It's worth emphasizing that at this time, families across the country are continuing to grapple with multiple crises, crises, the covid 19 pandemic, a challenging economy, and a national reckoning on racial injustice. But it is black, Latinx and indigenous communities who continue to bear the brunt of these crises and their devastating consequences, while also shouldering the frontline work that's kept our country's economy running. And it's across the board that families of color with children are being hit hardest. And it's worth emphasizing, as Ben mentioned, that the crises of today are piled on top of challenges that we knew existed before, during a very challenging last four years. But frankly, during incredibly challenging centuries of oppression, it's why across the nation, it's of the children who have died from COVID. They are overwhelmingly black and brown. And when Ben went over those statistics that he tried to, you know, drill into our heads about the prices of this moment when it comes to young people in mental health. It's worth emphasizing that these startling statistics existed before the pandemic. In 2019, 50% of our young people who were severely impaired with a major depressive episode did not receive treatment 50 percent. In California, nearly a third of our children did not receive mental health care for any identified need in 2019, making our state ranked 48 in terms of mental health care access for children. And for black and Latin x children, they're less likely than white children about 14% less likely to receive treatment for their depression across the country, though net though no less likely to experience depression itself. And again, now when you fast forward and you think about the impacts of the pandemic, we see emergency room visits for mental health crises. Going up by a third during the last half of 2020, you see almost a third of parents who have surveyed, believing that social distancing policies are contributing to emotional or mental health harm on their kids. And when we consider the impacts of the multiple crises, crippling families, the way they show up is particularly harmful to the healthy development of our children and our young people. Because our children, our young people, they're not only suffering from the separation and disruption, but they're also affected by

their parents' stress. Stress that's associated with lost jobs, or gaps in childcare or bills that can't be paid. They're at home, they are in front of computer screens, they're missing their own friends, their own teachers, their own social interactions, some are struggling with, with online learning, some are dealing with depression or anxiety or other issues. And too many young people are dealing with grief, the loss of time together with friends, grieving over the loss of key events in their lives during their upbringing. And as we know, many of our young people are grappling with the loss of loved ones, given that COVID-19 has claimed more than 400,000 lives in our country. In moving forward, it's essential that we find ways to disrupt oppressive systems and old ways of thinking in order to better serve our young people in ways that advance a whole child approach that considers children within the context of where they're raised. The conditions in which they're born, they grow, they live, they work and they age, the social determinants. And these determinants we know are caused by economic, political and social conditions, including racism. Racism is real and it is damaging and it's always played a central role in the publicly funded systems that many of our families rely on or should be able to rely on to help raise their kids. So as we consider what this conversation will do for how we how we prepare for the future We know a return to that status quo is unacceptable, and that we have an opportunity to direct a powerful response to this crisis that recognizes the ways in which the pandemic and our systems disproportionately impact the educational, economic and health outcomes, particularly mental health outcomes of communities of color and their children. And as we do seek to rebuild these systems, we must limit or seek to eliminate the harms that have been visited upon communities of color, and instead, prioritize those solutions that challenge the status quo, and bring care, social services and legal supports to children, young people and families where they are integrated into their community where they feel safe. And with partners like schools and early learning centers that they trust. We also have to focus on initiatives that refuse to allow health care to be transactional, and recognize children and youth are part of families, and that families are part of communities, thinking about support for youth serving providers that may not be part of the traditional mental health system, but that recognize that incredible impacts on the mental health and well being of youth serving programs. And finally, a validation of the brilliance of community leaders, recognizing that those closest to the problems are closest to the solution, as the quote goes. And this is, you know, peer support, we know it's already happening, it's developmentally appropriate. And we should be arming young people with the tools and support and accessing resources to be the effective advocates for their and their peers healing. And we can start that powerful response with where we know our young people are thinking about critical partnerships with schools and early learning programs to really integrate mental health and emphasize the overall wellbeing of our young people. The nation's current patchwork of policies are disconnected funding streams or lack of coordination between agencies and among levels of government. And, of course, the burdensome administrative complexity. It's hindering on our country's systems from delivering on the promise of child well-being. And we can and must be better for our kids. So we recognize that as this last year has shown us, whether it was the protests that were calls for justice, whether it's the the the glaring inequities in COVID-19, and its impact on our communities, and what many of our families are saying today, we're looking for calls for justice, and the calls for health justice, are intertwined with the calls for racial justice. And it's an opportunity to really center the mental health center on the holistic needs of our kids, and use our community leaders in our community hubs, like schools and Early Learning Centers, to really strengthen the engagement of our families and our young people to identify those solutions for the future. The ability of our young people to emerge from this crisis healthy and educated depends on all of us to fully invest in their recovery and their resilience. And

I'm looking forward to working together through this conversation, and in the future, to make that happen. So with that, I'm going to hand it over to Christina.

28:14 - CHRISTINA CORIERI

Thank you so much, Myra. And thank you, Ben and the United States of care for having me here for this discussion. As Emily said, mental health is a non partisan issue, or a bipartisan issue. And I think we proved that here in Arizona in our most recent legislative session. So in 2020, Governor Ducey had stated that one of his priorities was going to be Mental Health Parity, and we worked with our legislature to make sure that happened. I want to give you some background on why the governor felt this was so important. So the suicide rate in Arizona has increased from 15.4 deaths per 100,000 in 2016. Eight in per 100,000 in 2017. that's currently for Arizona, each day dying from suicide, which is higher than the number of Arizona to die in car crashes each day.

29:13 - CHRISTINA CORIERI

The groups at higher risk include our seniors, our teens, our veterans and our Native American population. It's tragic because we know that suicide is preventable if people receive the behavioral health services that they need. Unfortunately, many people who are commercially insured have trouble accessing those services for necessary mental health treatment. The studies have shown that over 50% of individuals with mental illness do not receive the behavioral health services that they need. And a 2016 study showed that 28% of patients had to use an out of network provider for mental health services, while only 3% had to use an out of network provider for primary care and that creates a real barrier for families. This bill wasn't the governor's first effort in the area of mental health. We really started to dig into that in about 2017. During that year, the governor worked with the legislature to invest \$10 million in funds to access which is our state Medicaid program to expand behavioral health services on campus. As Ben said, one of the things that we need to do is to meet children where they are. Because of that investment. In year one, we were able to increase the number of behavioral health services provided to children at their school by 250%. Because of that investment in the first two school quarters of 2019, our Medicaid service provided 2,007,398 behavioral health services on campus, just a dramatic increase. The governor's budget that was passed in 2019 for FY 2020 also included \$20 million for schools to hire additional counselors. And in 2018, the legislature passed and the governor signed a bill requiring suicide prevention training for public school employees. In the latter part of 2019, we started to work on what became known as the mental health Omnibus, also referred to as Jake's law. We worked with stakeholders that included mental health providers as well as families that had been affected both by suicide as well as by mental illness. We also have the insurers at the table to discuss what the problem was and how we were going to go about fixing it. That stakeholder work led directly to the bill that was introduced. We introduced mirror bills in the House and Senate. We had fantastic sponsors in both. We had Republican Kate Brophy McGee on the Senate side, who was our chairwoman of the Senate Health and Human Services Committee. And Republican, Jeff Winger on the House side, we are very lucky that we had taken that strategic approach, because this was one of the only major reform legislation pieces passed last session, and one of the last bills passed before COVID-19 really took off here in this country. So the bill and our legislature had to adjourn. So this bill built on the recent actions of improving access to behavioral health care and saving lives. So while we had already been working with our Medicaid program, in which many of our most vulnerable individuals are enrolled, and where the state has a lot of control, because it's a state program, we knew we also

had to look at the commercial markets. So what this bill does, is it gives the Arizona Department of Insurance, the authority to enforce the Mental Health Parity, parity law, and to write rules to ensure that that happens. Our department of insurance is usually a department that works with the insurance company, that is who they see as their stakeholders, that is who they hear from. So we wanted to ensure that all of the voices were at the table and that those most impacted have a say in the development of the rules. So we created a Mental Health Parity Advisory Committee at the department. The Mental Health Parity committee has a majority of providers and families there are insurers on on the committee, but they are a minority group. So there are providers. And there are families. There are families that have been impacted both by suicide, as well as families who have children that are receiving behavioral health. We also have families on that committee that are commercially insured, as well as families that have children in the access program, so they can talk about the services that are available there. The bill also requires insurers to report to the department on how they are actually ensuring compliance so they will in detail have to prove that they are in compliance. We also created what we call the Children's Behavioral Health Services fund. We modeled this on a fund we created in our opioid epidemic act a few years before in the opioid epidemic after we wanted to make sure that that cost was never a barrier for somebody to receive substance abuse treatment. And so we put \$10 million into this substance use disorder fund. That was for individuals who are not eligible for Medicaid, and either had commercial insurance or no insurance. The provider could build this fund to be able to cover the individual's co-pay or up to their deductible before their insurance took over. To ensure that there was no barrier for them getting care, we understood that it was going to take a while to adopt the new rules under Mental Health Parity, and that they are likely not going to be into effect until January 120 22. So we wanted to make sure that we were helping people right away. And in created this Children's Behavioral Health Services fund, we funded it with \$8 million in the first year. So what happens with this fun is if the school identifies that a child has a behavioral health need, they are able to refer them to this program. This program does the same thing. If they are eligible for Medicaid, they will get them enrolled in that if they are not eligible for Medicaid, and are either uninsured or underinsured, then this fund will pay for their deductibles and copays, again to make sure that cost is not a barrier to children getting the behavioral health care that they need. It also prohibits insurance companies from denying coverage for behavioral health services simply because they're delivered in an educational setting. One thing that we were realizing as we expanded our behavioral health services on campus, for our access to our Medicaid patients, we would have individuals who are insured by Medicaid through a plan such as a united that would be able to get those services on campus. But if somebody was insured via united commercial rather than united Medicaid, they were not eligible for those same services simply because of where the location was. So we said it's going to be location neutral, you cannot deny coverage for services simply because they're in an educational setting. Much has been said to meet the children where they are. We also created a suicide mortality review team to review each death by suicide, and provide policymakers with improved data and recommendations to further reduce suicide rates. This is modeled on our successful mortality review teams that we use for substance use disorder for child abuse deaths and for maternal mortalities. And finally, we required the Department of Health Services to adopt discharge rules for patients that have been receiving inpatient treatment for a suicide attempt or for individuals who have expressed suicidal ideation while in treatment to ensure that they are linked up to the appropriate follow up services and community resources before they are discharged. So this bill had to go through four legislative committees, Health Committee on both sides, as well as Appropriations Committee on both sides, as well as the floor of the

House and the Senate. That happened in a pretty speedy time; the bill is introduced in late January and passed in early March, and through all of the committees as well as the floor, it never received a single no vote. So I think you can see that that is about as bipartisan as it can get. And I look forward to answering any questions you might have.

38:14 - EMILY BARSON

Great, thanks so much, Christina, I'll invite my fellow speakers to join us back in the camera. And thanks to all of you really for those remarks, and really bringing the different perspectives that you have in the work that you're doing. As to different different views on the challenges as well as some of the solutions. I'd love to open it up for some discussion. First, you know, really, some of you touched on this in your remarks, but what, you know, sort of specifically how we've seen the pandemic, impacting the mental health policy landscape, we've talked about how it's compounded many of the challenges certainly that people are experiencing. And and I'm curious if if our panelists see this, as you know, opening up opportunities for reforms and you know, really shining a light on some of these issues that we've people who work in this field have certainly known and been familiar with, but you know, how you see the the pandemic impacting that landscape? Let me start with you, Myra.

39:26 - MAYRA E. ALVAREZ

Definitely, I think it's been an eye opening experience for millions of people, I think across the country. You know, I think for many advocates in the mental health space, the challenge with rising mental health to the top has been stigma has been just a lot of people don't want to talk about mental health challenges, or just culturally there's just a number of different barriers. However, what the pandemic has exposed to so many people as Christina said, across the political spectrum has been the frankly traumatic effects of not being in, in company with our families with our friends, social isolation is impacting all of us. And many, many families, many parents are seeing it in their kids in the you know, the way they're eating or their behaviors or even their outcomes in school. So really, it's like, it's become personal for everybody to really consider the impacts of this pandemic. And in particular, you know, very much so for those that are hardest hit, whether they are, you know, working on the frontlines in the healthcare industry, or working on the frontlines delivering groceries or, you know, waiting tables and still trying to serve people, there are a number of different ways in which the pandemic is impacting families. But I think really quickly, Emily, on top of all these other issues, right, it's a challenging economy that is directly associated with mental health, thinking about poverty and its impacts. But also, you know, like, just the multiple acts of racial injustice that we have seen that have disproportionately impacted black children, black families, Latino children with the immigration crisis, just really thinking through how all of this pile together is raising issues about mental health and well being. So to your point, it has definitely allowed us to peel back that onion, and commit to making sure we do something about it.

41:28 - BEN MILLER

Yeah, I got to add that because you mentioned an onion. And so I couldn't help it go with this, when you when you think about, you know, those of us that like to cook peeling back onions, you know, usually leads to this response, where we have tears in our eyes. And I have to say, that's probably happened more to me the last year that I can, you know, care to recount, and a lot of it is driven by these disparities that you mentioned. And I think that we have to put our finger on this, because the physical

health disparities that were so egregious prior to COVID, and during COVID, even with vaccine uptake, mirror the same disparities that we see on the mental health side. And so when we come together, and we begin to talk about policy solutions, I think it is almost like the most important thing that we can say, which is that we have to apply an equity lens with how we think about our policy solutions. If we don't, then what happens is that we run the risk of further enhancing disparities. Let me give you a concrete example of this. So I'm a huge fan of what's occurred with telehealth. I think it's been tremendous to be able to have folks pick up their phone and talk to their clinicians do everything they need to do. But there are unintended consequences with seeing this as the latest, greatest, you know, new thing, because not all communities have access to broadband. Not all communities have a quiet place, they can go and talk to their, you know, clinician for 30 minutes, not all communities are going to be able to take the time off work to have access to their clinicians. So we run the risk of furthering those disparities if we're not paying attention to it from the beginning. Last thing I'll say, and then I'll be quiet, Emily, because you mentioned this, to me mental health during this pandemic has been something that everyone has experienced whether or not you can name it. And so it begs the question of, you know, why aren't we at a, you know, policy level talking about what we could do more states are going to go through some major hard times with their deficits around their budgets. I mean, it's just it's probably the writing's on the wall for that. So in the face of that, does that give us an opportunity to really think a little bit differently around restructuring what we're doing, think about how we pay for what we're doing, and then ultimately come back around to maybe even redesigning to have a system that's much more integrated. So I know that was a lot, but you open it up there. So thank you.

43:39 - CHRISTINA CORIERI

Well, I want to give a little bit of the bright side to telemedicine, I agree that there are disparities and we have to focus on those. I'm actually going to be testifying later today on the omnibus that we're working on this year, which is all on telehealth. And we had to at the beginning of the pandemic go ahead and address some of those disparities, which included the fact that prior to an executive order the governor did in March, that telemedicine was only available if it was audio visual real time like what we're doing now, that is a challenge for at least three groups of people. One would be our elderly and I give the example that I've tried to use them with my 95 year old grandfather, and it's 30 minutes of frustration and then we see his shoes. So we have certain populations that have technological difficulties. We also have individuals, especially in a state like Arizona with large rural portions of our state where there's not broadband. And then we have low income folks who may be in an urban area where there is broadband, but they simply don't have access to the same smart devices that someone else does. So we allowed audio only based on the patient's lack of technology, lack of access to broadband or Quite frankly, their preference, because you have some that might not want to show the state of their house. I think one bright side that we've seen is the access to telehealth has actually increased the use of mental health care in our Medicaid system alone, we saw over a 28% increase in the number of folks that are using behavioral health care. So I do think that it's one way to get people that immediate access, where before they might have waited weeks.

45:31 - EMILY BARSON

Yeah, thanks. Thanks for those comments. I think this is really on point. And certainly something we're thinking a lot about is the United States of care as to, you know, how telehealth can not just make care more convenient for people who already have access, but you know, can really be a tool in reducing

those disparities. And as one of the participants pointed out, you know, making sure that platforms are accessible, and you know, that they can be reaching people with disabilities as well. Christina, we got a couple of questions for you that I'll sort of stack up if that's all right, one, you know, just sort of asking for the the links to the legislation and framework, we'll make sure that we share the playbook that we worked on that highlighted a lot of the specifics from Arizona so that folks participating here will get that and more questions about some of the specific populations. First, how you're working with local community Coalition's on addressing substance use disorder and mental health in rural areas, and also whether Arizona was able to measure the utilization rates by ethnic community or by socio economic status.

46:40 - CHRISTINA CORIERI

I don't think that we have that data yet. So our Children's Behavioral Health Fund, so the usage for that \$8 million dollars that just opened on October one of 2020. And so I like to ask our Medicaid program as frequently as possible if I can get those usage numbers, mostly because I'm concerned that maybe you're gonna have one or two school districts that really know how to use this, and and others who don't, and wanting to make sure that there's a fair and equitable access to it, we are working with our Department of Education, I'm told that I have to be a little bit patient because they only get those quarterly results. So we've now been through one quarter, and I hope to have those soon. But that is something that we are definitely going to be looking at. We have a lot more information on the use from the substance use disorder fund. And I'd be happy to share that.

47:37 - EMILY BARSON

Great, thank you. A comment from the participants. I love health justice, that should be a trending term. So I think that just passing that along, I think from this conversation, it sounds like probably our panelists would agree. One of our participants raised the question about, you know, region, policy change at the state level is important. And how can we get more granular at the local level, school systems, local law enforcement, etc. So that youth in local communities can help drive the policy discussion, I will first get out again, plug the resource that that Ben referenced the healing nation framework, that does get into some of those entry points, knowing that just focusing on the broader healthcare system isn't going to reach people where they need to be. But we'd love to open it up for more comments about how to, you know, incorporate those local community driven solutions. Ben, you are nodding. Do you want to kick us off?

48:42 - BEN MILLER

Sure. Thanks, Emily. And thanks for the question. Yeah, I agree with the person who asked it, because I think that, you know, we have to consider policy to all levels. And the one uniting thread here is that there needs to be a vision of what we're working towards. So whether it's at your local level with your mayor, your county commissioners, all the way up to your Medicaid directors in the governor all the way up to Congress. But we have to be thinking about what is it we're actually trying to do. So wellbeing trust alongside the United States of care, as you already mentioned, put forward a guide for states, we also put forward a guide for local leaders, more public health officials, commissioners, mayors, and I'll put the link in the chat here in just a second. Because we actually were trying to thread that needle that I just described. So that folks had some consistent way that they can approach the issues of policy without getting lost, like, oh, what's the latest guide I should use? Or what are the three things I should

ask for? So that's one that's one thing I'll give you the right there is we have a resource on that, too. And this is a really simple one. But it's one that I think we're finding a lot more especially now that we're in the zoom universe is that you got to show up at the places that people are having the conversation. And I know this is not going to be lost. It's going to be you know, most of you have already participated in this stuff. But when you don't show up at the meeting, like the example I was giving with you, sometimes you know what happens and decisions get made with little or no regard to what you as a community member actually think should happen. And so you got to show up. And that means that you've got a plan, you got to figure out a way to take off work, have somebody watch the kids in a post zoom world when we're all done with COVID. You know, hopefully, we could be back out there doing these things. But I would say to folks, like, if you don't show up and you don't get engaged, you're probably not going to be able to have your voice heard.

50:23 - MAYRA E. ALVAREZ

I also think, just building on Ben's comments is really recognizing the need to continuously engage providers in the space around mental health, because I think we all fall victim to being comfortable in our silos, right? We're very comfortable with what we know and the areas that we know, when we really recognize that educators, mental health providers, social workers, Early Learning Program leaders, they wear many hats as they take care of our families. And it's much more than just the one task that they're supposed to have as a teacher or as a, as a childcare provider. They're actually trusted hubs and resources for families and so many other ways. So how can we give them the tools and resources to live out that role most effectively? So one of the things that we're doing is next month or the month after we're still deciding on timing, is we're going to launch a series around early childhood mental health and our childcare workforce, recognizing that how do we empower our workforce leaders validate their leadership and the role in the community that they play? And make sure that they have the information around Early Childhood Mental Health and how it may manifest in young kids right differently? And I think it's very similar and thinking about our community members, communities have been leading the way for so long, how do we listen better? How do we create the forums and opportunities where we can challenge our system to better respond to those needs. Here in California last week, we had a Mental Health Commission. And a large part of our commission meeting was dedicated to programs that were focused on communities of color, LGBTQ, other marginalized communities, and the programs that the that the communities themselves for us by us that they were running, and the importance of our traditional systems sponsoring or supporting those initiatives, recognizing that learning Black History and Culture is a mental health intervention for young people, or learning Filipino culture and history is a human intervention. And that in and of itself is a little bit groundbreaking, but critical as we think about what do our systems will look like in the future?

52:38 - CHRISTINA CORIERI

I would say we've made sure to have family voices at the table through this whole process. They were there as we were developing the bill. As I said, with the Advisory Committee, I believe we have three slots on the committee for insurers. We have approximately the same number for providers so they can speak from that provider's perspective. But we have four slots on the committee for family members. So they actually have the most we have a mother who lost her son to suicide, and had challenges with commercial insurance. We have another person who lost her sister to suicide had challenges with commercial insurance. And we have two low income parents whose children have been in the

behavioral health system as well and received services on the school campus so they can speak from a position of experience. Also in that bill, we authorize the Department of Insurance to hire a specialist in behavioral health to lead up those efforts. She has a history and behavioral health, she does not have a history, in insurance or working in the insurance space. So we're making sure that we're crafting that voice around those that are most affected.

53:52 - EMILY BARSON

I love that. Thanks for highlighting that Christina, as a state policymaker, do you have advice for you know, advocates at the more local level as to how they can have their voices, you know, be part of that type of process that you're describing?

54:07 - CHRISTINA CORIERI

Anybody that reaches out to us, we respond when we wanted to get some minority members onto that committee, I actually reached out to one of the FqHCS, who works largely in the Hispanic low income population, and they were able to connect us to someone there to make sure that that voice that we wanted, was on the committee, I would say for anyone doing this work in another state, start early. Speak often, I think our stakeholder meetings where every week or every other week, starting in August, and have every voice at the table and even though I think some people want to always paint insurance as the enemy, they're a stakeholder too and you have to have them at the table. That does not mean you agree with everything they say But you can work together. I think, in addition to Arizona as being very bipartisan, it was the only state that I've ever seen where all of the individuals signed in and support all of the providers signed in and support. But all our insurance companies signed in and support to because they heard what the issues were. And they saw that the governor's office was at the table and part of the discussion. So it's much better to work together than to have something that they haven't had at least been able to be part of the discussion, move without them.

55:34 - EMILY BARSON

Great, thank you. I know we're coming up on the bottom of the hour. So I want to make sure that we end on time, maybe we'll just do this as a hard one to do as a lightning round. But just if anyone wants to jump in briefly, sort of a broad question to end us out as informed listeners, and what have you learned in the last year that personally surprised you? Or caused you to think differently about the state of health care in the United States? So kind of a big question to chew on. But certainly a lot, a lot has been exposed. But as folks who have worked in this field for some time, I'm curious how you react to that question.

56:25 - BEN MILLER

I don't know if I have a good answer to that. That's a great question. I need to think of that a little bit more. I guess maybe one of the things I've been surprised by has been folks' enhanced understanding. You know, we knew how bad things were before, right? It was what we talked about, but I think folks really had a lot of time to spend looking at some of the reasons why it was that bad from our public health infrastructure, not having the adequate investment. So tell me some of the challenges that we faced is getting our kids back into school, I think people are now a lot more hip to what it means to have, you know, solutions for public health for mental health. So I think that's one thing is that the country probably knows a little bit better now what public health is, and why we should invest in it.

57:10 - MAYRA E. ALVAREZ

I'm gonna talk about like, what like, has, I guess it's a surprise? Yeah, sure. I think what I've been most inspired by has been the idea that civic engagement is mental health, particularly for young people. And as we see young people lead the way when it comes to movements on the ground, right when it when thinking about something like one of the questions was about policing and the impact on black children's health. You know, the only reason we're seeing real movement in our school districts in California, is because young people are raising their voices and are saying, This is what we need to feel healthy and succeed in school. And I think really understanding and appreciating the connection between civic engagement, our agency using our voice, and our mental health and well being. And validating that connection has inspired me, has surprised me, and has really, I think lit a fire under our work to recognize that that agency and power is across the board across our communities and the opportunity to engage, either if it's voting or protesting, or marching or calling your congressman, those are all opportunities to recognize we can make a difference. And it starts with us. And I think that I'll carry that with me for this year and for the future.

58:32 - CHRISTINA CORIERI

I guess I would say I think that 10 years ago, talking about mental health, people just wouldn't have talked about it. It was something that other families deal with and not something that their family deals with. It hadn't really come into the mainstream yet. And I, I really think that this, it had already started moving toward the mainstream before this. But this pandemic brought it to every family. And I think it's something that's easier for everyone to talk about now. And that's a good thing.

59:01 - EMILY BARSON

Thank you. Those are, those are great insights. And certainly, we could keep going. Sorry to folks, we didn't get to all the questions in the chat. But really, a big thank you to everyone for joining today and especially to our panelists, Mayra, Christina and, Ben, thanks so much for sharing your time and your insights with us. I would encourage all of you to go to our website at [UnitedStatesofCare.org](https://www.UnitedStatesofCare.org) to check out the resources that we've talked about today, as well as a full deep body of work available to support efforts in this year's legislative sessions and beyond. And please sign up so you can get updates and join us at future events. Virtual for now and hopefully, someday again, in person face to face. And, and you know, really just look forward to continuing our work with all of the policymakers, stakeholders, advocates, and concerned folks who have been partnering with us as we strive to build a better healthcare system that can withstand the next crisis. So thanks to everyone, be safe and take care