



**Meredith Martino, WIG Executive Director:** Hi everyone. I am [Women In Government](#) Executive Director Meredith Martino, and I'd like to welcome you to Women In Government's policy webinar *Work and Wellbeing: Strategies for Advancing Inclusive Mental Health Policies* in recognition of Mental Health Awareness Month this May.

Women In Government convenes state legislators and stakeholder experts with broad perspectives and experiences to amplify the work of female lawmakers.

Our all-legislator bipartisan [Board of Directors](#) guides meaningful policy programs that directly address issues facing state legislators nationwide.

Today's webinar is part of Women In Government's ongoing partnership with the [State Exchange on Employment and Disability](#), or, SEED. SEED is a unique federal-state collaboration that supports state policymakers in designing and implementing policies and programs that foster a nationwide workforce inclusive of people with disabilities.

You have a terrific panel today featuring federal, state, and advocacy leaders in mental health policy, and we encourage everyone here today to ask questions and share how your state is approaching this issue.

Before we get started, I encourage everyone to take a moment to introduce yourself in the Chat Box located in the zoom toolbar, and please write any questions or comments there as well and check out the resources that we'll be sharing there throughout the event.

You may want to select the speaker view from the Zoom options just in case you're watching the presentation and not just listening along.

And we encourage all of you to connect with us on our social media platforms.

Today, we were supposed to be led by [Colorado Representative Dafna Michaelson Jenet](#), who has unfortunately been called away due to her legislative duties, so I'm going to be filling in for her today.

We're really excited about this discussion *Work and Wellbeing: Strategies for Advancing Inclusive Mental Health Policies*, and I know that we have a lot of legislators—Representative Michaelson Jenet and others—who have been very active on this issue in their state legislatures, where they serve on committees of jurisdiction and they act on different policy caucuses related to the topic of healthcare, generally, in mental health (specifically) and a lot of them partner with SEED in their states.

So I'd like to join, (excuse me), join me in welcoming our panelists for today. We have four distinguished panelists and I'm going to ask them to introduce themselves.

And first, we'd like to recognize [Taryn Williams, Assistant Secretary of Labor and Disability for Disability Employment Policy](#) and the leader of the Office of Disability Employment Policy at the U.S. Department of Labor. Assistant Secretary Williams, would like to say hello to everyone?

**Assistant Secretary Taryn Williams:** Hello everyone, I'm so excited to be here. As you heard, I am Taryn Williams, Assistant Secretary of the [Office of Disability Employment Policy](#) here at the U.S. Department of Labor but we often refer to our agency as ODEP for short.

**Meredith Martino, WIG Executive Director:** Fantastic, thank you so much. We're also joined by [Pennsylvania State Representative Wendi Thomas](#) who serves on her state's bipartisan Mental Health Caucus. Representative Thomas?

**PA State Representative Wendi Thomas:** Hi, thank you so much for including me. I look forward to the discussion. It's a very, very important issue, and I co-Chair of the Caucus with Representative Slosberg and I see his staff is on so that's great. It's a very important issue to us and I'm glad to be here today.

**Meredith Martino, WIG Executive Director:** Thank you so much. And next we'd like to recognize [Connecticut State Representative and Women In Government State Director Michelle Cook](#), who has been recognized as Legislator of the Year by Connecticut's Northwest Regional Mental Health Board. Representative Cook?

**CT State Representative Michelle Cook:** Hi, good afternoon, everyone, or good morning for us. We just finished our legislative session a little after midnight and I'm honored to be here and thank you all for the great work that you do. I am in my 14<sup>th</sup> year here at the statehouse. I am a Deputy Speaker and I sit on Public Health & Human Services and Education [committees] so for me, this is just such a huge passion and I'm happy to be here and I look forward to all of the information.

**Meredith Martino, WIG Executive Director:** Fantastic. And last but certainly not least, we want to welcome [Debbie Plotnick](#) who is Executive Vice President for State and Federal Advocacy at [Mental Health America](#), where she works nationwide with lawmakers and advocacy groups across the full spectrum of mental and behavioral health policy and access to care. Debbie?

**Debbie Plotnick, Mental Health America:** Thank you, Meredith, and thank you to Women In Government and the SEED Program—which I've worked with for the last few years—for inviting me here today. I'm really honored. And hello to Pennsylvania Representative Thomas who would have been my State Representative if I still lived at my home base in Bucks County, Pennsylvania. And so nice to meet you, Michelle Cook, and always a pleasure to see Assistant Secretary Williams.

And I'm sorry that Representative Dafna Michaelson Jenet has been unable to join us. She is a wonderful Mental Health Champion and Mental Health America has [recognized her](#) as such. Thank you.

**Meredith Martino, WIG Executive Director:** The mental health crisis in the U.S. pre-dates COVID. As recently as 2019, the [Centers for Disease Control](#), the [National Institutes of Mental Health](#) and others were already reporting that approximately 1 in 5 Americans experiences one or more mental health, behavioral health, or substance use disorders. By June 2020, that number had risen to [4 in 10](#) for anxiety and depression. The pandemic not only exacerbated the mental health crisis but also illuminated the many challenges individuals and families face in accessing care.

Today, we'll focus on mental health in the workplace as an integral part of the national post-pandemic recovery and what each of us brings to the table in building supportive and inclusive work environments.

Assistant Secretary Williams, I'd like to start with you. Could you share with our audience a little bit about your role at the U.S. Department of Labor with the Office of Disability Employment Policy and how your agency works with state-level policymakers, such as Representative Cook and Representative Thomas?

**Assistant Secretary Taryn Williams:** Absolutely and thank you again for having me here today. It truly is an honor to be with you during this month, in particular when we are recognizing Mental Health Awareness Month.

For those of you who aren't familiar with ODEP, we are a sub-cabinet-level agency within the U.S. Department of Labor that reports directly to the Secretary of Labor, and we were established by Congress more than 20 years ago to facilitate greater collaboration across policies programs and agencies to promote employment opportunities for people with disabilities. And that truly includes all

types of disabilities, including, of course, mental health conditions. And as I'm sure many of you are aware, certainly it's one of the reasons why we're here today.

Our nation is facing a mental health crisis and it is greatly exacerbated by the COVID-19 pandemic, as well as societal inequities that are causing historically marginalized communities to shoulder an even greater burden. Data from the National Center for Health Statistics (their [household pulse survey](#)) show that anxiety and depression symptoms have risen sharply over the past two years, overall, and that Black Americans report higher levels than other parts of the population. We know this is for a variety of complex reasons including cultural norms and systemic barriers to accessing assistance for their mental health needs.

We also know that people who are experiencing lingering symptoms from COVID-19—which is a condition that we commonly referred to as “long COVID”—that they are reporting anxiety, stress and other mental health conditions. So, I think it's fair to say, this is impacting our workplaces and, really, our nation and across the globe.

And whether you are a remote employee experiencing isolation, or an essential worker facing stress and uncertainty, a friend or a caregiver to someone with a mental health condition, or, managing a mental health condition yourself, the past two years have really reinforced that we all have mental health needs.

And so, you asked also about the work that we're doing and how we do it at ODEP, and. I want to say that we are truly happy to call WIG a partner in our [State Exchange on Employment and Disability](#) or SEED.

And if you aren't aware of SEED already, it's an ODEP-funded, really unique state-federal collaboration that supports state and local governments in adopting and implementing inclusive policies and best practices that lead to increased employment opportunities for people with disabilities, and SEED is engaged in a number of activities focused around mental health in the workplace. So we're seeing firsthand how legislators, like you, are adopting effective mental health-related policies, plans and practices.

And I would note that these policies span from everything: from non-discrimination, parity, and mental health benefits; to peer-counseling strategies (which we know to be critical); to paid sick and family leave; to tele-mental health, and to behavioral health workforce shortages and state sources and support systems.

So, it's important, and what we found in our work at ODEP is oftentimes, the state is a critical partner. It's not just about the federal government coming in and saying, “thou shall”, but instead about states working closely with other states peer-mentoring each other to develop and advance and replicate best practice. And we—as federal, state and local government—it's so important that we're having these conversations, since we know we're all facing a major challenge in ensuring that the mental health needs of employees, including behavioral health and substance use treatment needs, are being met.

I'll stop there.

**Meredith Martino, WIG Executive Director:** Thank you so much Assistant Secretary Williams. I'd like to hear a little bit of background from our state legislators.

Representative Thomas and Representative Cook could each of you describe your state's mental health landscape over the last couple of years and Representative Thomas let's start with you. You serve on Pennsylvania's Mental Health Caucus. What were Pennsylvania's existing challenges around mental health going into the pandemic and how did the pandemic effect mental health policy response in your state?

**PA State Representative Wendi Thomas:** Thank you, and it was good to hear from Assistant Secretary Williams and what's happening at the federal level.

From pre-pandemic, so, two-three years ago, what were we focused on. We are a very diverse state in Pennsylvania. We have big urban centers we have a big rural center (part of the state). And so, this “stigma” around mental health and behavioral health was one of the big focuses of our [Caucus](#).

Another big focus was what we were seeing happening in the schools. [We had a Suicide Prevention Task Force](#). We, sadly, in my home district had the youngest-ever suicide in middle school and so there was a big light on children: providing resources; what role do school public schools play; how do we support kids in mental health.

You know substance abuse in that area was also a focus, but I think we were trying to deal with stigma and kids. I would say those seemed to rise to the top. And then in fact we had a hearing in Bucks County, and we had—so not in Harrisburg our capital. We still had 17 state legislators (bipartisanly) show up in-person (because that's how we did them then) and had a hearing about mental health and schools and heard significantly about the issues that were happening pre-pandemic.

So now we come into the pandemic and where, you know, I would say in 2021. Now I can look back and say we were in the middle of it, but we thought we might be coming out of it last spring. And what we began to see rise to the top is our healthcare heroes, you know our nurses. our doctors, our first responders. People who are on the front lines. People who are not at home when everybody else was but were going into homes and dealing with patients and becoming all things to everyone, because no one could come in the hospital and visit. They were holding someone's hand as they die or trying to get the family to facetime, and then they're trying to take care of a patient. It was really, really hard.

And so, we had a hearing about that, and we heard what were the issues and you know (we all know) the stats on the potential people thinking of leaving healthcare. So, we, you know, what was the problem? What was happening today. And actually, at that hearing, we had some information about what other states were doing, and it was very early on. So, you know, we heard about some other things that other states were doing, because we are trying to help the process and government doesn't move quickly, I think we all on the phone can agree.

So, what could we do? How could we help? But that population really was suffering and, frankly, I think, continues to suffer. And there was all this outpouring in COVID, all this support, signs up everywhere. You know I (like everyone else) had them on our front lawn, “We Care About You.” And then, as we started to come out people started to go back to their lives, I think they felt a little bit left behind too, and that became part of their mental health struggles.

And now here we are in 2022 and I would say, you know, for me—and I know many on the Caucus, you know, agree—what has become evident is everyone is now... .So in the rural areas, we still have a stigma issue. Not to generalize, but I would say in the suburban-urban areas, much more mental health is freely talked about, and what has come to light is we don't have enough providers. So, whether it's telemedicine... . I had a constituent who had a child thinking of harming themselves. The school gave her a list of 45 providers to call. 4 days, 45 providers—no one could see her. And she was writing a check. There wasn't even an insurance issue, and I know we're going to talk about parity.

So just the lack of providers has really come to light. I sit on the Mental Health Commission with our local hospitals in the county and the struggles they're having hiring people, having someone come in. And they're having people come into their emergency rooms and, unfortunately, they're sitting there till they can find resources for them and it's really a struggle.

So, we had everything we had before, we had what we had in the middle, and now we have a lack of people to serve the people who need mental health. And that's the evolution that I've seen in mental health, and why I believe it's truly a crisis right now.

**Meredith Martino, WIG Executive Director:** I really identify with so much of what you just said. I'm in Virginia and I have two children currently ages, well, 12<sup>th</sup> grade and 5<sup>th</sup> grade, and I know of at least one suicide at my daughter's high school. That was just heartbreaking, and it was a little girl that she used to

play with in the neighborhood sometimes growing up. And I don't think that was the only one, that was one that I remember the most. It really is just staggeringly sad on top of everything else that was happening in the world at that time, to just see these kids who just felt like they couldn't cope with what was going on. So, thank you for your work on that because I do think that's really important.

Representative Cook let's hear a little bit about what's been going on in Connecticut. You've been working for a really long time on mental health and substance use disorders in your state. What was the mental health policy landscape like in Connecticut going into the pandemic and how was your state able to adapt?

**CT State Representative Michelle Cook:** Thank you for that and I want to thank my good colleague from Pennsylvania. Actually, I'm heading your way tomorrow.

Connecticut tends to be a little bit more progressive and really trying to find ways to help folks, but I think that regardless of what state we are in, the stigma is equal across the board. And that is a sad reality when folks are really afraid to get the assistance and the help that they need because they're afraid of what somebody else has to say. And that has that has no age, that has no color barrier, no ethnicity barrier. It is a sad reality.

Over the last several years in Connecticut, we've made great strides to work on mental health care systems improving the access and care. Going back well before the pandemic, we started in 2015 [ensuring that school-based mental health programs](#) screen children that were experiencing school-adjustment problems. We also provided supports addressing those problems during that legislative year. So, we have a couple of Public Acts (and I know that you all have some of my notes) and so we can send that information out to give those Public Acts. And then we [established some training on trauma](#) to inform the different types of practices that might be utilized in the schools.

We also gave providers more flexibility in the care that they could offer as well. We passed legislation to [enable licensed alcohol and drug counselors](#) to offer counseling to persons that were diagnosed with co-occurring mental health conditions.

In looking at the providers' scope of practice, that bill also established a Task Force that's studied the projected psychiatric workforce shortage. So, we did that well before the pandemic hit, recognizing that there was already a shortage in mental health care, and we recognize that not only in our schools but outside of our schools. We don't have enough social workers, we don't have enough of the healthcare providers as a whole, let alone the specific realms that we're looking at. In 2019, then, we went ahead and [enacted legislation that allows APRNs](#) [Advanced Practice Registered Nurses] to be certified as psychiatric mental health providers to authorize emergency treatment in certain cases. There's another Public Act for that one as well.

I do believe, though, that one of the most important impactful pieces of legislation that we've passed was to expand access to mental health treatment in 2019, and that was our [Parity Bill](#). That law required insurance companies to treat mental health and substance abuse disorders, just as they would any other physical illness. We often know that our body is separated out by the head and then the neck is not connected "obviously" from there down, and so recognizing that we're all one piece really becomes part of the educational process. Our parity law allowed mental health and substance use disorder conditions to then fall over into those different types of the worst disparities for access, and then having affordable mental health care services, we do now have one of the best.

This year, actually—and so this one's kind of hot off the press, because we decided that we were going to be able to do this today. We had not passed, our [HB 5001](#), which is our Act Concerning Children's Mental Health, we did that this year. We're waiting the governor's signature on that, and I cannot give all of the members of my Chamber enough credit for doing what they've done. But this required...you know this has so much. It talks about social worker licensures; it talks about the temporary permits that we're offering out to the Masters in Social Work students to be able to offer services; it talks about need-based assistance for mental health services and different applications for that; we are creating a Children's Mental Health Advisory Board; mobile psychiatric services, and some data that comes along

with that; different pilot programs and different communities that may be handling mental health in a different manner than other communities. We have now an Office of Healthcare Advocate employee specifically for the mental health crisis that we're looking on, and this really goes on and on. We have roughly—and I'm looking at it right here because it was so much is so fresh—over 73 sections in this piece of incredible legislation to help all of the conversation regarding this.

And I think what also is so vitally important is not only what we're doing at the State House, but it's what our superintendents, our principles, our employers, our employees—what they're doing [speaker froze] [wrap-around community offering](#). Our schools in my community specifically did a leadership workshop with all of the superintendents in the Northwest corner (and that covers a multitude of districts) and they did that all on their own partnering with the hospitals in their areas and the mental health facilities in their areas. So, they're seeing it from the inside out, not only for their students but for their faculty. And so, we have to recognize if we're not healthy adults, we can't offer health to our children, and we have to have understanding.

And I am happy to continue the conversation and I'm just so in awe of the great work that everybody does, and I look forward to the continued conversation Thank you, Meredith.

**Meredith Martino, WIG Executive Director:** Thank you Representative Cook.

I'd like to ask Debbie Plotnick of Mental Health America to speak next. Debbie, can you give us a sense of the bigger picture? Nationwide COVID shutdowns affected everyone's daily life, but what did that mean for individuals and families during the pandemic and what did we learn during this time, and how can those lessons inform our new normal, especially in the area of our focus for our discussion today, which is the workplace.

**Debbie Plotnick, Mental Health America:** Thank you, Meredith. I'm so happy to be here today and to celebrate [May as Mental Health Month](#), which by the way, Mental Health America started in the 1950s, we're very proud of that. We're really happy to be here and we have seen tremendous changes since COVID.

I'm going to put in the chat in a minute when I'm finished talking a [screening data from 2021](#). Mental Health America without fanfare in 2014 started a [screening site](#) [recording timed out]. Sorry, the recording stopped in the middle there. We've had a 500% increase in the number of people who come to our site since 2021. And who is coming to our site, who are the 15,000 people a day, 5.4 million just since the beginning of the pandemic? Well, the vast majority of them are quite young.

And why do I mention this? This is so important to what the Representatives have talked about, about young people. Why does that matter in our conversation about employment and work? Because what do employees care about most of all? They care about their children. So not only are they having all of the stress and anxiety, and we are finding that 45% of the people who are taking these screens—now, these are people who are coming of their own volition, so they know something's starting to bother them—they're between 11 and 17. These are the school kids. So, I commend Connecticut. Connecticut evolved as a model for their school mental health bills—it's amazing—and also for parity. And for my home state of Pennsylvania, Pennsylvania as well, but these are things that need to come out.

Why does it matter in the context of work and mental health? Well, we know that folks with mental health conditions need to stay in the workplace. We know they need to come back to the workplace. We know that people who, under the kinds of extreme stressors to themselves and to their families, need to stay in the workplace. Why does that matter? Because work is part of wellness. Having that meaningful engagement with your colleagues—your community—is so important to people maintaining their wellness and regaining their wellness if, in fact, something has happened. Which is why we're so happy to work with the SEED program because when we think about folks with disabilities, we need to think about folks with all kinds of issues and how work is so important.

But as we look at what has happened since COVID, our screening data is quite clear. So not only are most of the folks coming young—not all of them, but 45% of them—but of all the people coming, about

80% of them are now screening in moderate-to-severe for anxiety and depression, and young people in particular are reporting that they are feeling suicidal one or more days per week. And this really matters, and this matters to employers, it matters to employees, it matters to our families.

And I'll dive a little bit deeper as we continue our conversation on more of the legislative things we can do, and in the meantime, I will put a link to our [screening data for 2019](#) that really shows the tremendous uptick since COVID.

**Meredith Martino, WIG Executive Director:** Thanks Debbie. That's really sobering information.

I'd like to shift the discussion a little bit to what's happening post-pandemic and how we can talk about policy strategies that are relevant for the long term.

Assistant Secretary Williams, the federal government recently proposed a really bold vision to address mental health nationwide. Could you tell us more about that initiative, especially as it relates to the workplace environment and the economic recovery, and who do you see as integral partners in those efforts?

**Assistant Secretary Taryn Williams:** Absolutely, and I really appreciate that question.

In his State of the Union address back in March, President Biden really laid out a [whole of government plan](#) to address the national mental health crisis. And core pillars of that plan included connecting more people to needed care and really supporting Americans by creating healthy environments. And we know—and I'm saying this not just because I'm here from the Department of Labor—but it's clear that America's workplaces have a really critical role to play in this, and that's why the U.S. Department of Labor is so committed to helping employers understand the steps that they can take to [promote mental health-friendly work environments](#).

And, chief among these is providing workers with mental health conditions the supports that they may need in order to perform their jobs. There's a lot of things that we talk about when we talk about the supports. Accommodations are central to a healthy and inclusive work environment, but they're not the only thing that an employer can and should do. In fact, they're just one piece of a four-pronged framework that we call the **4 A's** of a mental health-friendly workplace.

That first A stands for **Awareness**. It's really important for employers to conduct training and education about mental health issues and to take action to foster a supportive workplace culture.

The second A I already referenced but it's important to note again, is **Accommodations**. Again, accommodations aren't always tangible products or physical changes, and that is often the case when it comes to accommodations for people with mental health conditions. Some examples which I know will be familiar to this audience include remote work which can provide distance, perhaps from triggering factors. It can also include temporary changes to specific non-essential assignments. But I want to note that it's important to remember that not all employees with a mental health condition will need an accommodation.

Something else that we can do is the third A which is **Assistance**. So, for employees who have or may develop a mental health condition, this is something that many employers provide through Employee Assistance Programs, or as they're commonly known, EAPs and/or Wellness Programs.

And then the final one is something that has already been mentioned a little bit today and is an important part of the puzzle is **Access** to treatment. Employers are encouraged to assess their health care plans to ensure or increase coverage for behavioral and mental health treatment. And I want to be clear that we have data that show that that's something that's not only a benefit to the individual, but frankly has been shown that it can help companies in their bottom line. So that's [data](#) that we have from the [American Psychiatric Association](#) where they've shown that more than 80% of employees treated for mental health conditions reported improved levels of efficiency and satisfaction at work. And I think my colleagues throughout the Department of Labor, they would say that I'd be remiss if I didn't

also say that any plan that provides access to mental health services needs to comply with the [Mental Health Parity and Addiction Equity Act](#) which requires insurance companies and health plans to cover mental health and substance use disorder benefits the same way they cover physical benefits.

So that's just a sample of some of the activities that an employer can do to ensure that their workplaces are more supportive.

But while employers do have a critical role to play, I think it's important to note that everyone in the workplace can do something. That can be whether we're a company leader, a manager, a co-worker or the individuals themselves who are managing a mental health condition. And it's in that spirit that our agency recently through our campaign for Disability Employment launched a public education campaign called "[Mental Health At Work: What Can I Do?](#)" It's built around television and radio public service announcements exploring the roles that we all play in promoting workplace well-being.

And so, if the technology works for us today—because every once in a while, it just doesn't work as well as I would love—I'd like to play that PSA for you now and what we'll do is just watch the 60-second version with open captions and let's go: [Link to PSA](#)

Not hearing sound, are others?

**Meredith Martino, WIG Executive Director:** Yeah, we're definitely not getting the sound and I apologize about that.

**Assistant Secretary Taryn Williams:** No, I hope I didn't jinx it by saying that. I hope it works for me digitally (sometimes).

**Public Service Announcement Captions:** Today, one in five working-age Americans has a mental health condition.

People in all types of jobs and at all levels.

And the key to helping us succeed is a supportive and inclusive workplace.

All of us have a role to play in making that happen.

So, what can I do to help?

As a CEO, I can set the tone for supportive culture.

As a Manager, I can offer assistance and accommodations.

As a co-worker, I can listen and be a source of support to my colleagues.

As someone with a mental health condition, I can ask for what I need to perform my best.

I can offer all employees the supports they need to deliver on the job.

For the team and for the business.

What can I do?

What can I do?

What can I do?

I can remind others that we all benefit from workplaces that promote good mental health.

Mental health-friendly workplaces are more important than ever.

And all of us have a role to play in promoting them

Learn more at: [WhatCanYouDoCampaign.org](http://WhatCanYouDoCampaign.org)

**Assistant Secretary Taryn Williams:** I'm so glad that worked. I hope you liked the spot as much as I do. I can say our team worked really closely with leading mental health experts as well as employer associations to shape that message. I also want to note that the people in the cast are real people, not actors and we really think that can help foster workplace well-being in a relatable way. That PSA will be coming to a TV or radio station near you soon, and there's also an online component to the [campaign](#) and a number of coordinating resources.

We recognize that we're in a moment, where conversations about mental health have really increased and we want to give visibility to that and ensure that employers and workplaces have the tools that they need. So, you can check out all of those products by visiting: [WhatCanYouDoCampaign.org](http://WhatCanYouDoCampaign.org) (I know it was dropped the chat as well).

**Meredith Martino, WIG Executive Director:** Thank you so much Assistant Secretary Williams. That's a fantastic PSA and I will say now—having heard the four A's—I recognize that some of them made a little cameo in the PSA, and I think that's really clever. It was a really great way to deliver that message.

Debbie I'd like to get back to a question for you. You work with states and advocacy groups all across the country. From your perspective, what are actions that legislators could consider taking that would really make an impact in addressing the mental health crisis in their states?

**Debbie Plotnick, Mental Health America:** Thank you, Meredith, that is so important, and it is my pleasure to work with WIG and with the other national legislative organizations.

Some of the things that states can do right now to really make a difference in mental health is to do things that we already talked about. Kids well, there are a number of states—Connecticut being one—that we hold up as model legislation for teaching about mental health in schools. Why does this matter? Because once kids know what to look for in themselves, to look for in their friends, that will help them reach out when they need help. It will help bring down that degree of suicidal feelings that people are having when they think they're the only one, so really important to do mental health education.

Assistant Secretary Williams talked about parity. Parity is so important here. You know the Mental Health—let's get it straight, MHPAEA—the [Mental Health Parity and Addiction Equity Act](#). The national parity law 14 years old now and many of the states have enacted laws that shore up the national parity law by putting teeth into it by having some consequences when parity is not being followed and making sure that insurance companies are tracking and being more transparent, this is essential.

There's something I want to bring up with respect to parity that isn't well-known and state legislators have made some attempts to remedy this. There's also a [bill at the federal level](#) that was introduced by Michigan Senator Debbie Stabenow and by Connecticut Senator Chris Murphy about state employee plans that exempt themselves from parity. And these are the kinds of plans that firefighters, and teachers, and professors have as their mental—as their health plans. Many of these plans across the country have chosen not to provide mental health services, that's the opt-out that still exists. We need to close that loophole at the federal level—that's the bill that Senators Stabenow and Murphy have introduced—but states are starting to close that loophole on their own. A very important thing to make sure that the plans that cover these essential firefighters, police, the people on the front lines—that they have the mental health help (and their families) that they need, especially with the pressure that they are under.

The other major issue right now that states really need to pay attention to that's going to make a huge difference: We heard Representative Thomas talk about how people are going to the emergency rooms. Well, right now, the mental health/[Suicide Prevention crisis lifeline](#)—which is now a whole big 10-digit

number that even I trip over all the time—on July 16<sup>th</sup> of this year, we are very, very close—is going to become [988 nationwide](#). Why does it matter to state legislators? Because we want those calls to be answered locally.

Right now, there are local call centers, but is there enough capacity when it becomes that three-digit number? When we divert and deflect away from 911, and when we divert and deflect away from police coming—which can create a lot of issues for folks, especially in communities of color and LGBT folks really don't want to be involved in having police come—so building out that infrastructure. What to the states have to do? They have to make sure they are ready. That they have not just local answering, so it doesn't go to the main number back in New York or to a neighboring state, because you want to talk to someone who's in your community.

And about 80%, it's really a telehealth call. About 80% of calls are actually dealt with right then and there and the immediate crisis is resolved. But we need to make sure that there's the capacity, building out that workforce, getting the things we need, how do we fund that—it's not just the calls. And you know, little more than 10-15% when you need someone to come, who do you want to come? You want mental health professionals, you want peer specialists.

And in the case where we need to go somewhere—that very small percentage of people that need to go somewhere right then and there—emergency rooms are overwhelming or worse yet, sometimes people end up arrested or they end up being transported in police cars and handcuffed. Very, very traumatizing. So, we need free-standing crisis centers, and pure respite and things that make people feel heard and respected, and states really have to build out that infrastructure.

Right now, we only have four states that have passed comprehensive legislation to have that kinds of things in place and have sustainable funding, not just funding from their state budgets—really important, we need that. Not just pulldown from the federal COVID funding—very important as well, and [SAMSHA grants to 50 states have gone out](#)—but that sustainable funding. And that's going to come in what a lot of state legislators here as being spelled “t-a-x”, but it's really a fee, “f-e-e” and it's just a little one. We're really talking about something like \$5 or \$6 a year that will help build out that infrastructure.

So these are very important things that states can do. They make sure they have parity with teeth; make sure there's mental health education; make sure they're ready for 988 and with the sustainable funding. What a difference that will make for employers, employees and people continuing to be able to maintain their wellness.

So, thank you for that question, Meredith.

I think you're muted.

**Meredith Martino, WIG Executive Director:** Sorry about that. Thank you so much Debbie, I appreciate that. And just to give everybody a heads-up, we have a couple more questions for our panelists, so I think we're going to be a little bit past our time. There's just so much to talk about but hang in there with us. We're going to probably wrap up about 5-10 minutes late.

I'd like to come back to Representative Thomas right now. I understand that you have successfully sponsored key legislation that addresses the needs of frontline workers, including their mental health. Could you tell us a little bit about the Heroes Act?

**PA State Representative Wendi Thomas:** Yes, I'd be happy to. And I was very happy to listen to Assistant Secretary Williams and what she was talking about because prior to my life in legislature, I was in business and I actually sold and supported [EAP programs](#). So, I'm very, very passionate about EAPs, something the average employee does not even know they have access to.

And how that relates to the [Heroes Act](#) is when we looked at our healthcare heroes, those that were suffering—first responders, everybody in that category. So you have first responders, EMS certainly our

medical personnel they—for the most part—did have access through their employers to get some mental health help, but they didn't either know it or they were afraid of ramifications for it.

So, what we did was look at a bill to say that our Department of Human Services would specifically target that group of people and let them know that there is help out there for them. That they can access it. That it won't be held against them. That we want them to access it. That it's free. So while we can't go down to the detail for every employer and what does their EAP in their health plan cover, we do have parity, so they you know they can—if it's a longer mental health issue—they can move into their health plan. We do know they do have someone there just for that first call at least to resolve the urgent situation. And so, this bill would have our Department of Human Services make sure that those people know that there's help for them, that we care about them, and then there's also state resources to back that up that they can use.

One other note, just for the good—and I'm going to follow up on Representative Cook's legislation in Connecticut (I was very impressed) and make sure what we're doing in Pennsylvania stands up—but we have a [Safe2Say](#) line. That came about through school safety when we had some horrific school shootings and that was really intended to be a place where kids could call confidentially. Actually, the largest percentage of calls we get is kids with anxiety on that line, but our kids all know about it.

So, one thing I hope we do with 988—and I am involved in that and Debbie, thank you for all that information I took notes to follow up on that too—but I want to make sure we get that line out to all generations, not just adults. Because when I worked with the EAP back in the day before we were still electronic, we gave out magnets and things. So, we'd have somebody put the magnet in their cabinet or on the fridge or something and then their child will call when they're not home, for help. So, I look at that 988 and just want to make sure we bring that marketing side to make sure we're getting that number out to everybody, especially with these stats on the 11-17-year-old population.

So, my thoughts and thank you. That Healthcare Heroes Act is waiting for a final vote in our Senate, so if we have any of our Senators on, please let's get that run and I'm confident our Governor will sign it.

**Meredith Martino, WIG Executive Director:** Thank you so much for that, that's great to hear.

Representative Thomas, sorry Representative Cook, you're also working to make sure that mental health care remains a top priority and serve essential workers for the most vulnerable populations. Can you tell us a little bit more about what you've been doing in Connecticut this session?

**CT State Representative Michelle Cook:** Absolutely. In the lines of employment, I've been honored to be able to work and pass legislation to provide the mental health care services to workers and offer job protections like we've heard about before, especially in that area of our first responders and medical professionals. We know that nobody should be fired for seeking care for physical illness or injury, and no one's employment should be impacted because they have a decision to seek that type of mental health care. So, we've ensured that here in the state.

This year we worked on a bill to protect police officers who are seeking mental health services from being fired. We go back to the stigma and, obviously, in a world where, if you might have some mental issues, we know that that could jeopardize in the line of duty, especially for those folks.

It also creates a training program to raise awareness and improve the interactions between police and the members of our disability community, that was [HB 5420](#). That bill was passed unanimously in both the House and the Senate and awaits the governor's signature.

In 2019, we passed a law that enabled police officers, parole officers, and firefighters to receive comp benefits for PTSD caused by events that happened in the line of duty and that was [Public Act 19-17](#), and then we expanded this to EMTs last year in 2021 and emergency dispatchers, and corrections officers recognizing that not only is the impact on the person that's on the front line, but that might be the person that is getting them to the frontline that is also directly impacted ([Public Act 21-107](#)).

Our state budget this year really makes some critical investments in mental health and then in our 2023 budget also leverages funding from the [ARPA](#) dollars and appropriation dollars in our general fund and other accounts for these very conversations. And I think that boasts to the conversation and to our role. Folks that live in your community and live in your state have to know that we're willing to invest in their mental health without the stigma, and we've really done that.

I also have this year—and this is not on our list—I also did this year something a little bit out of the box. We have put into legislation the ability to use [psilocybins for mental health](#). That would be one of the first in that country to do that. So, we have our Connecticut Hospital for Mental Health and Yale are partnering together under the ability, through our guidance to be able to work this out and not do it in a bubble, and to not do it secretly. Folks are traveling all over the country to do something in a backdoor because it's not something that's covered and we're saying, "we hear you." I've been honored to help lead that and working with a couple of Brigadier generals who have retired, recognizing all of the stigmatism and things that we have through our military folks as well as our first responders. This is vitally important and I'm happy to work with folks to get some more information on that too. A national movement would be great.

**Meredith Martino, WIG Executive Director:** Thanks Representative Cook, I have to say I actually know someone I used to work with someone who took part in a psilocybin study at Johns Hopkins University many, many years ago, and I think that's one of the studies that's laid the groundwork for some of this therapeutic use that's really coming to light. That's really interesting to see it kind of being enacted in a state like Connecticut.

Debbie, I know you wanted to be able to mention some of the legislation that our scheduled moderator Colorado Representative Dafna Michaelson Jenet would have talked about if she'd been able to join us today and not tied up in committee. Would you like to highlight a little bit of what she's been doing in Colorado for our attendees?

**Debbie Plotnick, Mental Health America:** Absolutely, thank you Meredith. Representative Michaelson Jenet—as I mentioned—is one of our recognized Mental Health Champions and most recently, the most amazing bill that she has worked on with Governor Polis and gotten passed and signed, is that [all insurance companies in the state of Colorado must cover a mental health check-up once a year](#). We think that's a really important thing that help people understand how they're doing, what they're doing and keeping track of it over time.

She also was instrumental in the fact that Connecticut—and I highly recommend that other states [please take a look at this](#)—kept permanent all of the expansions to telehealth that happened under the COVID public health emergency because that is something that has helped tremendously with workforce issues. It's not the be-all/end-all but it takes a big chunk out of it when you can set up appointments that can happen over telehealth.

Representative Michaelson Jenet has also been a great champion for making sure that kids in schools understand about mental health—the same thing that Connecticut has done.

And so, these are the kinds of things that will help, as I mentioned, keep folks working, keep families feeling more comfortable so that employees and parents can do their jobs and that we can really keep our workers safe and keep them on jobs and really help improve everyone's mental health.

So, thank you again.

**Meredith Martino, WIG Executive Director:** Yeah, thank you! We are a few minutes over, but I want to thank everyone for hanging in there. This was just such a valuable discussion and I wanted to make sure that we got through all the content that we had planned for you.

Please join me in thanking our panelists today: Assistant Secretary Taryn Williams, Pennsylvania State Representative Wendi Thomas, Connecticut State Representative Michelle Cook and Debbie Plotnick of Mental Health America.

We encourage all of you to join Women In Government for another upcoming policy webinar next Wednesday, May 11<sup>th</sup> to learn more about competitive gaming and esports.

And, finally, for all the legislators in attendance and all the legislative staff who are going to be reporting back to their bosses, please don't forget to register and join us in Denver, Colorado this June for our [National Legislative Conference](#). We have a lot of exciting topics planned and there are still Travel Scholarships available for women legislators to offset the cost of attendance.

Registration can be found at our website, <https://www.womeningovernment.org>, and that's also where the recording for this webinar as well as all some of the resources that we mentioned today will be made available.

And so, thanks to all of you and we'll see you at another event soon!

**Assistant Secretary Taryn Williams:** Thank you, bye bye!

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#### EVENT/SUPPLEMENTAL RESOURCES:

- [Women In Government Partner page for the State Exchange on Employment and Disability \(SEED\)](#)
- [Office of Disability Employment Policy \(ODEP\)](#)
- [Mental Health America \(MHA\) Screening Tool](#)
- [Mental Health America \(MHA\) "Mental Health and COVID: Two Years Into the Pandemic Mental Health Concerns Continue to Increase"](#)
- [CO HB 19-1269 Mental Health Parity Insurance Medicaid](#)
- [CO HB 1068 Insurance Coverage Mental Health Wellness Exam](#)
- [CT Public Act 15-96, AAC Out-of-School Suspensions and Expulsions for Students in Pre-School and Kindergarten to Two](#)
- [CT Public Act 15-232, AAC Trauma-Informed Practice Training for Teachers, Administrators and Pupil Personnel](#)
- [CT Public Act 17-146, AAC the Department of Public Health's Various Revisions to the Public Health Statutes](#)
- [CT Public Act 19-98, AAC the Scope of Practice of Advance Practice Registered Nurses](#)
- [CT Public Act 19-159, AAC Mental Health and Substance Use Disorder Benefits](#)
- [CT Public Act 19-17, AAC Workers' Compensation Benefits for Certain Mental or Emotional Impairments, Mental Health Care for Police Officers and Wellness Training for Police Officers, Parole Officers, and Firefighters](#)
- [CT Public Act 21-107, AA Expanding Workers' Compensation Benefits for Certain Mental or Emotional Impairment Suffered by Health Care Providers in Connection with COVID-19](#)
- [CT HB 5001, AAC Children's Mental Health](#)
- [CT HB 5420, AAC Mental Health Needs of and Services for Police Officers, Certain Requirements Regarding Police Training and Certain Reports](#)
- [CT Psilocybin Study Work Group](#)
- [KY Mental Health First Aid](#)
- [OK Office of the Oklahoma Employee Assistance Program \(EAP\)](#)
- [PA HB 1420 Healthcare Heroes Act](#)
- [PA HB 1959 Public Health Benefits of Psilocybin Act](#)
- [WA SB 5564 Protecting the Confidentiality of Employees Using Employee Assistance Programs \(EAPs\)](#)

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