

RUBENSTEIN

Mental Health Leadership Coalition SMT

Briefing Overview

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Schedule Details

Date: Monday, March 1
Start Time: 9:00 AM ET
End Time: 12:30 PM ET
Principals: Patrick Kennedy and Paul Gionfriddo

TIME (Eastern)	MARKET DMA STATION NETWORK PROGRAM TALENT
9:10 Live to Tape	MILWAUKEE ³⁵ WDJT-TV CBS CBS 58 News at 7AM Pauline Le
9:20 Live to Tape	TULSA ⁶¹ KOKI-TV FOX Fox 23 News This Morning Michelle Linn
9:35 Live to Tape	NATIONAL TV Nationally Syndicated Business First A.M. with Angela Miles Angela Miles <small>(Early morning prime time business TV show airs over stock market strip in 86 markets , 5 Internet Platforms)</small>
9:45 LIVE	LOS ANGELES ² KTTV-TV FOX Good Day L.A. Tony Ewing & Araksya Karapetyan
10:00 Live to Tape	TAMPA-ST. PETERSBURG ¹² WFTS-TV ABC Tampa Bay's Morning Blend Carley Boyette or TBA
10:10 Live to Tape	CINCINNATI ³⁷ WXIX-TV FOX Fox 19 Now Xtra Jessica Brown, Frank Marzullo
10:20 Live to Tape	PALM SPRINGS ¹⁴¹ (Considered Southern California / Los Angeles DMA) KMIR-TV NBC Palm Springs Today Joe Smith
10:30 LIVE	CHICAGO ³ WFLD-TV FOX Good Day Chicago Sylvia Perez
10:40 Live to Tape	WAUSAU-RHINELANDER, WI ¹³⁴ WSAW-TV CBS NewsChannel 7 at 4 Holly Chilsen
10:50 Live to Tape	RICHMOND-PETERSBURG, VA ⁵⁶ WTVR-TV CBS CBS 6 Live at 5 Brie Sison
11:00 Live to Tape	WICHITA ⁷² KCTU-TV IND Your Hour Sheryl Nutt
11:10 Live to Tape	CHARLOTTE ²¹ WBTV-TV CBS On Your Side Tonight Jess Dyer
11:20 LIVE	AUSTIN ⁴⁰ KTBC-TV FOX Good Day Austin Dave Froelich, Leslie Rangel or Amanda Salinas
11:30 Live to Tape	SYNDICATED ON NETWORK TV AFFILIATE STATIONS NATIONWIDE California Life HD Esabel Sadek <small>[Reaches 200 TV Stations & 54M households throughout the U.S. Streamed on Netflix, Hulu, Amazon, etc. .]</small>

11:40 Live to Tape	CHICAGO ³ WCIU-TV The Jam Amy Rutledge
11:50 Live to Tape	TOLEDO ⁸⁰ WTOL-TV CBS Your Day Jeremy Downing

TIME (Eastern)	MARKET DMA STATION NETWORK PROGRAM TALENT
12:00 Live to Tape	PHOENIX 11 KNXV-TV ABC ABC 15 Mornings Kelsie Blazier
12:15 LIVE	SAN FRANCISCO 6 KTVU-TV FOX The Nine TBA
12:25 LIVE	ST. LOUIS 23 KTVI-TV FOX Fox 2 News at 11 Dan Gray
12:35 LIVE with Paul ONLY	RALEIGH-DURHAM 27 WRAL-TV (CBS) & WRAZ-TV (FOX) The Noon News + WRAL News on Renee Chou & Jeff Hogan
12:45	SMT ENDS
N/A	SAN DIEGO 29 KNSD-TV NBC NBC 7 News <i>News Director will roll on satellite tour and use soundbites to produce their own story</i>

Zoom Links / Numbers

The SMT provider created unique links for the two principals - Patrick and Paul - as well as separate links for publicists and staff that may be watching remotely.

It's imperative that ***only*** Patrick and Paul use the links listed "For Talent" - as these will be the links that are used on-air.

Details for publicists/staff Zoom links are also provided below.

ZOOM Link for TALENT (Patrick and Paul Only)

Link:

<https://us02web.zoom.us/j/83578684960?pwd=c1ZaOWpCV1gvTFFyckUyNER4cGhBUT09>

Meeting ID: 835 7868 4960

Passcode: 527877

ZOOM Link for Publicists and Staff Only (Virtual Green Room)

Link: <https://zoom.us/j/92933650405?pwd=VGNrWlk1cmZFLzJsZmZsWDZDbzY0QT09>

Meeting ID: 929 3365 0405

Passcode: 703932

Contact Numbers

If technical issues arise, the below numbers are available for immediate contact.

Technical Director: Kevin / 212-448-9294

SMT Producer: Cindy Randall: 949-525-3150 (cell)/941-922-5180 (landline)

Rubenstein Contacts: Nadea Mina / 917-753-5303

Jan Wootten / 202-506-0606

Talking Points

Suggested Questions

These questions were provided to the local market producers and they will ask at their discretion.

Q. Is America experiencing a mental health crisis? And how are we handling it?

A. Yes, we're in the midst of an unprecedented mental health crisis that's taking a massive toll on our nation.

Everyone knows someone who is suffering.

It's a pandemic of [despair](#) of historic proportions rolled into a broader public health crisis.

The crisis is now of such magnitude that a failure by legislators and policy makers to shore-up an overwhelmed mental health care system could cripple recovery.

The United States was unprepared for a mental health crisis that's now [afflicting nearly half of all Americans](#).

Half of U.S. workers suffer from MH issues since COVID-19 hit; post-COVID forecasts warn that the cost of treating widespread anxiety and depression will create a [\\$1.6 trillion](#) drag on the U.S. economy.

Depression has jumped [three-fold](#), [overdose deaths](#) have increased dramatically in 40 states, and the CDC reports that [25% of young adults struggle with thoughts of suicide](#).

60 percent of young people, ages 11-17, have depressive and suicidal thinking.

100 people die by suicide each day, and each day, 2,000 attempt it. In fact, suicide is the second leading cause of death in 10 to 24-year-olds ([CDC](#)) and the leading cause of death in girls 15 to 19.

Q. Why have you emphasized “whole-person-care?” Why's it important that the medical community and insurers relate to health as a unity: physical, psychological and spiritual?

A. Focusing on whole person health -- collaborative care -- is key. It means integrating mental health treatment as a vital component of our overall health and well-being.

Integrating medical and behavioral health care would save \$37.6 billion-\$67.8 billion in health care costs across the U.S. ([Melek et. al](#)).

\$1 billion in annual funding to expand collaborative care would [save](#) \$260 billion over 20 years; collaborative care alone [would save](#) the Medicaid system \$15 billion/year. (One Mind)

Adults living with serious mental illness die 15-30 years earlier than those without, largely due to treatable medical conditions ([CDC](#)).

Mental illness increases the risk for stroke, type 2 diabetes, and heart disease ([National Institute for Health](#)).

Every medical team, whether primary care or hospital, should include a mental health professional to help screen for and treat mental health issues.

Q. How do we best address the mental health care needs of people of color? How do we shore up support in these communities?

A. People of color experience tremendous inequities in access to good mental health care. This must change.

Barriers include fewer mental health professionals in their area, and fewer providers with similar backgrounds or who speak the same language ([NAMI](#)).

Rebuilding our mental health response must be done to provide fair access and remove the racial and economic barriers to mental health care and prioritize the needs of underserved, disproportionately impacted communities.

Building a workforce that reflects the people it serves will result in the best care... We need to recruit more inclusively across the MH/SUD field, and provide more in-depth training on cultural competence to those already in the profession.

Q. What are the most promising new technologies and modalities (such as telehealth and other online services) for supporting people in crisis?

A. Affordable telehealth offers terrific opportunities to expand mental health care into schools and community centers and within the criminal justice system – and to enhance mental health care in rural and urban areas.

We know telehealth works, and we need to accelerate access [e.g. through forgivable loans, training new professionals, etc.]

- a. The new 988 National Suicide Prevention Lifeline is open to all in crisis who can now access free help from someone who cares.
- b. We've urged state and federal officials to speed implementation of 988 including an expansion of crisis call centers mobile care teams who respond to the scene, along with treatment facilities for follow-up care.

Research and intervention efforts that can be scaled – such as the UCLA Depression Grand Challenge, which is working with 100,000 students and alums to provide depression screenings and ongoing peer support.

And, as the nation mobilizes to vaccinate every American, we have an opportunity to also screen people for mental health.

Q. The federal government has allocated billions through the Covid stimulus package to shore-up mental health services. What are the priorities – as you see it-- for how to invest these funds that will help stem the suicide and emotional distress that so many families are experiencing and prepare us for future needs?

A. We need to focus on getting people the help they need *before* it becomes a crisis...

We need to build our capacity to serve everyone who needs help – and to get help early. This means building out our workforce of crisis responders and therapists.

Expanding early detection and intervention in a range of settings to vastly improve outcomes.

“Imagine if, in all schools, students’ mental health was assessed at the start and end of the year—and families were supported in accessing help immediately.”

When MH is diagnosed early and tracked, treatment and wellness increases exponentially.

- 75 percent of mental illnesses manifest by age 24 ([NAMI](#)).
- Two-thirds of people with a mental illness do not receive treatment, and those that do wait 8 to 10 years to get treated, due to stigma and lack of access ([Wang et. al](#))

Q. You’re speaking for a unified grouping of the nation’s leading mental health organizations who have banded together to present plans for making good mental health care more accessible and affordable. How will your plan improve access to care for all Americans?

We’re focused on things like crisis response and early intervention, that will vastly improve people’s ability to get the care they need and see better outcomes.

We’re also calling for policies, programs, and standards that prioritize mental health care and address the social and economic conditions that disproportionately impact people of color and the poor – conditions that result in inadequate and inequitable access to treatment.

- Making sure insurance covers mental health and substance use care, just as it does physical health care, so people don’t have to go broke to get well.
- Expanding early detection and intervention in a range of settings to vastly improve outcomes.

- Change how we respond to emergencies so nonviolent offenders with mental illness can get into treatment rather than go jail.
- Broadening social supports, from jobs to stable housing, that create conditions for wellness.
- Doing all of it through an equity lens to break racial, social, and economic barriers to mental health care and prioritize the needs of underserved, disproportionately impacted communities.