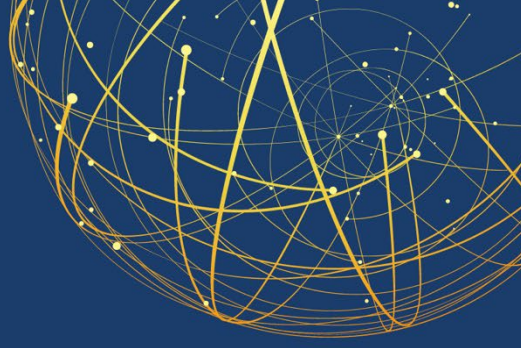

# PART 2: REBUILDING MENTAL HEALTH CARE: FROM FRAGMENTATION TO COORDINATION

**Richard Lui** 00:01

Well, good afternoon, and we are here to talk further about the mental health imperative, and I have some big brains here to share their expertise on this very topic. I'm very excited about digging into rebuilding mental health care from fragmentation to coordination. And joining us today is Rebecca Bagley, president and CEO of the Kennedy Forum. Big welcome. Tiffany Benjamin, CEO. You have one fan here. Thank you. We're going to have to—by the way, then it's only up from here, right? Tiffany Benjamin, CEO of Humana Foundation. April Koh, CEO and cofounder of Spring Health. Oh, look, I got a separate crowd. Yeah. All right. Yeah, you have two people. This is getting better. Anne Wintroub, head, social impact engagement at lululemon. Yay. All right. The very idea of fragmentation is important because then we can get to how do we reduce some of these gaps and fragments. And the number that we're looking at, just to start off, is over 137 million Americans living in mental health professional shortage areas. And I don't know necessarily that we all understand what those HSRs or those mental health shortage areas are, really. And so if we could define very quickly what that is and what it means therefore to the fragmentation problem that we're describing here.

**Rebecca O. Bagley** 01:35

Yeah. Mostly with simplicity, it just means that you don't have timely access to a provider, and you certainly don't have timely access to a provider of the acuity of care that you need, so like a psychiatrist if medication is warranted, things of that nature. And so the inconsistency throughout the country of access becomes really exacerbated in some of the more rural, smaller communities.

**Richard Lui** 01:59

And what's the timing? [Rebecca O. Bagley points offscreen] What happened?

**Rebecca O. Bagley** 02:04

He was trying to hand you something.

**Richard Lui** 02:06

Oh, okay. All right, I thought it was free food, but—

**Rebecca O. Bagley** 02:09

I know. Exactly. That would've been much more exciting.

**Richard Lui** 02:11

That is. Because one iPad is not enough. One must have two. And so when you say timely, what's timely?

**Rebecca O. Bagley** 02:20

Well, immediate would be nice. But a lot of times the wait times are six months, nine months. So, imagine you have a child or you're going through a mental health crisis, and then you reach out to providers. You can't. I've actually been through this, for my own child, who's not a child anymore. But it's like you call 15 providers. They either are not taking patients, or they actually don't take your insurance, or both. And then you say, "Forget insurance. I'm just going to go for whoever can." And you still are in a couple of month wait time. And you're in the middle of a crisis not knowing what to do. And so that's the reality of what's happening.

**Richard Lui** 03:02

April, what is Spring Health's perspective on this gap, on this over 137 million people in America, one in three?

**April Koh** 03:13

Well, thank you, Richard, and it's wonderful to be on this panel with these wonderful ladies. So what is our perspective on this gap? So first and foremost, what is Spring Health? Spring Health is an AI-native mental health platform. We are one of the largest employer and health plan mental health benefits in the country. And for over 170 million people, we give them access to the highest quality of mental health care available. And the way that it works is very simple. You sign up. We ask you a bunch of questions to really deeply understand who you are and what you're struggling with and what you need, and then we give you immediate access to the right care for you. So we create a custom care plan specifically for you, and then we deliver that care. And for me, the thing that I wanted to say in response to your question is our care delivery across 170 million covered lives is guaranteed to be same day or next day, virtually and in person.

**Richard Lui** 04:19

How do you deliver that?

**April Koh** 04:21

Technology.

**Richard Lui** 04:23

I got that part.

**April Koh** 04:25

Yeah. Well, let me explain. So a lot of people think that there is a massive provider shortage in mental health care. This is true. However, a lot of providers go to waste because supply doesn't know how to find the demand. And providers' availabilities, their capacities, their schedules, they're not visible to members in real time. And so members often have to go through what you were describing, this journey to find a provider who will take them. But if you build a platform, which we've done, and connect tens of thousands of providers with the members in one place, then you can start to surface provider schedules to members in real time. So you can see in real time what the supply looks like relative to the demand. So it's all about technology and AI to basically perfectly match that supply and demand, and start to address these insane access issues that people face all over the country and globally.

**Richard Lui** 05:30

So how do you do that? What is Spring Health? If you had to describe it in 60 seconds, what's the secret sauce to connect the supply and the demand together in a way that doesn't leave us the six to nine months that we're talking about? Are you down to two? You said within a day? Within a week?

**April Koh** 05:48

Same day or next day, guaranteed. And it really is —

**Richard Lui** 05:53

Or your money back.

**April Koh** 05:55

Or some variation of that. We work with employers and health plans that cover the mental health care for these members. But really it's this. As health care scales, it tends to fail because stakeholders are grossly misaligned, and they're all in different platforms and different systems, and they're not talking to each other. And so for us at Spring, we say, "It doesn't have to be this way." We can actually connect everyone on a single platform, and computationally start to align their incentives and give data to each other so that.

**Richard Lui** 06:30

Quickly, the number of fragments, how many is this? 10,000? Is it 100,000 in your addressable market? Just give me the number that you estimate.

**April Koh** 06:37

The number of fragments?

**Richard Lui** 06:38

Yes. Because you said it's a fragmented market, then the question is, okay, so how many players are there that you're trying to bring together? What's that number?

**April Koh** 06:46

It's got to be hundreds of thousands because providers are practicing in silo independently, oftentimes.

**Richard Lui** 06:53

Does everybody else agree with that number or do you have a different sort of scale? Hundreds of thousands for everybody? Tiffany, what's your idea that you've seen? What are some of the ideas that you've seen? And we've just heard one approach to it from Spring Health. What have you seen in the stakeholders that you must interface with and meet?

**Tiffany Benjamin** 07:13

Yeah. So, oftentimes we're thinking about community-based solutions. So I think April's got a great example of basically how you bring care to people. And when you're thinking about bringing care to people, there are other sort of points that I think are really important. So you talk about digital technology. One of the things that we actually support is a lot of work around older adults. And if you want to use telehealth, telemedicine with older adults, you've got to do some digital education, and you also frankly have to have the access to digital tools and internet, basically. And so we've seen a lot of success in partnering with organizations that are thinking about, how do you get people access to care, but then teach them how to utilize that care. And then I think April touched on fragmentation, and I think that's another really important.

**Richard Lui** 07:59

Yeah. How do you talk about it with your stakeholders? When you're saying, “Let's figure out how we can come together on this, because it seems like everybody in every town, in every city, and every block is doing something different separately.

**Tiffany Benjamin** 08:10

I think one of the bright sides of COVID is really like, we all went through this mental health trauma together. And I think having done this work before COVID and after COVID, it seems much easier to get people to partner. Along with USAA Foundation, a foundation called Reach Resilience, and the Elizabeth Dole Foundation, we launched this thing called Face the Fight, which Richard, you're involved with, which is a veteran suicide prevention initiative where we're trying to reduce the rate of veteran suicide. We know that veterans die by suicide at a rate 60 percent higher than the general population. And I think really our ability to talk about mental health has substantially increased since COVID. We've all said, "This is a crisis." Something that we all feel or have been touched by, and it's made the coalition conversations

and the stakeholders getting engaged. Rebecca's story about it, you've had it with your children. I think probably everybody in this room is one degree away from having something that is related to mental health, and it just makes it a lot easier to have those conversations.

**Rebecca O. Bagley** 09:13

And just to sort of piggyback on that, I think when you think about systemic change, it's very difficult to do systemic change when you have to convince people that something is important and then talk about what you need to do about it. So COVID really shifted that. So we're really early, I feel like, in mental health—

**Richard Lui** 09:28

Yeah, I agree.

**Tiffany Benjamin** 09:29

Yeah, 100 percent.

**Rebecca O. Bagley** 09:30

—in the ability to actually make—

**Richard Lui** 09:31

In a good way, though, right? In a good way.

**Rebecca O. Bagley** 09:31

Yeah. In a good way. Yeah. I mean, we have so much opportunity ahead of us to be able to.

**Richard Lui** 09:34

It's a really good point. And I know as a news anchor and journalist, we have a narrative gap, and fragmentation is the similar word here, in that we overly equate mental illness with mental health. And that conflation is unfortunately very difficult. What is great is that we're living in a different space of saying mental health, I think, in a more developed way. It's had five cycles. When we first started saying mental health, it was brought up potentially in a lot of ways that weren't fully rooted in maybe what that might mean. Over at lululemon, when you think about your partnerships and who you're looking for and looking at narrative specifically, that's very important. When I sat on *The Today Show* and I said, "Mental health does not equal mental illness." And we all need to dig a little bit deeper on that so that we can address how to handle both effectively. What do you see narratively, in terms of fragmentation?

**Anne Wintroub** 10:39

Yeah. So many things. First of all, mental health is, I just want to really double down, it is such a nascent and new space. It is a space that is such a proximate issue for so many people. What I've seen also with regard to just framing, is that young Generation Z identifies mental health as the health crisis of their time. We're early and at the same time, we're a little late. Now, I don't see any doom and gloom in that because it is such a dynamic space of investment and collaboration. So I'm so sorry, I lost the plot on your question.

**Richard Lui** 11:14

Oh, when we're looking at fragmentation, I was looking at the fragmentation in narrative. And as lululemon is a master of narrative in what it does for its business side, but you as you look at the different stakeholders that you want to partner, invest in, in this space, how do you see some of the solutions or the fragments that we still have to try to bring together?

**Anne Wintroub** 11:35

Yeah. Well, at lululemon, we're really clear on our sort of sharp point in mental health and wellbeing, and I do want to state that with regard to how we step into this issue, it is across both. It's across mental health and wellbeing. Our social impact work comes to life through a program called lululemon Gives, which is solely dedicated to advancing mental health and well-being through movement and mindfulness. We want this work to be in the lane of who we are as a company, what our guests expect from us globally, frankly, so that that narrative is as sharp as possible, so that people recognize from a narrative perspective as well, just the expansiveness of mental health and wellbeing. And I think we've sort of started to talk about the treatment, we're also really thinking about the preventative aspects from this. And again, as Humana is, to really think about how we coalesce across communities so that we're getting communities moving, so that we're equipping communities with the support that they need to serve the people in their communities best with that proximate knowledge of what those distinct community needs are. So we have a network of about 125 charitable organizations all across the globe in 17 different countries that we're supporting. And we're doing that, again, to bring their work to life, to meet grassroots needs, to address these systemic issues at scale, and to create as well this connective tissue between these organizations so that fundamentally, we're getting at these challenges together.

**Richard Lui** 13:04

What are you doing with them to bring them together? What are you doing to coalesce and get that fun synergy?

**Anne Wintroub** 13:10

Absolutely. So anybody who wants to go deep on grant making, I'm here for it afterwards. I'll try and keep this at a surface level.

**Richard Lui** 13:15

Nobody wants grants here. [*Laughter*]

**Anne Wintroub** 13:16

No, nobody.

**Richard Lui** 13:17

Nobody. It's not a need at Milken at all.

**Anne Wintroub** 13:20

Nobody. Our primary grassroots grant-making program is called our Community Wellbeing Grant. So it's an annual call for applications, and we have very distinct criteria, again, to keep it really close to who lululemon is, that we can best support these organizations with funding of up to $50,000 each for these community grassroots organizations. We bring in movement practitioners, we bring in our principles of leadership so that we're really supporting these leaders in their own journeys and in their mental health needs. And then ultimately as well, because as a company, we have this significant global footprint, I mentioned we do grant making in 17 countries, that to a certain extent mirrors our footprint as a company, and we're really working to take learnings that might be coming up in Hong Kong, and they're applicable in London. And grassroots organizations typically don't have the opportunities to step into those types of learning environments. So we create a sort of cohort experience, if you will, for those learnings.

**Richard Lui** 14:16

Yeah. And what you've just done is you've talked about local narrative. You talk about community narrative, and I know we like to talk way up here, but we sometimes forget that as we porpoise through policy and we porpoise through business models, and we porpoise through communication, up-down meaning is what I mean . that can sometimes be lost. So the localization is very important. Which brings me to my second, if you will, discussion area, and that's data. And to you on this, Rebecca, and I wanted to dig into the Kennedy Forum and the Parity Index, and specifically, 43 states show in-network MH/SUD access disparities. That's local, right?

**Rebecca O. Bagley** 14:55

Yeah.

**Richard Lui** 14:56

And that's where we get most of the space we're talking about. Federal to state to county to local, right? What's some of the data, other than the fact that we now know that on the state level, big gaps there, too, not only on the national level?

**Rebecca O. Bagley** 15:09

And county. It goes all the way to county.

**Richard Lui** 15:11

And county, yeah.

**Rebecca O. Bagley** 15:12

So we brought it up to the state level for the summary data, but it shows every county through the country.

**Richard Lui** 15:18

So within that, what's the data opportunity? What's the data that will give us better outcomes?

**Rebecca O. Bagley** 15:23

Yeah. What's great is that we now have infrastructure where we can bring in data that will actually change outcomes potentially if we gather the right data, and we process it the right way. I wanted to connect it real quick to your narrative comment, though. I do think our founders, Patrick Kennedy and Amy Kennedy, and narrative must come up in our conversations every week, how just so incredibly important it is to have that right narrative and to be able to be out there. And I think for ours, it's both. It's one of the common goals for mental health and substance use, and we had put out this 90/90/90 by 2033. Sorry, maybe I preempted one of your later questions. But this goal of the nation of 90 percent of people screened for mental health and substance use, 90 percent getting the evidence-based treatments they need, and 90 percent moving towards recovery. Because at that top level, like you said, I feel like unless we have some coalescing goal as a full community, it's hard to really know what you're working towards. And so again, it's very lofty. It's something, though, that we can measure and we can move towards. And then when you get down to the community level, Patrick's uncle, his last act was the Community Mental Health Act. And being able to think about how we work with people in communities, I think that becomes such the critical part of how we serve everything from prevention through serious mental illness. Everybody needs community. Whether you're preventing or whether you're taking care of some of the most serious mental illness. So just with that overlay, the Parity Index becomes—

**Richard Lui** 17:02

You're porpoising, right?

**Rebecca O. Bagley** 17:03

—a data tool—

**Richard Lui** 17:03

You're porpoising, right? Yep.

**Rebecca O. Bagley** 17:05

I'm now going to porpoise down. So it becomes a data tool to figure out, particularly it's a commercial insurance data based on the transparency and data law or regulatory environment that the first Trump administration put out. So every insurance company has to put out their contracted rates, whether you're talking about a cardiologist or a psychiatrist. And so we worked closely with the AMA, and had funding from American Psychological Foundation and The Ballmer Group to really look at mental health and physical health, and what's the difference in contracted rates in every county across the country for the top four insurance plans. So you can see huge disparities in most of the places—

**Richard Lui** 17:49

With payer systems is what you're saying, yeah.

**Rebecca O. Bagley** 17:51

—basically how much people are getting paid. And so then you think about the pipeline of workers. If you want to go in to serve people and you're choosing between nursing and social work from a funding standpoint, from a payment standpoint, there's a clear difference. Or psychiatry and surgery. You clearly are going to make financial choices based on these things.

**Richard Lui** 18:14

So you decided to jump in the belly of the beast here. You're talking about health insurance companies and looking at what the potential data outcomes might be when you look at, at least, and it's limited at the moment in terms of the right payer codes, so that we can identify the fragmentation in mental health and mental health systems. We're early on in this space, certainly. The clinicians having the great obligation to sit down and look at what those payer codes may or may not be, and then having to spend potentially two or three times the amount that they are allocated for every patient. That's difficult. What has worked in the data that you have pulled out from the health insurance payer codes, payer systems, that tells us this data will be helpful for the future?

**Rebecca O. Bagley** 18:57

Well, I think I do want to say it's just one piece of the puzzle, right? It's obviously a complex puzzle. You can't just. quality care is important, so just to mention that. But well, for instance, there was a bill in California that was basically going to pay providers less, and we were able to use the Parity Index data in California to show that that would be a negative move. So the legislature didn't approve the bill. So that's just one small. But really, I think where the huge opportunity is, is providers being able to dispute what they're getting paid. And so they can use this to say, "I'm not getting paid at parity," to the insurance companies. And so that's where I see the incredible opportunity to really go grassroots, ground up, while we still continue parity regulation at the national level as well.

**Richard Lui** 19:46

Tiffany, on data, as I look really high level here, is one of the stories I've told, unfortunately, too many times about our military and veteran communities, and you can branch out from there if you like. But what made me always very emotional when I would go on air is to describe those that are living without a home when I would decide to tell the story about the mental health journeys of a certain population. And unfortunately, I would always, and it's adjusted year to year, one in three that are out in the streets with no home are veterans. That's a data point that's very high for me. It's very 100,000 feet. But what are some of the data points that you look at Humana that are related to our current work in the veteran and military community that can push us forward to a solution?

**Tiffany Benjamin** 20:35

Yeah. So, you're touching on a point that I think is kind of obvious, but we have to talk about, which is that the social determinants of health impact mental health, right? Like housing, a job, having a roof over your head, having food. All of those things impact your mental health, and they're not necessarily tied to mental illness. And so for us, we're really looking at, do you have a secure infrastructure around you? Do you have people around you who can support you? Do you have the resources in place for when you go into crisis, that it's not a crisis that sort of bottoms out your whole life, right? So I think it's really important to think about it holistically in these ways, because stress can lead to panic, and mental illness is not the same as mental health. And frankly, we look at it, and if you think about the space of suicide prevention, oftentimes

you're not talking about a population that has mental illness, you're talking about a population that's in crisis, and there's a little bit of impulse that's driving those moments in time. I did want to make one other point that I think is really important, and I don't want to lose is, and Rebecca started to touch on this provider quality of care. Veterans is a great example of this. Oftentimes, people want to talk to somebody who they can relate to, right? And so we can't forget that every mental health crisis that someone is going through is unique to them, and they have to be able to create a relationship with someone who they get support from, whether that's a family member, a caregiver, or a provider who actually makes them feel safe. And so there's not just this provider gap, there's also this gap in terms of getting a provider that makes people feel comfortable enough to actually manage the challenges that they're having.

**Richard Lui** 22:20

So true. And that brings me back to a couple of administrations ago, where they had Promise Neighborhoods. This idea of having spaces that you had support systems in a community level, which was not easy to do nor inexpensive. Somebody's going to say something?

**Anne Wintroub** 22:35

No, I was just going to build on that as well and just add in. One of the things I think is so exciting about how the charitable world is taking shape around mental health is equipping across communities so that folks in schools have received the training that they need to be a mental health advocate and allies. That other students have received that training. Whether it's through the Born This Way Foundation, whether it's through JED. There's so much as well that's infusing in our sort of systems of social support in communities across. So yes, it is absolutely about clinical care first and foremost, and it is also about really creating resilience within our communities to support mental health.

**Richard Lui** 23:16

Since we're on data here, Anne, and you picked up the microphone there. How are you finding it out there in the giving space? What are the numbers like? Are you finding colleagues, let's say this whole room is full of funders. Do you need more seats, or do you have too many seats now? In other words, do you have more people entering the room?

**Anne Wintroub** 23:33

Oh, we need—we always need more people. We always need more seats. As I shared earlier, mental health is early, and we're seeing significant growth in the space. So the top 10 funders in mental health last year, of which lululemon is one, together that was about $148 million invested in mental health. Now, that is barely a part of the $4.8 billion, I believe, in investment in the mental health sector. But I think what's important to note, well, two points are really important to note. One, how that is growing. It's about 40 percent year over year.

**Richard Lui** 24:08

Oh. Okay.

**Anne Wintroub** 24:09

Yes, exactly. And two, many of the funders in mental health are brands like lululemon. It's lululemon, it's Kate Spade, it's Pinterest doing incredible work—

**Richard Lui** 24:18

Yeah, Anne, but why? Why is it going up?

**Anne Wintroub** 24:20

Oh, why is it going up? Well, I think it's what we spoke about initially, that this is a proximate issue that so many people have experience with. So it's what employees want to see companies supporting, right? An organization like lululemon, we provide extensive support to our 40,000 employees all across the globe in their mental health. So it's really like it's walking the walk, it's talking the talk. And it's what people, and particularly younger people now and younger generations, are identifying as being critical.

**Richard Lui** 24:47

You brought up younger people twice now, and I remember I was doing a mental health series with the Global Yoga Alliance. Any members? So I was doing a series, and I didn't know about the Global Yoga Alliance until we did the series. And one of the last questioners was a middle school girl from the Upper East Side, who raised her hand at the end and said, "Can I ask a question?" We had already finished questions, by the way. And I said, "Can we take the extra question?" And you said yes. And I said, "Okay, what's your question?" She said, "I actually have a comment/question, rhetorical. Why is it that every time we have a mental health day in my middle school, it's about something negative? Why isn't it about building strength?"

**Anne Wintroub** 25:29

Yes. This has actually been coming up often lately.

**Richard Lui** 25:32

She dropped the mic, basically.

**Anne Wintroub** 25:32

Yes. She did. She truly did. I was sharing, I was on a panel on Friday at Hollywood and Mind, which was great. I really recommend it for folks. And an expert in mental health said, in a somewhat joking way, he said, "I'm here to put the joy back in trauma," which is not something you would expect anyone to say, but what he was getting at is exactly this. And I think particularly for our young people, who also—they raise their hands to talk about mental health. They are not experiencing stigma. We may be, they are not. So why isn't this practice a joyful one? We know, for example, with lululemon, we pay a lot of attention to movement, of course. And when you move together in community, people report that their wellbeing goes up by more than 25 percent, right? So, yes, let's find spaces to celebrate and cultivate that.

**Richard Lui** 26:15

Yeah. John Turturro, who was on this stage earlier, was describing the joy pockets he had in caring for his brother with schizophrenia, and I really appreciated his best to deliver that dichotomy or that arc or that sliding scale of what that might be. And April, on data, since you're in the AI space, are we gathering the right data on the mental health journey? So mental health one, two, three, four, five, six, seven, eight, nine, ten, in terms of all the different types of paths that we can include in mental health. Because the opportunity to gather some of the autonomic data, the microdata, the physical data, that's my point of view. We haven't even begun to gather what we can gather to do better at creating good solutions.

**April Koh** 27:07

Yeah. Oh my gosh, I could talk about this all day.

**Richard Lui** 27:10

Don't do it.

**April Koh** 27:10

Yes, don't do that. But what I would say is—so there's a Maslow's hierarchy of data in mental health, and metrics in mental health, that can define success for mental health care. I'd say on the bottom, table stakes is access.

**April Koh** 27:20

So are people engaging? What is the wait time to see providers? Ideally, it's a high level of engagement in employee populations and otherwise, and then also, the wait times are same day, next day. The next rung is quality. So you need to make sure that you're not just giving access to any care, but care that is actually high quality. That is measured in the industry through self-report assessments. Like the PHQ-9 and GAD-7 have been widely adopted. These are instruments. These are quantitative instruments that can help us understand at baseline how much someone is struggling and then how they're doing over time. And you need to be able to use technology to collect this data at scale to make sure that the mental health care that you're delivering is good. And then at the top of the Maslow's hierarchy is ROI. So I want to just connect some threads. You said data, and you said business case for mental health. This is not just a good-to-have. This is not just something that employers are doing out of the goodness of their hearts. This is something that has real ROI attached to it.

**Richard Lui** 28:28

What's your estimation?

**April Koh** 28:30

So by ROI, what I mean, literally dollars saved by employers and health plans because of better mental health outcomes. Because, and this is what people don't understand, if you have depression and diabetes, then you cost way more than someone without depression and diabetes because you're not getting out of bed, you're not taking care of yourself, you're not taking care of your diabetes, you're ending up in the ER

way more. Do you see what I'm saying? And so the ROI for mental health care really comes from treating the underlying mental health issue and then delivering ROI back to employers and health plans in the form of reduced total cost of care. So this is so, so important. This is what employers are after. They want to do good by their employees, but they also want to save money, especially in this environment where medical trend is 9 percent, projected to be in 2026. And it's just unsustainable for health plans and employers. So I would say, I think about it as a Maslow's hierarchy of needs. It's access, it's quality, and ultimately ROI.

**Richard Lui** 29:31

The US economy—it cost not just employers, but the US economy, $477 billion last year. And then they estimate about $14 trillion by 2040. So it's a significant cost if we don't figure out how to make sure that we're focused on that Maslow's pyramid. I like that. And we all, I know, have different views on what, on the data side, we could gather, and what those outcomes might be. By the way, if you want to put in a question into your app, I'll be looking at—

**Anne Wintroub** 30:04

Your second iPad.

**Richard Lui** 30:04

—iPad number two very shortly. Rebecca, I wanted to move to you on the solution side, the collaborations that have worked that you've seen in this space. What's a best practice, looking at collaborations, number one, as well as those that are non-collaborative, which are fine as well, and tie in, if you can, your own daughter's journey into that view of what you think will work?

**Rebecca O. Bagley** 30:30

So I think that, like I said, it's a complex system, right? So payment reform is certainly part of it. Not just increased payment, but this integration that you talked about is so critically important, I feel like, because that's where the cost savings comes in. Mental health and especially serious mental illness. My daughter's diagnosed bipolar, and so it's going to be expensive, right, on the serious mental illness side if you just look at that. But as she's gotten good care through her journey and through me as a mother being fiercely engaged through that, then it has cost so much less, right? Less ER visits, less back into, whether it's hospitalization or just back into the doctor because the physical health, like you just watch the physical health. Things come up. My stomach hurts too much, so okay, then eventually we have to go in, and then the tests start and the diagnosis, and then it turns out it was maybe physical, maybe not. And so I just have seen just so many doctor's visits that are sometimes physical and sometimes connected to the mental health. And so I think as you see, but then you get into the quality care. And I would say also navigation, which Spring Health, that's such a huge part of what you do is like where do you go, when, and how? And that we fail people all the time and fail parents and patients because I think we'll go use a psychiatrist for something that you could really use a different level practitioner. And so I think that also from an access standpoint. So I think when we think about it, again, we think about the first idea is prevention through screening, the evidence-based interventions, and just keep hammering on evidence-based because I've seen. I have four kids, 19 through 22, and the level of providers, the times where it's just they go in and talk and there's no action towards change is such a critical, looking at that quality and kind of what happens. And so you finally find somebody after you called 20, and then they meet with them—

**Richard Lui** 32:43

Called 20.

**Rebecca O. Bagley** 32:43

Called 20 different providers. They finally take your insurance. They finally can get an appointment within some reasonable amount of time. And then for two months, they see them every week, and they have no plan of action. So it's just this whole, again, we do a lot with the insurance companies and the commercial insurance, but it's not just about that. It is about a systemic shift. I think the other thing I wanted to bring up, because Garrett Staglin's in the front, with One Mind is the startup community. I feel like we talked about the newness of mental health and some people like Garrett and my founder, Patrick, have been in this for a very long time, and so they're, "Oh, it's not new," right? But it is, really. It's fresh, and the innovation that we're going to see and how AI is going to affect quality care pathways, I feel like is going to be just transformational for the system. And we need to figure out how to embrace that and really elevate it.

**Tiffany Benjamin** 33:40

Yeah. I also don't want to lose the fact that sometimes the solution is that people aren't getting to crisis. So I think oftentimes we measure it in terms of the clinical care people get. But if you look at initiatives like the Mental Health First Aid work that's going on everywhere, in particular with youth, there's actually a lot of success in people not needing a provider because we've put communities around people. We've trained people in schools and other places. So prevention in the mental health space is actually really, really effective, right? And so I just want to make sure we're thinking about the things that we put around people in their day-to-day life, the way that we're equipping them to talk about these topics, the way we're training teachers, the way we're training community health workers to address these issues. That's a form of success that we have to measure, and I think we're still not doing a good enough job. One of the initiatives we're involved in actually measures whether our suicide prevention initiatives are effective via lives saved. But I'm not sure we're doing enough to measure people who didn't end up in clinical care, people who didn't end up in the system, and that's another form of success.

**Anne Wintroub** 34:49

Yeah, it's—sorry.

**April Koh** 34:51

No. Can I just connect some of the dots there? Because I totally agree, and I think that mental health is a lifelong journey, but unfortunately, mental health care treats mental health as a series of disconnected events. It's very transactional still. And I think to your point, AI has the potential to solve for that. I'm really excited about what we've started to do with AI. So we've completely reimagined our mental health care experience. We've put AI in the center so that AI can listen to your therapy sessions. It can help you between the therapy sessions with your provider, and it can actually help you provider to provider over the course of your life. It can remember the insights and the breakthroughs that you had as a teen to before you started your first job to the provider that you saw to talk about your father who's passed away. Right? So it can connect all those stories and those insights and retain that memory and engage with you

with that memory. And I think that that's such a beautiful vision, and I think that even though mental health is lifelong, mental health care has not been built to reflect that.

**Anne Wintroub** 36:02

No, it's remarkable. And one of the pieces that I think is so interesting in this as well is just backing this up. We still don't have a clear understanding as to so many of these challenges, right? I think to a certain extent, we have a decent handle. Rebecca, I'm curious your POV on what the mental health crisis looks like globally. We have a decent understanding of what the crisis of physical inactivity looks like globally. These things are, of course, so related. We have, and I'm starting to understand this more from work that Gallup and the WHO are doing together, we have very little understanding on what social isolation looks like globally, and that is a really key piece to this puzzle. I think especially as we look to bring more incredible dynamic AI tools to the table, what are we getting at, especially with regard to social isolation?

**Rebecca O. Bagley** 36:51

I would love to pick up on that because I do think at the same time where we're laying these technology foundations, that social isolation point is something we've been talking a lot about. And I chair something called the CEO Alliance for Mental Health, and we just put out a framework around AI, and have been advocating in Congress and around other stakeholders how to think about that. And I think when we think about social media, honestly, the mental health community really missed the opportunity to be able to influence how social media developed, and we're trying not to do that with AI, not that it's exactly the same type of opportunity or issue, because I think there's a lot. But as we see fragmentation in our governments and as we see disruption in markets, as we see wars, as we see all of these things affect us and our children in incredible ways. As we engage more with technology, it creates a social isolation. We were just talking about community and how incredibly important that is. And so I think, I guess this is not a positive point of view, but my worry is that the mental health crisis actually exacerbates before it gets better. And it is because of what you said. We really have to go back into prevention, early intervention, at the youngest levels, or else we're just going to keep going to stage four like you were talking about.

**Richard Lui** 38:20

I want to move to a question from the audience, and I know that the two of you wanted to get in on this. But, Tiff, why don't you go quickly?

**Tiffany Benjamin** 38:29

Oh, I was just going to say, I think that's the negative side of it. But the bright side is social isolation is actually not too hard to solve. It's actually pretty straightforward. It's that you're sitting in community with people. There's all sorts of data that shows that volunteering actually helps you feel more connected and helps with your mental health. And so I always like to think about the fact that even if we don't have all the data, some of the solutions on the prevention side are relatively obvious. We just have to name them and continue to do them, and we have to understand that that requires us to engage with humans in actual physical spaces.

**Richard Lui** 39:07

Yeah, and it doesn't have to be tech, it doesn't have to be overly complex, but it can be. I work with a group called Life Story Club, and it's simply getting, for instance, seniors to sit around, meet each other, and tell their stories of their life with each other, and with a moderator that's different. So it brings different generations together. And so you have this coupling, and you have this binary going back and forth, which is really great. And that's part of a mental health journey intergenerationally. You were going to say something?

**April Koh** 39:43

Yeah, I just wanted to double-click on the ethics around AI. I totally agree. Just as much as I'm so excited about the potential of AI, I think we should all be very wary of the risks associated with AI. And interestingly, when we started to put AI into our product, or generative AI rather, we looked around for a benchmark that could help us understand if we were innovating responsibly. And there just wasn't a benchmark. And the reality is LLMs, the generalist LLMs, they were built for engagement, for entertainment, for productivity. They weren't built for mental health support. But 50 percent of Americans apparently use these LLMs for emotional support, i.e. mental health support. And so anyway, when we started building our product, we said, "You know what? We need to hold ourselves accountable. We need to hold the industry accountable." And so we actually created the first open-sourced benchmark for AI and mental health called Validation for Ethical and Responsible AI in Mental Healthcare. And it makes sure that AIs deal with suicidality responsibly, makes sure to detect harm to others, harm to self, makes sure to escalate to human providers where necessary. And we scored all the general LLMs against it, and some did better than others. And then we scored ourselves against it, and the score that we initially had wasn't good enough for us. And so we pushed ourselves to improve our product to score even higher, and we did. But we're really excited about it. We think more efforts like these need to surface. We think that there needs to be much more transparency, especially in our industry as we innovate with AI, and we need to hold all of ourselves accountable and build more responsibly. Because the promise of AI is so great, we have to innovate with AI, but we have to do it responsibly.

**Richard Lui** 41:42

I think I'll push back just a little. There are benchmarks, and they're big benchmarks. We think about the human genome. We think about ImageNet. These were collaborations across private and public sectors that turned out to be amazing outcomes. I think the challenge for industry is to think of those. That opportunity to work with universities, to work with governments, both local and state. Trust will come from those collaborations, not from industry alone. It will not be the big five tech firms. It will not be the big five LLMs. It will not be the startups that will grant trust into this space. It'll be the grand collaborations, I do believe, that have come in the past. Human genome, I'll bring up again, ImageNet. That's where we're going to get there in this space.

**April Koh** 42:32

And you know what? It doesn't exist yet by anyone. That's why we built it, but we open source it deliberately. And we're actually reaching out to these advocacy groups and saying, we want to give it to industry, and we want it to be bigger than Spring.

**Richard Lui** 42:46

And I think open source is important, but what I'm saying is, it doesn't matter if it's open source or not. It matters who's asking.

**Rebecca O. Bagley** 42:57

Yeah. Well, and I think to your point, public-private partnerships are not a new concept, right? And the Human Genome Project is a good example. I hadn't thought of it.

**Richard Lui** 43:05

But we are kind of going down the road of, well, private sector is going to solve this by itself, or public sector is going to solve it by itself. It is an old model. But I don't think tech is built that way to do that. And if that's the opportunity, when we think of AI, I do believe to think of some best practices. Smith says—and Smith, thank you for this—former caregiver and chief of staff at one of California's largest home care worker organizations. Smith, you want to raise your hand? You don't have to if you don't want to. All right. Smith. Smith is right in front. The panel framed—this says 137 million Americans in mental health shortage areas. Roughly 53 million of them are also unpaid or 1099 caregivers, with anxiety and depression rates about double the general population. Some say it's 100 million, depending on which estimation that you look at. Most of them have no W2 benefits, no employer of record. Each of you controls a different lever: data, policy, philanthropy, employer, tech, brand. What is the one redesign in your own lane that could actually reach the caregiver workforce in the next 12 months? What is, again, the one redesign in your own lane that could actually reach the caregiver workforce in the next 12 months? That important other half, the John Turturros of the world, who was the caregiver of his brother living with mental illness. What can we do?

**Tiffany Benjamin** 44:34

I think the first thing is, I was talking about this earlier today, oftentimes when we talk about the caregiver, we talk about it as an individual thing that's happening to individual people. So you're the caregiver. I've certainly been a caregiver for a parent who struggled with a chronic condition, and unfortunately passed away. And it feels like a very isolating experience. One of the things I think we've got to start doing is talking more about this as a movement. We've actually funded the Elizabeth Dole Foundation as they've done some caregiver work because we think it's really important for people to talk across sector, making this much less of an individual experience and saying this is something that we are all going through together so we can build solutions that work for everybody. Because the reality is, when it happens to you, it is such an isolating experience, and you think you're the only one. But we have not named that it is something that's happening to most of us, in particular because we have a substantial aging population in this country.

**Rebecca O. Bagley** 45:35

Yeah. My mind went a little bit wonkier on the policy side, which is, it's a family issue. Certainly mental health, certainly serious mental illness, and thinking about the codes and the ability for providers to bill certain things that they can get payment for when the family is involved and the family system's involved. And then in turn, the caregiver is involved. So that's one thing that came to my mind that we could do a better job at.

**Richard Lui** 46:06

Quickly to the two of you.

**Anne Wintroub** 46:07

Yeah. No, just really quickly, I wish I had the answer that that question requires. What I do know from a philanthropic perspective is we have at lululemon, we have named, I don't want to say our lane in this because it's not, and I truly hope and intend that this will expand, but where we focused it on caregivers is through UN crisis workers. We have a program that we created with the UN Foundation called Peace on Purpose, that has ultimately reached 30,000 frontline workers all across the world in every country. And it is designed to care for their well-being through mindfulness experiences. And we were able to do that because we had the access point through the UN Foundation and the access, of course, that they had to those workers. And I am hopeful that with more education for folks like myself on what those access points are to reach caregivers, certainly the intentionality is there, but it is not a space that we have been able to pay the appropriate attention that it deserves to. Not yet.

**Richard Lui** 47:06

April, 30 seconds.

**April Koh** 47:08

We are all about personalized mental health care, and so if you need caregiving support or emotional support, mental health care as a caregiver, I think in the next 12 months, we can create a personalized track within Spring Health that specifically supports caregivers. And we do have similar types of tracks within Spring, so for parenting, for grief, for various life events. And so I think caregiving should absolutely be one of those journeys that we include.

**Richard Lui** 47:39

Final question. I'm serious about efforts to build mental health support at the community level in schools, churches, other community facilities. And I'll just finish with that, and it also addresses the other question that Smith asked, and it is to share a story of a caregiver that is actually doing this work. Share a story. We share lots of stories. Share one story a month. It's the beginning of softening the ground for the structural work that the four here might do, I think is very, very possible—2033, we think the right care at the right time, that idea of reaching 90/90/90 that you talked about. What is the one word that comes to your mind when you think of that opportunity, of that better outcome in 2033 of reaching 90/90/90? What's one word? And I'll start with you.

**Anne Wintroub** 48:27

Resilience.

**Richard Lui** 48:28

Resilience. April.

**April Koh** 48:31

Equity.

**Rebecca O. Bagley** 48:33

Collaboration.

**Tiffany Benjamin** 48:35

Resilience is mine, too, so Anne and I are like.

**Richard Lui** 48:38

There you go. And mine is thank you to all four of you.

**Tiffany Benjamin** 48:41

That's two words.

**Richard Lui** 48:42

I know. [*Inaudible*] It is, but thanks. Ladies and gents, a warm round of applause to them. Thank you.

**Announcer** 48:51

We hope you enjoyed the discussion. Be sure to utilize the mobile app to stay up to date on the latest programming changes. As you exit the room, please remember to bring your belongings with you.

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