

Episode 162: The Future of Recovery (Transcript)

Anna Gray:

--recording mine and then I can send it to the transcription. Alright, so we're here interviewing Dr. Octavio Martinez, who is the executive director of the Hogg Foundation for Mental Health. And I'm here with Janet Paleo and Dr. Martinez. And this is Anna Gray. So it is really a joy to be able to be with you and an honor to get this time with you because I know how many times you get pulled in a hundred different directions. And so I really thank you, thank you for taking the time.

Dr. Octavio Martinez:

You're welcome. You're welcome. It's a joy to be here with you, the two of you.

Anna Gray:

Absolutely. Thanks. So we have just some general questions and I would like it to be what you -- also, if you think of something that you want to add in, it doesn't have to be something we thought of. So please, this is us just talking, having a conversation.

Dr. Octavio Martinez:

Just family.

Anna Gray:

Absolutely. Just family. So if you want to put something else in or we did have some jumping off questions, and one in particular was kind of broad, but it's the idea of how did the Hogg Foundation get involved in peer support and the peer movement and the great partnership that has existed there?

Dr. Octavio Martinez:

That's a great question. I wish I could take credit for it, but it wasn't me guys. In fact, it started under the previous executive director, Dr. King Davis.

Anna Gray:

Dr. King. Yeah.

Dr. Octavio Martinez:

Yeah. So Dr. King Davis, and the group at the time, which I know included Vicky and Rick, and of course Margarita's been there for a very long time, so obviously Margarita as well, but I'm not sure who else. But I do know for sure Rick and Vicky were there. Of course, obviously there was also -- I'm going to check my memory on folks that have retired on us that were there as well.

Anna Gray:
Colleen. Colleen.

Dr. Octavio Martinez:
Colleen. Exactly. Colleen Horton, gosh, starting to now get reminiscent, right? As well as Linda, Linda Frost.

Janet Paleo:
Linda Frost.

Anna Gray:
Yes, Linda.

Dr. Octavio Martinez:
So I think they were also integral and part of the Hogg foundation, along with Dr. King Davis. Now, who exactly had that kernel, that catalyst that said, hey, let's take a look at recovery in peers. I don't know if it came from King or if it came from one of the staff. That, I don't know. Got to ask, should find out. Next time I talk to King I'll ask him. But he obviously had decided he was only going to do executive directorship for five years and want to go back to teaching and research as a professor in the School of Social Work. And so when he stepped down, luckily I was chosen by the University after they had done a search. And I came in and of course the staff, including Linda and the folks we've mentioned like Vicky and Colleen and others presented, hey, there's this thing we started working on. It was just in the early stages though, but they're the ones that started it. They hadn't hired Stephanie or Tammy yet, and they said this is something that we started. And of course when you get new leadership, you never know if they're going to continue what you started or they're going to take a different direction. Now as a psychiatrist and a physician, I was not trained in recovery, and I sure as heck didn't know what the heck a peer was at that point. But once they brought it to my attention, I said, I don't know, let me do my homework. And so I started doing my homework and I go, man, this is really something, very creative, very unique. And what little data existed at the time was showing to be really powerful. And I like being at the beginning of things. So I immediately felt, no, this is something we need to continue. So I told my staff, no, let's continue on what you guys already have started. And so I will be -- I'm proud to say that my first two hires then were Stephanie and Tammy.

Janet Paleo:
Awesome. Awesome.

Dr. Octavio Martinez:
That's how I know Hogg came into understanding what a peer was, let alone peer specialist, and of course the recovery movement. And it has resonated with me tremendously ever since because it's just, to me, one, it's a holistic way, but it's a humanistic way of approaching the care of an individual. And it seems to me all providers we sign on to want to help others, what a better way to do it? So it resonated with me. It made sense to me also from a medical model, but even as well as from a much more holistic public health model. And I think maybe it was that that helped me to go, hey, this is something we need to continue to do. Because though I was trained in the medical model, which didn't include recovery or peer, I was trained also in the public health model, which under my training didn't include recovery or

peer either, but it has been much more open to the social determinants and things of that nature, of which recovery is just a logical place where it should live. And now thank goodness much more people understand that and how in fact it is really part of the solution.

Janet Paleo:

Yes, absolutely.

Dr. Octavio Martinez:

So that's how we started.

Janet Paleo:

That's amazing. That is great.

Dr. Octavio Martinez:

And of course the good thing is then, you guys know Stephanie and Tammy, and then as soon as they came on board, they helped transform the foundation and been running ever since.

Janet Paleo:

It's amazing, giving a peer in an organization the voice to be able to stand up and say, hey, that doesn't work in our world, can transform the whole. And I think people forget the power that can be. You have to give them the ability to be able to speak up though. And what happens in a lot of our areas, they hide them. They don't let them give input into what's going on at a community center. But if that happens, it can transform the whole organization. I worked for Center for Healthcare Services for two years and I was given that chance to be, I mean I'd walk in and Leon would say, come sit by me, that type thing. And they gave me a plaque when I left because I wasn't doing what I really wanted to do. I was making a difference, but it wasn't with the people that I wanted to make a difference with. And they gave me a plaque saying, thank you for transforming our system, but it didn't last because they didn't hire anybody back into that position where they would still have that power to do that.

Dr. Octavio Martinez:

I think that's an extremely valid point and very important point that you make, Janet. It makes me think of, to your point about when you bring on an individual with those skill sets, lived experience up here, that is going to be part of our organization, to your very point, they must be given the respect and the authority like any other position. And Hogg did do that. Yes. They were program officers. They came in as program officers and it was shortly after they were both hired. It was just within months, I remember. Both of them came to meet with me and said, Dr. Martinez, let me back up. The term, they weren't given the term Program Officers. They were given the title of Consumer and Family Liaison. And then they came in, I remember now, I'm starting to remember, it's a little foggy guys because we're talking about 15 years ago now at least. They came in and said, Dr. Martinez, respectfully, we think we should also get the title of Program Officer. And so we had a really good frank discussion, the pros and the cons, and they had just a tremendous solid rationale, just like you were just saying, Janet. And I said, well, you know what? You need both. We shouldn't lose the Consumer and Friendly Liaison because that was the vision at the time. But you're right, we're having you do the work of program officers, so you deserve that title too. And so though it was the longest title at Hogg, they were Program Officers and Consumer and Family Liaisons, and we made it fit on the business card.

Janet Paleo:

And that was the hard part.

Dr. Octavio Martinez:

Yes, it was. The easy part was saying yes.

Anna Gray:

Awesome. So I have a hundred questions, but one of them is, how has being involved in peer support and getting to learn our world transformed you in any way?

Dr. Octavio Martinez:

Oh, another excellent question. And it has. It opened my eyes to the fact that my training, though I felt it was evidence-based and the best medical training, but it was the medical model. And I've been blessed and to have the honor and opportunity to train at some of the best institutions our country has to offer. Undergrad at University of Texas at Austin, Medical School at Baylor College of Medicine, residency Health Science Center at San Antonio, fellowship Harvard Medical School, my Master of Public Health the Harvard School of Public Health. I mean these are eminent institutions, but what none of them trained me in was recovery, or that which is not only a philosophical approach in my opinion, but truly also a model in and of itself. And when I started to learn more and more and more and talk to folks with lived experience, and those that were leaders like both of you Anna and Janet and others that were at the head of creating what we now have an infrastructure up here in recovery throughout the state of Texas and also in the nation and learning and going to Georgia and meeting with them there at the Carter Center and learning about what's going on there. And then they were introduced to the residency program and it started all to click and go. One thing that was always missing for me when I was a physician in training and then a psychiatrist in training, hence the reason I went and got an MPH was it just didn't seem to be enough. We weren't really talking about a holistic approach. It was either medications or the types of interventions all which have their place and they're useful. But that was what really started to click for me as I learned more, and I did it in the School of Hard Knocks, by the grace of God and teachers like yourselves of what it actually meant. And how, to me, at least for me personally, it's not antithetical to the medical model. In fact, it's very complimentary. And in fact, what we should be doing and moving forward and Hogg is trying to do its best to do that, is transform medical schools and residency programs as well as psychology, internship sites, schools of social work, which actually have been ahead of the game. Even nursing has been ahead of doctors when it comes to understanding the recovery model. Not to mention the whole recovery model that comes from the substance use side as well. And now it's expanded and includes chronic illnesses and others. Why? Because it is organically designed, but evidence based in how to treat the whole human being.

Dr. Octavio Martinez:

So yes, it has transformed me. It fits in now with the formal trainings I've had to be able to then compliment and then to be able to have the opportunity honor to lead the Hogg foundation where we can actually do our part and partner with a community to make sure that this becomes a standard form of care. And it's still not quite there yet because there's just -- the status quo is so hard to change and it's formidable. And one of them being of course, because we are a capitalist society, is how do you reimburse things? That's what people want to know. What's your worth and this and that? But as those questions are thrown at recovery and it appears, they come back with the answer, which is what I love, the ROI is there, the return on investment is just outstanding.

Janet Paleo:

So do you think that instead of just treating symptoms, which is what psychiatrists have done for years--

Dr. Octavio Martinez:

Decades.

Janet Paleo:

--just decades, yeah, just treating the symptoms, do you think they're starting to recognize that those symptoms are the ways that we kept ourselves safe when we were experiencing trauma? Do you think they're starting to understand that? You know my story, I think I was in the hospital for two years and 50 hospitalizations after that. Not once did anybody ask me how I came to hate the world. Nobody asked me and I couldn't tell them because they didn't ask, but my uncle was hurting me before I was five years old. Nobody asked. They just kept trying to medicate my symptoms and have me stop being the way I was being and stand up and straight but fly right, right? To be different, but without acknowledging that those symptoms that I was having was a reaction from the trauma.

Dr. Octavio Martinez:

Sure. That was another area we haven't fully understood. And now moving into Jenny, which you're pointing out is how integral trauma is to a lot of what happens to us emotionally. We didn't understand that either. There's always been a small group, but to answer your question, yes, we are starting to move in that direction.

Janet Paleo:

Good.

Dr. Octavio Martinez:

I'll give an example. So a few years back, I'm part of the American Psych Directors Association and I'm currently on the Mental Health Services Committee, so we put on the smaller APA conference, not that big giant one. So it's more the one that's more services and a holistic approach versus the huge APA, which is still more medical. So as a good example to help answer your question, and now we have a lot of work to do, I'm not saying we don't, but a few years back, there was only one or two proposals that were submitted that included a peer. I just finished reviewing 127 proposals, and I'm only one of seven other colleagues that are reviewing just as many proposals. In the proposals I saw, Janet, I think it'd be good to know there were over 15 of those proposals that had peers that were presenting.

Janet Paleo:

Awesome. Oh, perfect. Awesome.

Dr. Octavio Martinez:

At the mental health services conference for the APA. So yes, one, you're making a difference, and two, we are starting to get it. And so training still needs to continue. What we haven't done is infused it to really be part and parcel. And I think we've just got to start early. Medical school and all our other professional programs, and I don't want to leave out nursing or psychology or allied sciences, we're all a team together, including peer organizations to be at the table and then of course in residency programs to ensure that happens. So just thinking about psychiatry, and it's happening more and more and more

where one of the proposals I was reviewing, and because it's not common knowledge, I can't tell you which residency program, but they had a really nice proposal how they have now peers as educators.

Janet Paleo:

Wonderful.

Anna Gray:

That's powerful. Yeah, that's powerful.

Dr. Octavio Martinez:

They're part of now -- they're faculty.

Anna Gray:

That is heartening and I'm jealous. I'd love to be part of it. Just so you know, at this conference or at this gathering, we have a doctoral OT student who's doing their doctoral project with prosumers.

Dr. Octavio Martinez:

Oh, that is awesome.

Anna Gray:

And really just--

Dr. Octavio Martinez:

That is incredible.

Janet Paleo:

And she was saying that 14 weeks ago when she started with us, she didn't know -- she didn't know peer support or anything about it, and she has now found her place in OT and peers.

Dr. Octavio Martinez:

That's amazing. She'll help transform OT, appropriately so too. That is fantastic. That's the way it happens.

Anna Gray:

So we're excited about that and to be able to have those collaborations.

Dr. Octavio Martinez:

Yeah, and I think those will start to happen more and more and more.

Anna Gray:

Absolutely.

Janet Paleo:

Well, yeah, it will be important for people and peers to understand that our role isn't just working with other peers, but it is helping to educate. It is standing up. This is how we get rid of stigma. When people can stand up and say, I'm Mr. so-and-so I have these degrees or whatever it is, and say, oh, and by the way, I also have a diagnosis. That it's not a shame to say that.

Dr. Octavio Martinez:

Exactly.

Janet Paleo:

And people will look at you differently. Until we can get people to do that, we'll keep the stigma, until people -- because what happens now is that people have that and then they start gathering and then they kind of start hiding the fact that, oh, by the way, I ask them to peer.

Anna Gray:

Which is one of our challenges because as we start becoming part of the system or becoming in and of the system, the higher you get, the more likely you are not to celebrate your own story. And that's a challenge.

Dr. Octavio Martinez:

A challenge, absolutely. It is challenging, but I think we're knocking on that glass ceiling and we'll break through because statistically we all know. Don't know when it comes out and says, hey, I'm lived experience. We know there's already leaders out there. We know there's already folks that are doing or in positions of authority and leadership positions who have lived experience, but because of that anecdote, they fear of actually coming out because of the potential stigma and negative impact. Could be. Yeah.

Anna Gray:

You do.

Dr. Octavio Martinez:

But that's why I'll mention that we elevated our Hogg Academy to then include individual and peers with lived experience, become half of the cohort. We went from five to ten, and the new ones were all individual lived experience and their lived experience was equivalent to a Master's. We were the first organization in the country to do that. But it's because getting back to your point, Janet, we wanted individual lived experience to acquire those skills so they could see themselves as being leaders not only in their community of peers and in recovery, but just for any organization and to move into those. And it's happening.

Anna Gray:

We actually had a peer policy fellow who is now in DC working, giving voice in one of the think tanks up there.

Dr. Octavio Martinez:

Yeah.

Anna Gray:

Yeah.

Dr. Octavio Martinez:

You guys have helped make a difference.

Anna Gray:

It's a powerful, powerful program and it has the Hogg foundation be known nationally because of that, among other things, obviously. But that is something I hear--

Dr. Octavio Martinez:

But that's one of our real jewels, yeah.

Anna Gray:

--when I'm working nationally. Do y'all have that? What does that thing you have in Texas, that Hogg thing? They have some kind of policy thing, don't they? Yeah, it's getting up.

Janet Paleo:

It's a nation. Yeah. Hogg really does, at least in the peer world, has the big footprint.

Dr. Octavio Martinez:

That's good to know.

Janet Paleo:

Many people, they say, well, you have that thing in Texas, but I can't think of any foundation in any other state that I know by name or that we talk about. But the Hogg foundation does get talked about, at least in the peer world, our world nationally.

Dr. Octavio Martinez:

Oh, that's good to know. Great to hear from you and Anna on that, because that, as an executive director, that was one of my, at least I personally one of my charges was to increase the footprint of the foundation because I wanted to share what are we doing, hopefully catalyzing or being an inspiration for other foundations to follow our footsteps. Getting back to how do we introduce recovery and peers to Hogg, hiring Tammy and Stephanie, we were the first organization I know in the foundation world that made individual lived experience, not front and center, but a program officer. And now of course, well, we lost Stephanie, but Tammy's still with us, thank the Lord. And Stephanie's always in spirit. I got to tell you--

Anna Gray:

Stephanie's still around. Yes, yes.

Dr. Octavio Martinez:

But now they're senior--

Anna Gray:

She's directing there, but now playing--

Dr. Octavio Martinez:

They're Senior Program Officers, seen as such, and have been sought after and continue to be for their expertise. So to your point, Janet, yeah, and it is not just in the recovery and peer arena, but SANSAs reach out to us, CDC, HRSA, HHSC, you name it. So I'm very pleased about that, that we've been able to have that kind of an impact, but also more important than an impact to be able to have made those kind of relationships, to be able to bring that to the table. Because so often, it's happening less and less, which is nice. Also, getting to your point about are things changing where I don't have to explain as often anymore, what is a peer?

Anna Gray:

Right.

Dr. Octavio Martinez:

Others are bringing it up now. Used to be always be me all the time. It was peers and cultural linguistic competency and social determinants of health, and I was the only one at the table. There's all these people who--

Anna Gray:

Thank you for doing that.

Dr. Octavio Martinez:

Where have the rest of you guys been? But now, thank goodness there's many, many colleagues out there like yourselves doing this. Well, good hard work.

Anna Gray:

Yeah, thank you. Yeah, and I am kind proud to say that as I look around how many prosumers are here.

Dr. Octavio Martinez:

Exactly.

Anna Gray:

I think we've done a good job at least introducing people to leadership and how many people who are prosumers put on presentations and stuff like that. That makes me very proud when I came here and just saw, and they may have been with us only a short time, but I think we made an impact.

Dr. Octavio Martinez:

Oh no, you are making an impact. Absolutely.

Anna Gray:

Speaking of impact, so you've been supporting peer support now for several years. You've provided grant funding to increase peer support, and some of your other funding has gone into creating peer

support programs like the one we were talking about last night with Hope Family Center in the Valley. What do you see the impacts of y'all's work being? What stands out around peer support?

Dr. Octavio Martinez:

Oh, I think there's several things in that have definitely stood out because of partnering in helping to change the ecosystem here in Texas to understand peers and the recovery movement, I think altogether, because it isn't just Hogg, we can't do it ourselves. We know that we're not always the experts, and most of the times we're not, but we're smart enough to know somebody else is, or at least we need to be talking to them. Sometimes it's just recognizing what you don't have, but somebody else does, and then going, hey, let's go talk to them and partner. What should we be doing together? And what I'm getting to is the influence now and the impact we've had on Texas in that now we have Noah Abdomara HHSC.

Anna Gray:

Yes.

Dr. Octavio Martinez:

So we have an office of peer support at the highest level of Health and Human Services Commission for the state of Texas.

Dr. Octavio Martinez:

That didn't exist 10 years ago, and we all played a part in having that happen. Two, a leadership academy separate from the Hogg Academy that we partner with Nashville, the National Association of State Mental Health Program directors who have been working with HHSC and others nationally to create leadership pathways for individuals with lived experience for peers. That's been, I think, tremendous. The work that we've done when the legislature is in the session to ensure that one, the creation of the office, but also then coming back and fighting, well, is fighting the right word? Probably, but working with them, we're helping people understand, hey, you also have to be a living wage guys. You can't be paying a reimbursement that is a pittance. Though we took it at the time because it was the foot inside the door, and sometimes you take what you can and then you build upon it.

Dr. Octavio Martinez:

And we did it with obviously your partnership and others throughout the state, and then seeing certified peer specialists being infused, and you just mentioned it like yourself, Janet, going into work for our local mental health authorities as well as in private clinics now. They're hiring peer support, recognizing now and seeing payers such as insurance, health insurance companies, actually hiring peers, recognizing they need to be on their team. It sets up different challenges, I think, and questions for us, especially in the movement of how to ensure to maintain the integrity of recovery and of peers and not be as I've seen at times being asked to do things that are outside of the expertise and realm of what really should peers should be doing, but I feel that's part of the growing pains. We never would have that problem if we'd never been able to get to the table and put it on there. So it's a real positive, to me, it's a positive development, but that means we can't rest on our laurels, and we got to always be aware of what might be coming down the pike.

Janet Paleo:

Yeah, I pulled down a bunch of job descriptions from centers, local mental health authorities, behavioral health authorities, and in different areas, peer support, family partner, recovery coaches, military veteran peer coordinators, and not one, not one if you took that job description, not one of them would be, have you be true to your ethics because it was asking you to do things that were outside. We have collapsed ways of being able to pay peers, like doing skills training. And I'm not saying peers don't do great skills training. They can, but that's not peer support. And they think because a peer is doing it that that's peer support and it's not. And we need to retrain people to understand that peer support is something unique that only peers do, and you sit with a person and you be there for that person. It isn't teaching them something. It's not trying to get them to go anywhere.

Janet Paleo:

And oftentimes it doesn't last in these 15 minute increments that Medicaid wants to have us bill in. And I think that's a huge problem is that we don't have people that really understand what peer support is. They've heard it, but then what happens is that they hire peers, they put them in other areas, and then they go, well, we're not getting that outcome. Well, you're not getting that outcome because they're not doing what they need to do to be peer support. You're having them do transportation. You're having them do skills building. You're having them do case management. You're having them do all these other things, which is great. They can do those things, but that doesn't give you the outcomes that peer support does. It doesn't create the leaders. It doesn't give people that hope that my life is worth something and I can go on and beyond this. This is not who I am, this is where I'm going.

Dr. Octavio Martinez:

Exactly.

Janet Paleo:

And that's what peer support does.

Dr. Octavio Martinez:

Absolutely.

Janet Paleo:

Helps to get that.

Dr. Octavio Martinez:

I totally agree. Those are real challenges that are happening, which is a challenge for the field to ensure how do we maintain what you're saying, Janet, integrity and fidelity to the model. And then that's where I think as the movement grows and solidifies and why it's so important to have your own, in my opinion, this is just my personal opinion, your own guilt, because that's who fights on behalf of your professionals. That's why there's the American Psychiatric Association, they fight on behalf of psychiatry and they go, no, psychiatrists don't do that. They do this. Well, professionally, peers need to be doing the same thing.

Janet Paleo:

I totally agree with you.

Dr. Octavio Martinez:

Because then they can do what you're saying and that the organization can fight on behalf of the integrity and the fidelity of the model at all levels. Right. Not only organizationally how you write a job posting, but how do they get reimbursed? And to your point, yeah, these are creative, intelligent people. They can do all kinds of stuff, but if you want to get the outcomes as you pointed out, and make a difference in other people's lives through having had a peer, you've got to protect this piece.

Janet Paleo:

And you want to save money for Texas because what legislators all care about.

Dr. Octavio Martinez:

Exactly.

Janet Paleo:

Spending money-- then we need an increase in peer support. Everybody should see a peer first and then in any other services they need and they need, because once we've seen people, sorry we've seen people not using crisis centers, crisis units anymore, it's not that they don't go into crisis, but they know what to do. They call their doctor and say, "hey, I'm starting to have a hard time." They don't wait until two o'clock in the morning and they're knocking on the door and everything's falling apart. They get kicked out of their apartment, all that kind of stuff. We see people going on and going back to school, starting their own business or doing other jobs. They get out of the system that saves money. People coming out of the system. You're not having and they're not taking up your really expensive stuff like crisis. Peers can do that.

Dr. Octavio Martinez:

Absolutely.

Janet Paleo:

If they're utilized right.

Dr. Octavio Martinez:

Exactly. I think another corollary of that, excuse me, another corollary of what we're talking about, like creating guilt to me would be, and it could be the guilt that is the spearhead for this. Peers ought to be doing the research on peers.

Janet Paleo:

Yes.

Dr. Octavio Martinez:

Because then they can actually get it into the evidence-based literature, which drives decisions about reimbursement and about organizational structure.

Janet Paleo:

Structure. Absolutely.

Dr. Octavio Martinez:

To me, that's also an ongoing, maturing part of the field, but peers need to take back research because others are doing it and they may not be doing it right.

Janet Paleo:

One of the questions this morning, sorry, one of the questions this morning when we were kind of doing a town hall about developing leaders, somebody said, "I'm glad they do research on peers, but they need to talk to us about what the research needs to be."

Dr. Octavio Martinez:

No, they need to act. What they should have said was, we need to be the researchers.

Janet Paleo:

Yes, yes.

Anna Gray:

Yes.

Dr. Octavio Martinez:

Don't be so passive, my goodness.

Anna Gray:

We need to be the researchers. And I kind of mentioned that, so I wanted to ask if you were aware that we have actually approached the Hogg foundation around what it would take to have a guild in starting that.

Janet Paleo:

We didn't call it a guild though, did we?

Anna Gray:

Well, we called it organizing the peers before Allison went out on maternity leave.

Dr. Octavio Martinez:

Well, she's back now.

Anna Gray:

I know, but Jason Howell and I, and she sat down and said, what is it going to take? What possible role could Hogg play in that?

Dr. Octavio Martinez:

Yeah, no, that's definitely discussion that's timely. I agree.

Anna Gray:

So thank you for bringing that up because that is one of the things that we need to do.

Dr. Octavio Martinez:

I forward to seeing how that discussion evolves and gets us to doing something about it.

Anna Gray:

And right now it's a conversation, so it's like what would it take?

Dr. Octavio Martinez:

Well, all of this started as a conversation at some point, right?

Anna Gray:

Absolutely. Absolutely. But I'm glad to see that you see that need to maintain that fidelity. Which brings me to the idea of peer run organizations such as prosumers, such as Austin Mental Health Community that Shannon Carr runs, and to look and see. What role do you see, I mean, we have definite opinions on where we can fit in, but what role do you see autonomous peer run programs playing in some of the future of how people get served?

Dr. Octavio Martinez:

Oh, I think they have a tremendous opportunity. I really, Anna, I don't see any limit except based on the creativity of the organizations. But I think you need to find, I'm thinking I'm going to answer a head of an organization. You need to find what you think is your sweet spot though. As an example, peer rubbed organization who really wants to be on the front lines of delivery of peer services. It would be very different than a peer run organization who has decided their focus is on policy, yet both are equally important. And what we need is hence the Guild being able to bring all the different players across the entire continuum so we each see the role that we're playing and that we're being synergistic and powerful. Because as we know in this country, numbers means power. And the more organizations together, the more people they represent than when you go to anything from a local clinic or a private one to a medical school or you're going to a legislature. You'll have all these voices to come with you and remind folks, we are your constituency.

Anna Gray:

We do that.

Dr. Octavio Martinez:

(overlap)

Dr. Octavio Martinez:

We need more of you guys doing-- at the table and including Hogg. I remember Meadows Foundation contacted me, this was over 12 years ago, and they wanted to give me \$10 million to enhance our policy unit. I turned them down. I said, what the state of Texas needs is another policy organization, not just Hogg, Hogg, Hogg. And we helped to create than the Meadows Mental Health Policy Institute. It's turned out a little different than I was hoping it would be because if you don't run it well, someone else does. And it is their vision, and I don't regret the decision. I think Meadows has done a lot on helping the

state of Texas and the mental health infrastructure, but it's much more traditional than the route we took.

Anna Gray:

It's more clinical.

Dr. Octavio Martinez:

Right.

Dr. Octavio Martinez:

We're willing to do what no one else is willing to step into, put their toes into and try it out. Because we do see ourselves as a catalyst. What hampers us at times is we don't have, just to be frank, a large enough of endowment to really make the kind of footprint we really would like to make. And so we see ourselves more of a catalyst. Can you imagine that if we were to have, say like a Robert Wood Johnson Foundation, 35 billion dedicated only to mental health for the state of Texas, I could fund every doggone 401 (c)(3) peer run nonprofit and ensure-- and then work with them and go, what do you guys need? Leadership development? Boom, we got a center for you. We got this for you. I wish Hogg could do that. We can't. We just don't have that kind of infrastructure or funding. But I'm also not saying that we haven't I think done well.

Anna Gray:

Done well.

Dr. Octavio Martinez:

But we also see how much more we could do, but that also means there's opportunity. Getting back to your question, the role that then 501 (C)(3) run by peers can do.

Janet Paleo:

Yes. My vision is having a C-O-S-P in every county.

Dr. Octavio Martinez:

Oh, that would be nice.

Janet Paleo:

Wouldn't it be nice to have a place where-- and they could connect with the local mental health authority so that they pay the COSP to have a video mock up or whatever. So I don't have to go three counties over to go get help. I could go to the COSP and make my appointment, plus I get to get peer support and all the stuff that they can offer.

Dr. Octavio Martinez:

Exactly.

Janet Paleo:

In my own area. I may have to travel a couple towns over, but I don't have to go as far. Right. And then it would be, of course, once we get them in every county, let's get them in every large city.

Dr. Octavio Martinez:

Exactly. Well, I think it's powerful just what you're sharing in which Hogg does as well. You got to have a vision and then you just keep working on it. So that's a beautiful vision. And when our lights, our stars align, then we're able to be working on the same thing for a little while, but we don't want to all be doing the same thing because we'd be missing opportunities.

Janet Paleo:

Yes.

Dr. Octavio Martinez:

That's just my approach to working with others. But when there's opportunity, we want to also enhance that.

Janet Paleo:

Thank you for saying that because I have said that I don't know how many times about a C-O-S-P in every county, and the usual reaction is, well, that can't happen or that's not realistic. And so really thank you for that because to me it is realistic.

Dr. Octavio Martinez:

You know why? Because it is, we were told we couldn't do an academy. I said, why not? I was told that. I said, no, we're doing it. I remember when I moved Hogg into going more upstream and I said, we're going to start addressing the social determinants of mental health. I have a fantastic team. They're just absolutely wonderful. But I had some resistance because they didn't understand it. And that's the other thing we battle in our field, which is that because someone doesn't understand something and it's human behavior, they're hesitant at first. That doesn't mean that we can't win them over, that they won't become partners in the future. They won't become recipients maybe of the care or become leaders of the future. But that initial, when you bring something new to folks, that's usually the way most people react. It's not like, well, let's do it. It's more like, well, I don't know. Or We've always done it this way.

Janet Paleo:

This way.

Dr. Octavio Martinez:

Well, has that way been working for you? No. Well, then you start the conversation, well then what would you change? And before you know it got them where you wanted them to be. See, now we can move forward together.

Anna Gray:

I appreciate your looking upstream and also what you shared in terms of the limitations you wish you could fund at all and really have your vision and that of Tammy and Vicky and everybody just be able to

blossom. And Rick, Rick's amazing. I don't know if you know this, but I knew Rick when he was working in El Paso at the center in El Paso back in 1990--

Dr. Octavio Martinez:

Goes to show us how small world this is.

Anna Gray:

I know it was way back. But one of the things in terms of what we're looking at is that idea of having a C-O-S-P or a peer operated organization in every county where it isn't about whether or not they're mental health. We obviously have a bias about mental health, but have co-location, mental health, substance use, even family partners and have it be the place the community comes to get resources or to get ideas or to congregate. Not a place that you have to have something going on that's not working for you, for you to come there.

Dr. Octavio Martinez:

Exactly.

Anna Gray:

And have it be the idea of wellness centers.

Dr. Octavio Martinez:

Yes.

Anna Gray:

Right.

Dr. Octavio Martinez:

That's where we've been moving more and more Anna to wellbeing.

Anna Gray:

Yes, and that's where prosumers is. That's where we're wanting, it's like how do you live life powerfully?

Janet Paleo:

In spite of whatever else is going on.

Anna Gray:

And we can help you deal with what's stopping you from getting there, but the focus is on getting you there, not on whatever you've been diagnosed with or the symptom.

Janet Paleo:

Or whatever trauma happens.

Anna Gray:

When Janet was sharing her, my vision is that we come to the point where what gets diagnosed begins to be recognized as just part of the human continuum.

Dr. Octavio Martinez:

As it should be.

Anna Gray:

It's part of our human experience.

Janet Paleo:

Anna goes to that-- we delete the word mental illness from our vocabulary.

Anna Gray:

It's human experience.

Dr. Octavio Martinez:

That would be fabulous. That would be really something.

Anna Gray:

It would change so much. Just changing that, getting rid of that term mental illness.

Janet Paleo:

And so in that vision, one of the powers that I see that the Hogg Foundation has, and I'd like you to comment on it, is one, the name opens doors, the power of convening when the Hogg Foundation says, we're going to have a meeting about this, people show up. And the power of validating and encouraging, and I'm thinking of the things that don't even require a whole lot of funds. And that's what I see as being some of the core catalysts approaches that the Hogg Foundation has. And I'm wondering if you could comment on that.

Dr. Octavio Martinez:

Well, I think you've hit upon something that is a part of our theory of change in philanthropy, especially those organizations in Hogg, to your point, Anna is one of them. As we've moved into more trust-based philanthropy as an example with our recent initiative we put out, which it's no longer about identifying a problem and then creating an initiative and then grants. But in fact recognizing that organizations are already doing the good hard work. And what they're needing is not a handout but a hand up to be able to become much more effective at what they're already doing. Right.

Dr. Octavio Martinez:

And the parlance of land, we call it capacity building, and tied to that is exactly what you were pointing out of what got us there. Well, actually it was convenience and having these kinds of talks. It is super powerful. And we do recognize that at times, that's all you need to do is bring folks together. You remind me of one of the first times of utilizing the tool of convening. I started in August of 2008, and this was in 2009 when we started bringing together two main state organizations who were at odds at each other on the concept of collaborative care. The integrated care model.

Dr. Octavio Martinez:

It's obviously a medical model, but it is light years ahead of the traditional medical model because integrated care, collaborative care peers have in place. No one knew what the heck that was at the time, let me tell you. But these two bodies would not talk to each other. But to your point, Anna, I said, look, let's just do this. Lets invite both leaders, bring them to Hogg and let's just check, let's find out where they're at. How much do they know about collaborative care or integrated care? What is their vision of it? Are they completely against it? I didn't know any of those answers. And after two meetings, we were able to have the two leaders of the organization shake hands and go, we'll work together.

Janet Paleo:

Wow.

Anna Gray:

Wow.

Dr. Octavio Martinez:

And it was because Hogg, they respected Hogg. We are seen as a trusted voice. We are nonpartisan in the state where of course the country, not even the world is so divisive. Thank goodness we haven't lost that. Where we are able to bring Republicans, independents, Democrats, whoever wants to come because we're in that sweet spot, including prosumers, which is we hear about the health of everybody. We really don't care. I mean, yeah, we do care about your politics, but that's not what drives us nor what it is we want to talk about and help you come together to improve yourself, your family, and your community. We hope that by that kind of interaction though, they'll start to see the value of different voices at the table, diversity of who should be at the table and recognizing, and I know it's been said before, I'm not the first to say this, but we're more alike and we're different.

Anna Gray:

Yes.

Dr. Octavio Martinez:

But too often we forget that. Sorry, go ahead.

Janet Paleo:

The trauma summit that we had several years ago.

Anna Gray:

That you so graciously helped make happen.

Janet Paleo:

Yes, thank you. And for being there, but we are creating, there's so much trauma in our world today. We're creating more and more trauma every day, and we don't have enough professionals to ever touch the amount of trauma happening and what's going to be developing from that. And we need other solutions. And it's more than just even peers, but peers is a good place to start.

Dr. Octavio Martinez:

Absolutely.

Janet Paleo:

So it doesn't need degrees, it doesn't need all that. It needs people who will sit and listen. It's people who will sit there and hold and listen to your pain and hold out the hope. And we can teach that. I mean, peers got it out because they've been through it. They have that. But there's something that needs to be done because again, trauma in our world is unfathomable. How much trauma is happening. And if everybody who has been traumatized greatly picks up a gun and just goes, shoot people because they're angry, none of us are going to be left. Because again, there's just that much trauma in them.

Dr. Octavio Martinez:

Oh, I agree with you, Janet. But it goes back to something else we were talking about, and I think that's the importance of helping those of us that can to instill the concept of leadership. I think what we need, getting to your point about trauma and how much the world is currently suffering is we need new leadership.

Janet Paleo:

We did.

Dr. Octavio Martinez:

We need individuals with lived experience, in my opinion, to have been heading up some of these major organizations, even our country. I think they would have a totally different perspective as well as the creativity and the solutions that they would come up with, which we haven't even fathom or currently introduced. But it's so hard to change the status quo, but that doesn't mean it's not worth changing.

Anna Gray:

We keep showing up.

Dr. Octavio Martinez:

Kennedy said, we do this because it's hard, not because it's easy.

Anna Gray:

So I have one more big question for you.

Dr. Octavio Martinez:

Okay.

Anna Gray:

On the hot, I'll come up with a hundred more. So given your vision, given what all we've talked about, where do you see the Hogg Foundation, what role do you see the Hogg Foundation, and I'll put you on spot, you personally, because you're such a champion doing to grow peer run organizations, peer support services in Texas, and what can we do to support you in what you're up to? So where's that collaboration and what are you envisioning not to hold you to account for anything, but what are you envisioning in terms of possibilities that the Hogg can do in this arena and what do you need from us? How do we support you?

Dr. Octavio Martinez:

Yeah. Yeah. That's great question. These all have been great questions. Well, we've actually already touched upon some of them, which is that Hogg committed and doing what we're doing here today, making sure it continues. I think that is a major, this is a major event. I call it a signature event now for the Hogg foundation that we will be involved in. That needs to continue because who knows what wonderful things will sprout from this.

Anna Gray:

Oh, amazing. Alright, yes.

Dr. Octavio Martinez:

Yes. So that's how together, prosumers Hogg Foundation being part of this, you guys are doing trainings. We're helping to put it on it, catalyze that creativity and we don't know where it'll take us, but we'll know it's going to be good stuff. Secondly, continuing to think about how do we create the leaders of tomorrow? So we need to be reaching back and pulling folks in front of us. I know about you guys, and I know you're not getting any older, you said so on the stage. And we've got to be thinking about what are we doing with our youth and with our young adults and those that are in the middle of their, could be their career path for them to all recognize, we need you to be stepping up and what can we do to help either get out of the way or maybe provide the type of skill sets that'll help you blossom and turn it into an amazing leader.

Dr. Octavio Martinez:

Just that is so locally needed. The other piece that's important is for Hogg to continue to be able to create the kind of grant programs that we have been doing, but thinking about what is really needed for the future. And we do that by, I think continuing to your point, convening, having these kind of discussions, bringing folks together to be able for us to go, oh, that's kind of needed. What are the gaps as we move forward? So that'll be super important. And I see the role of the Hogg Foundation to continue to do that. And by doing that, then we will be doing our part. What we can do. We're a funder, so we recognize that. But to your point, we also have other skills. We've got the academy, which is I'm very proud of. We'll continue to make leaders there, continue to ensure that half of the cohort are doing lived experience, seeing them already moving up and creating their own foundations as an example, to actually becoming executive directors in their own right over time. Boy, that's going to be just so tremendous and helpful that brings in new blood and new relationships to work with us that we're here and have been working on this for decades now. I mean, you guys were at the very front of the game.

Anna Gray:

We were. We've been around for a while.

Dr. Octavio Martinez:

So I think Anna, that's how we continue to do what we do, but also stay relevant and fresh. Not say, oh, we did great. One thing we started on going way back, and I think this is apropos to what we're talking about, how we need to be looking toward the future and see what's going to happen. Because I know you guys were there. So you'll recall after we've got Tammy and Stephanie on board, and then we said, well, what are we going to start doing? One of the very first things we did was we partnered with SAMHSA and with HHSC to create Via Hope. And we had, at least I did. I had a whole different vision for

them. But things change over time and I can't say it's good or I can't say it's bad. What I can say though is there's a lot more peers now than there were before, and I know that's a good thing.

Anna Gray:

That is a good thing. Absolutely.

Dr. Octavio Martinez:

And there's more people involved in educating and creating the kind of trainings that are needed. But to Janet's point, we also got to make sure we don't lose our way in the sense of, let's be honest, to our integrity and the fidelity of the model.

Anna Gray:

Well, and one of my concerns is that--

Dr. Octavio Martinez:

So I think that might be one of our charges, at least in the near future, the next 10 years, is all of us working together to make sure integrity and fidelity to truly what a peer is. It will be a challenge.

Anna Gray:

It will be a challenge. And having a certification entity that is mental health is-- we're seeing now that, and this is not to say that TCB isn't doing a good job, but their expertise is in substance use.

Dr. Octavio Martinez:

Right.

Anna Gray:

And that's beginning to show.

Janet Paleo:

And that was the other thing. So we're involved with POGA that the state is doing, Peer Organization Growth Academy.

Dr. Octavio Martinez:

That's it. That's right.

Janet Paleo:

And there is one family partner organization and one mental health organization. All the rest are substance use. And I get it, substance use, you start doing the substances and the mental health is a little bit harder to gain traction to find yourself as a leader. And I hope it's really easy. Two people equally qualified, go into a job. One has a mental health condition and one has a substance use condition. They'll hire the person with substance use because they say, I know I can test you if you're going to be clean or not. That kind of thing. Mental health, I don't know. And they would choose that. And it is just, I guess human nature. But I don't want us to forget.

Janet Paleo:

There are two people that I know that have long-term hospitalizations and multiple hospitalizations, myself and Amy Pierce. Most people looking at our history would not give us a chance to be anything else than that. And I would entreat the Hogg foundation because it would be really easy, and you can get really good outcomes for people with substance use because they're amazing when they find their passion and they go on, and it's going to be harder for people with mental health issues to get up there, but they can. And turning somebody away because they have multiple hospitalizations, long-term hospitalizations, we're missing out on some really rich folks. That really rich folks that could really make a difference in a lot of people's lives. Because I think Amy has definitely made a huge difference. And I think I have as well.

Dr. Octavio Martinez:

Absolutely.

Janet Paleo:

But again, many people would not give us that chance. So I don't know what the answer is to that. I keep, when I get in front of the EDs at the Texas Council, whatever, I'm always saying, it is not just the people don't look at the background of a person, and think that you know what they're capable of because you don't. And I would just ask that the Hogg foundation always keep that in mind.

Dr. Octavio Martinez:

Oh, I appreciate that. And we have to.

Janet Paleo:

You have to.

Dr. Octavio Martinez:

Absolutely. And hopefully one day, Janet will be actually where we look at that history and go, it's a positive, not a negative.

Janet Paleo:

Yes, yes.

Dr. Octavio Martinez:

Because it's made the person who they are today.

Janet Paleo:

Stronger. They made it through all of that.

Dr. Octavio Martinez:

You want to talk about resilience, but also the skills and that experience that you've gained along your journey of life to be able to now utilize that and pass it on. You can't have a peer without lived experience. I mean, it's just the way it is, guys.

Janet Paleo:

Yeah, it's true.

Dr. Octavio Martinez:

And that's where, getting to your point about where stigma unfortunately continues to rear its little ugly head. But yes, we will continue to do our part to eliminate stigma. And of course, my vision is that we have a holistic approach to all of health and healthcare. We've talked about it getting more to wellbeing where regardless if it's actually physical or emotional, and of course as a physician and as a scientist, I truly believe it's just we haven't been able to discover the mechanism yet that all emotional symptoms that we have, they are biologically based. It's illogical not to think it's not.

Anna Gray:

We're a biological being, right?

Dr. Octavio Martinez:

Yes. We're an emotional, biological being. So something happens in the brain to make me feel the way I do. Something happens in the brain. We still don't understand it. For example, of why I have a memory and a recall or why I actually come up with a approach to put that memory in a recall way down there. So traumatic to me. But that's happening in my opinion, at a biological level. Otherwise, it's not ephemeral. Guys. We are literally made up of molecules.

Anna Gray:

We are, and--

Dr. Octavio Martinez:

Proteins, we just don't understand it yet.

Anna Gray:

See this conversation. I want us to go out to where we have indefinite time because our model is built around retraining your brain. The whole--

Dr. Octavio Martinez:

Bingo.

Anna Gray:

Biological thing.

Dr. Octavio Martinez:

We might not understand every little nuance yet, but we do know. I totally agree with you. It is about retraining our brain.

Janet Paleo:

What's the former attorney general's name?

Anna Gray:

Oh, I was going to say it earlier. If you hadn't asked me, I could tell you. Thomas Insel.

Janet Paleo:

Thomas Insel.

Dr. Octavio Martinez:

Oh, Thomas. Yeah.

Janet Paleo:

Yeah. He's out there. He's saying all this research that we're doing in the brain, we just need to stop. We're not finding anything and people are dying.

Anna Gray:

And what they need are the social determinants of health.

Janet Paleo:

And being able to retrain their brain-- (overlap)

Dr. Octavio Martinez:

Yeah. I'm glad Tom's out there.

Janet Paleo:

Yeah.

Janet Paleo:

We've tried to get him a couple of times for the Texas Council Conference to speak.

Dr. Octavio Martinez:

Awesome.

Anna Gray:

So yeah, you probably had--

Dr. Octavio Martinez:

So in five minutes, unfortunately, I'm going to have to take a phone call.

Anna Gray:

I think we have a President. There's one. Yeah, we do. There's one other thing, and this is probably aside from the interview. The academy is awesome.

Dr. Octavio Martinez:

Thanks.

Anna Gray:

We didn't apply this time because of the focus on children and families, and we don't do that. We serve everybody, but we can't say we have this for children, adolescents, and families.

Dr. Octavio Martinez:

We recognize that was going to be a downside to this experiment, if you want to call it. It's not experiment. We're trying something a little bit different in trying to continue to go upstream and recognizing we need to do more with children and youth and families than what the state of Texas is doing. So we're wanting to create, but so this is the first thematic focus, but it's not going to stay that way. We're wanting to do every cohort more thematically. To create a cohort that is much more synergistic and tight because they're all concentrating on the same focus. So we thought this is where we would start, because your criticism that I received in your email was valid, and I appreciate that by the way, because that's the only way to hold us accountable is we got to hear from you, our constituents, our colleagues, our friends, "hey, what the hell are you doing?"

Dr. Octavio Martinez:

And we appreciate that. But it wasn't done willy nilly. It was a lot of conversation that happened with the academy and with some of the previous peers of how can we change the academy to be better? We don't want to rest on our laurels. It's done great. And I think we've done the right thing, which was we first needed to just create more policy capacity. Now, I think with a thematic focus. And so it'd be really great if you guys have a theme for us to start. We start considering it a year or two ahead of time, send it to me or send it to Allison and say, "hey, look, love your new theme, but we can't participate. How about this be the thematic focus next time?"

Anna Gray:

Absolutely.

Dr. Octavio Martinez:

So hopefully, and we don't know if it's going to work, guys, but we didn't even know the category was going to work when we first started it off. I think it, because I was just thinking, getting back to how do we, the more numbers we have and the bigger we can make that voice, then we are able to get the attention of the policymakers out there. And so there's just so many themes we can pick from.

Anna Gray:

Right. And if I can influence your current theme.

Dr. Octavio Martinez:

Yeah.

Anna Gray:

Make sure recovery is a piece of it.

Dr. Octavio Martinez:

Say it again.

Anna Gray:
Make sure recovery.

Dr. Octavio Martinez:
Oh, recovery, yes.

Anna Gray:
Is a piece of it.

Dr. Octavio Martinez:
Oh, absolutely.

Anna Gray:
Because in children adolescent services, they don't have peers giving them that message.

Dr. Octavio Martinez:
Right, because they're too little.

Anna Gray:
And the family partners aren't trained in that message.

Dr. Octavio Martinez:
I agree. That is what you're getting to a piece of why we-- how we're hoping to change that. Right. So because the focus has been on the children and the youth as it should be, but we really need to expand that. And if Stephanie were here, she'd be telling me, well, we used to do that. And she's right. We need it to be really much more encapsulating of the entire family unit, if not even the community unit.

Anna Gray:
Yes.

Dr. Octavio Martinez:
Not just focusing on the child or the youth. I mean Texas Department of Family Protective Services. They've been focused on that and they're doing a very horrible job. They are harming people.

Anna Gray:
They are.

Anna Gray:
And destroying families.

Dr. Octavio Martinez:
And destroying families in the process. We need to stop doing that.

Anna Gray:

Yes.

Dr. Octavio Martinez:

But to your point, and I totally agree, because the family unit and the community unit, they got to be part of the recovery process and the children and youth as they grow, they've got to have a model of their adults showing them what recovery is like. Because too often, because of, we are human beings and we're emotional beings, and we deal with trauma, as you pointed out, Janet, many of our parents and our grandparents and our aunts and everything else that are supportive, they were going through their life's trials and tribulations as well. But if they're having a recovery concept for them and they're able to share that with the children and the youth, I believe everybody would be much better off.

Janet Paleo:

So sharing a little story with you, so the mom is here, Tawana, she's here at the Prairie Fest. Anyhow, she started coming to the prosumer meeting. She's bringing Caleb and Jazz, her kids.

Anna Gray:

Caleb was four and Jazz was seven, I think when they first started coming.

Janet Paleo:

Anyhow, whenever mom started getting down, they go, we do a yell at the beginning of every meeting. I live the life I love, or recovery actually started off then recovery is possible. But anyhow, whenever mom started getting down, they'd go, mom, do the yell. Do the yell. And it was her kids that kept her coming back to the program and they were listening and then helping their mom because what they learned from prosumers.

Dr. Octavio Martinez:

And think about what they probably were sharing with or utilizing themselves and sharing with her classmates.

Janet Paleo:

Exactly.

Anna Gray:

Absolutely.

Dr. Octavio Martinez:

That's how this gets--

Anna Gray:

And Caleb-- well, Jazz is now 15, Jazelyn and Caleb is 12 and he called his mom. And she, that's who tracked me down, I think when I may have been, oh, I was talking-- and she's like, look, Caleb wants to talk to you. She had him on FaceTime and nothing doing, but I stopped what I was doing to talk to Caleb. And so they're getting that message early on and if we could get that out.

Janet Paleo:

But if we have groups that are focusing on, not the traumas, but focusing on how to live life in spite of that, that's what the service is about, we're a salutogenic. Do you know that term?

Dr. Octavio Martinez:

I've heard of it, yeah.

Janet Paleo:

Yes.

Anna Gray:

And he does need to go.

Janet Paleo:

But we're a saltogenic model that-- so it's safe to bring kids there and they aren't going to be traumatized by people's horror stories and stuff like that, because we focus on where we're going in the world and how to get beyond those boundaries or how to keep your inspiration up, but whatever that is, so the kids come, they get stuff too. But I thought was a great story when you're talking about families, because we have a lot of certified family farmers that do come to pursuers, and I think they do better in their job.

Anna Gray:

They have a different understanding.

Dr. Octavio Martinez:

Yeah. Well, I see a piece that you guys actually can play with on this. You, you're already elevating it and identifying it, which is, yeah, we see what you're doing here, but we can actually be helpful when it comes to the adults in this picture.

Anna Gray:

Right.

Janet Paleo:

Absolutely.

Dr. Octavio Martinez:

Yeah.

Janet Paleo:

Absolutely.

Dr. Octavio Martinez:

Anyway, I do have to run, but this--

