

An Expert Interview with

RICH MATTINGLY

of the

LUV U PROJECT



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ABOUT C. RICH MATTINGLY



Mr. Mattingly is highly regarded for his 37-year career as a professional within the Cystic Fibrosis Foundation (CFF). Rapidly appointed to leadership positions, including Vice-President of Field Operations and Executive Vice-President in 1989, Mattingly was named Executive Vice President and Chief Operating Officer of the CFF in 1993. He also served in the same capacity at its subsidiaries, Cystic Fibrosis Services, Inc. and Cystic Foundation Therapeutics Inc., as well as Secretary of the Board of the CFF.

He is nationally recognized for his innovative fund-raising strategies, program development philosophy and state-of-the-art non-profit management structure. Most important, while at the CFF, cystic fibrosis research, drug development and care advances were extraordinary and the organization's innovative "venture philanthropy" model dramatically changed the landscape for charity health organizations and their approach to funding therapeutic development with the for-profit sector.

In 2015, Mattingly retired from the CFF to establish The Luv u Project, Inc. a 501(c) (3) public charity to honor his late wife, Carolyn, a passionate philanthropist and activist. The Luv u Project mission focuses on building a quantifiable agenda and responsible actions that advance the understanding of, and treatments for, mental health issues. As Founder and President, he serves in a totally volunteer capacity.

In 2017, Mattingly founded and is the Principal of CRM Advisors, LLC, which specializes in the non-profit sector.

A resident of Potomac, Maryland, he has one adult daughter, Christin.

ABOUT SARA MARTIN RAUCH, MS

DIRECTOR OF STRATEGY & PLANNING, WELCOA



Sara's purpose is helping people fulfill their highest potential in work and life through corporate health promotion. She has launched award winning wellness programs, created new wellness products, and engineered work environments to create cultures of health across multiple industries. At WELCOA, she is responsible for conceptualizing the strategy behind new innovative products and bringing them to market, developing new content and content channels and maintaining relationships with WELCOA's network of business partners and content providers. She has been a session and keynote speaker at a variety of community and national events including National Health Enhancement Research Organization (HERO) Conference, the Art and Science of Health Promotion Conference, and the National WELCOA Training Summit. She sits on the Johns Hopkins Mental Health in the Workplace Advisory Council, the CDC Workplace Health Resource Center Steering Committee, and has served as Ambassador for the American Association of University Women.

Sara's background includes corporate training, organizational development, and health promotion management. Before joining the WELCOA Team, Sara managed the award-winning Well@Work employee wellness program for the 5,000 employees of BlueCross BlueShield of Tennessee and served as Health Management Consultant for the BlueCross commercial book of business. Sara received her BA in Psychology from the University of Alabama in Huntsville and her M.S. in Industrial/Organizational Psychology from the University of Tennessee at Chattanooga.

The Luv u Project was born out of a breakdown in the mental health system that led to an unacceptable tragedy. Since its inception, the project has been raising awareness for the ways in which organizations, legislation, and the public at large can do to prevent what happened to the Mattingly's from happening to other families and employees. In this interview, WELCOA's Sara Martin Rauch sits down with project founder Rich Mattingly to learn more about the project, and get a better sense for how we can best address mental health in our organizations.

★ **SARA RAUCH** I am really grateful to be able to talk to you. The fact that WELCOA can take some part in helping organizations both recognize the value of taking good care of their employees emotionally, but then also give them the tools to help improve employee experiences has been a long-time dream of mine personally. So, I'm just really grateful that we can chat through everything today and get this conversation out in front of our Members. So, thank you.

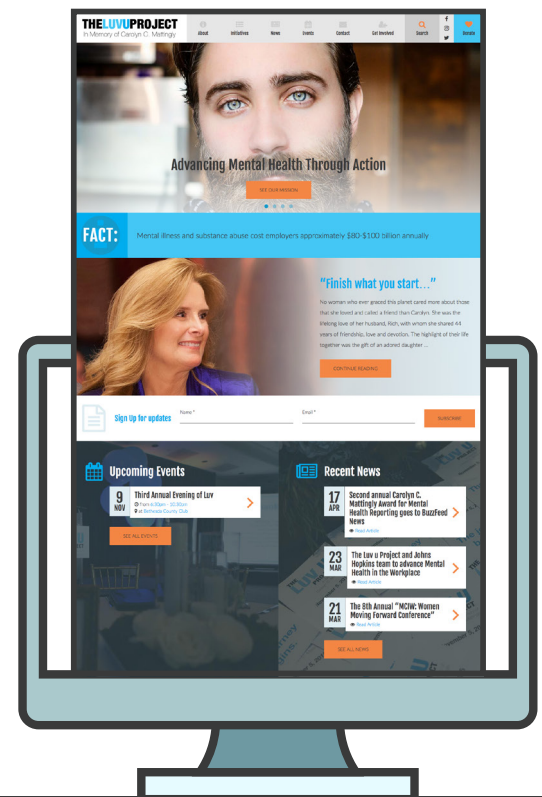
RICH MATTINGLY Yes. It's an honor and a responsibility; so, I'm equally grateful. And, I'm very grateful that I've come to know your story. You know the game-changers, if you will, in public health or in business who stand up and speak out and they're willing to be counted. So, without you, we wouldn't be able to do what we're about to do. I hope that the Luv u Project represents the commitment that I have and that my family has. But, I'm really grateful to you, and I'm especially grateful that you care.

★ **SR** Well, thanks, Rich. I appreciate that. For those of us who are reading this who don't know about the Luv u Project, what is the mission? Tell us a little bit about how that got started.

RM Well, the mission is pretty succinct, and it's to turn an unacceptable tragedy into a quantifiable agenda and responsible actions that advance the understanding of, or treatments for, mental health in this country. The mission evolved as a result of the formation of the Luv u Project. And, the formation of the Luv u Project came to be as a result of a very horrific tragedy.

I had the greatest wife on the planet. She and I met when she was 13 and I was 14. We were together in our teenage years and then got married. We were married for 35 years, and she was a beautiful person on the outside, and she was much more

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beautiful on the inside. She was a wonderfully good human being. And, she helped me as I had a career for 38 years with the Cystic Fibrosis Foundation (CFF).

Sadly, we had someone that was stealing at the Foundation. My team, HR and the compliance people came to me and said, “We’ve identified this person.” And, as we always did when someone was doing a disservice, particularly to a charitable organization, we held him accountable. We don’t know all of the answers for what happened, but they approached him over a series of several days and he went to my home twice. Actually, he went once in the morning and slashed tires and then he came back later in the day and he killed my wife. He shot her, he took her body inside the garage and set it on fire, and then he drove up the road a mile, mile and a half and he killed himself.

As you can imagine, our world was never the same. I’d never have dreamt in my wildest dreams that my wife would be in danger as a result of something that happened at work.

★ SR No one would.

RM Home never has been the same since. We lost my wife three months to the day after my daughter was married. It was a phenomenal wedding. It’s just one of those things in life you cheer for, is for your kid to grow up and find somebody they love and to be married and be happy. It was great and we had a wonderful three months. So, when people said to me that night—after the crime—“What do you want to do?” I said, “I’m going home with my daughter.” So, [she and her husband] had me as a tenant for almost five months as we processed all of the different things that had happened in our lives. One of the things that we talked about often was that we wanted to honor Carolyn in ways that would be true to her spirit and would continue to allow for the good that she represented to happen. She was very active as a volunteer. She served under both Democrat and Republican governors for the Maryland Commission for Women. The commissioners elected her their chairman. She was the president of the Booster Club. She was then recruited by the National Association of Women Judges to work on a program regarding prisoner re-entry. And, I could go on.

So, it was only natural when we lost her to say, “How can we best pay tribute to her and keep her memory alive?” Now, when she wrote to us, to Christin, my daughter, and I, as well as her close friends, she would sign her text messages, “Luv u.” So, it was just immediate. We knew without any deep conversation that this was going to be the Luv u Project. The question was, what are we going to do with the Luv u Project? We immediately said, “We’re going to continue doing some of the things that Carolyn did.” For example, we would support the prison re-entry program that she worked so hard on that works with inmates, female inmates particularly, who are due to be released back into society within a six to nine-month period, helping them reposition themselves so that they can succeed.

We often talked at length—we being my daughter, her husband and I—about what is it that we need to focus on to go beyond just the acts of kindness and continuing

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the things that she did. Mental health evolved, and it continued to float as the most significant subject we talked about. We asked ourselves questions over and over—How could this have happened? What went wrong?

What could've been going on in the mind of a person to do that to her? And, it was really my daughter and her husband that kept saying mental health education is an issue that has got to be dealt with. The stigma, the challenge—it manifests itself in so many ways. Ours is only one example, but “we as a generation think it needs to be talked about far greater than it is.”

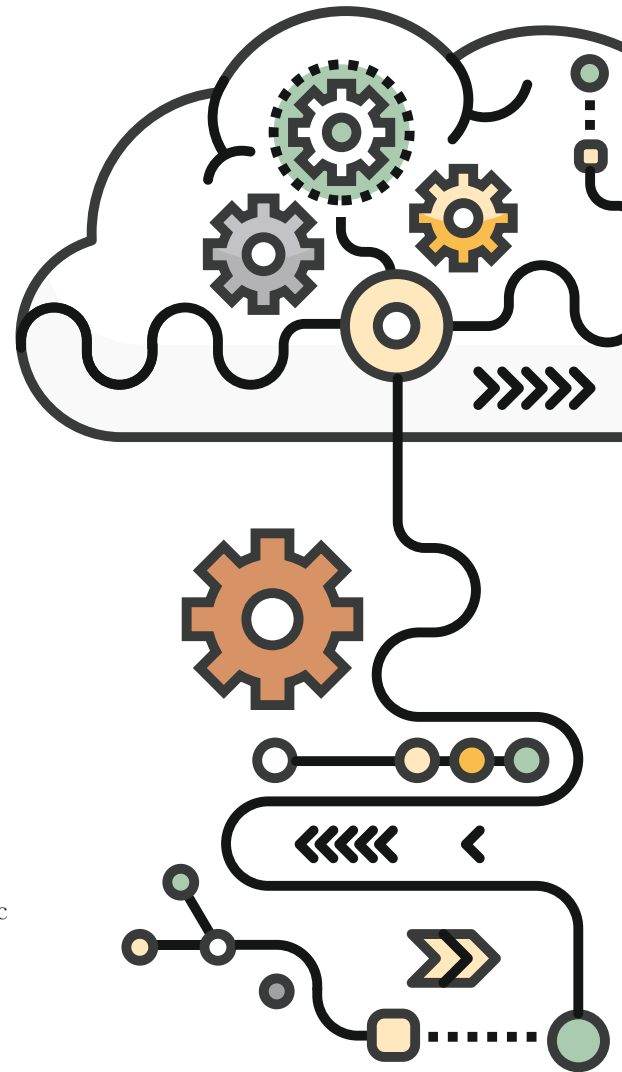
As I listened and began to study, I felt that they were absolutely correct. So, study I did. I traveled all over and met with some of the great minds academically, institutionally, in government, in the private sector. I began by saying, “I need to understand mental health and what’s being done and what’s not being done.” Through my work at CFF, I had a pathway to some very smart, very capable, very genuine people, so that helped. And, then I knocked on a lot of doors and just said, “Here’s who I am.” The story was so public that it didn’t take too much for people to know who I was.

I studied and, along the path of the pursuit of understanding what we could do to formulate objectives or goals within the Luv u Project, I started finding that there was an enormous gap in education about mental health. It was really in a conversation with a few scientists where I conceived the idea that we needed to establish an award for quality, distinguished reporting that addresses mental health in this country. A long story made short, we conceived the idea in December of 2015 and went public with it. We awarded the first Carolyn C. Mattingly Award for Distinguished Mental Health Reporting at the National Press Club last May (2016) for a body of work that’s just extraordinary. It’s a collaboration between two competing newspapers, in which they had a five-part series about the results of major funding cuts in the State of Florida in mental institutions.

One of the things we wanted was to not only educate, but to get to action! In fact, one of the things that we so dearly wanted was to create a mission where there are tangible results and actions that make a difference. In the case of the Florida award last year, the government came back in and put money back into the program. In the case of this year’s Award winner, there are questions that are brought forward that are demanding answers, and there are agencies that are asking for answers. So, it follows right into the mission statement of Luv u.

Then, Sara, I knew we needed to build the largest component which was focused on science—evidence-based need. We needed smart people to come together to talk about mental health. So, I went to Johns Hopkins and I met the Chairman of the Department of Mental Health. Astoundingly, Hopkins was the only School of Public Health in the United States that had a Department of Mental Health. I visited with the Dean of the School of Public Health, and, before long, it became apparent to me and those of us at the Luv u Project that there was an opportunity to work with Hopkins to build something that was desperately needed in our country. It was the discussion at Hopkins itself that sort of rounded our focus to where we would concentrate on workplace mental health. In reality, our personal experience is not

“Mental health evolved, and it continued to float as the most significant subject we talked about. We asked ourselves questions over and over—How could this have happened? What went wrong?”



the reason we're in workplace mental health. The reason we've chosen to focus and to put so many of our resources and our time into this partnership is the fact that we saw evidence, time and time again, that the need is there in the workplace, and that very, very little is done in terms of making a difference and creating a quantifiable agenda and taking responsible actions.

So, we have an alliance with Hopkins, and that's where, obviously, I got to know you and so many other smart people.

★ **SR** I'd heard your story back when we were together at Johns Hopkins last fall. Hearing it again gives me goosebumps, and it puts a lump in the back of my throat. It's incredible that you and your family responded to this loss by working to help others get the help that they need; there are so many other reactions that you could've had. That really blew me away the first time that I heard your story, and it's made me so grateful to be part of that group. I feel the same way again today talking to you. I've heard you say that it's really important that the Project not be too narrowly focused on just mitigating physical violence. Why is this an important distinction for you?

RM That's very important to us. We understand we can't change our story, and we understand we can't have her back. But, we do know that if we do the right thing in her honor and memory that we can change the world for others. I have traveled and met victims of violence. I have met and talked to parents whose children have killed people. I could go into great depth telling you how I've tried to learn. And, I have to tell you, Sara, it's not an easy path to follow, because it eats my guts out. It is not without pain. However, without question, the difference will come if we take and bundle these emotions into some positive results.

When you look at mental health in this country, one out of four Americans is under some sort of mental health challenge. A million people in the workplace every day are absent due to stress-related matters. I think the latest cost of mental health-related issues is 100 billion annually to employers. It is so broad. So, although we were born out of a horrific tragedy, we represent and stand for trying to make a difference in the mental health environment, and violence is only a small component of that. Whether it's breaking down stigmas, which is a massive concern, or if it's bringing together smart people and organizations that can affect change. I hate to say it this way, but we're not out to relive the funeral over and over again for the person that we loved dearly. We're out, truly, as an organization to make a difference in all mental health areas, especially in our largest programmatic area of mental health in the workplace.

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★ **S R** So, you mentioned stress and anxiety. Are there specific issues that are really burning that you think we should be addressing first as part of this project, or in the corporate wellness space in general?

R M Well, those are great questions that we are pursuing answers to, and we're really in the process of assembling them. In an effort to put together some very good minds and identify priorities, we created the idea of establishing a Summit, which we had last October (2016). We had a public component to our discussion where we had hundreds of people join in person and through simulcast. And, then, as you know, we seated a panel of approximately 20 experts, and we went into a closed discussion with these experts. And, those are the questions that we asked. What is the biggest concern? Among the things we got out of it is that there's plenty of evidence on the impact of health and worker productivity, but there's a massive problem in communicating that evidence. The relevant research is often not being packaged in a form that is practical.

The one specific area that rose to the top very quickly was depression, which is the leading cause of disability for people between 15 and 44. Most Americans within this age group get up and go to work every day, and, whether it's depression or stress or violence, symptoms often present in the workplace. They also manifest themselves at home. If we can change the workplace environment, we're likely going to improve one's ability to deal with these issues at home, as well.

The problem is best illustrated by an example someone gave me early on. They said, "Rich, if you had a child—or an adult—and they said, 'I feel like I've got problems. I'm not feeling right; I'm not thinking right.' It is very likely that the same person who went to six different doctors would get six different interpretations." And, if an employee goes to an HR department and says something, the likelihood that they would get inconsistent answers is even larger. There seem to be no clear-cut best practices that exist. There didn't seem to be appropriate acknowledgment or recognition that certain companies, for example, do this better than others. But, yet if we go to the doctor and we've got a cold or we've got a broken arm, there are established best practices for how to handle the matter. If you have a cardiac condition, there's a best practice for how to handle that. But, there seems to be this gaping hole, in science sometimes, and certainly in the workplace for how to deal with these things.

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★ **SR** We interviewed Dr. David Katz last year, and he was saying, in line with what you're saying, that there is a gap between research and practice in the world of nutrition. He told us that what we know from research right now about the right diet for health, if implemented, could cure 80% of chronic diseases. But, there's so much of what he called "pseudo-confusion" around what you should and should not be eating when the reality is the research makes it very clear how to act, how to proceed. The point you made is such a common issue in our industry when it comes to prevention.

RM I'll tell you, Sara, you hit on another word that really was one that I struggled with in the beginning, spent a lot of time studying, and have come to adopt as part of my daily vocabulary. That's prevention. The more I learn, the more I have begun to see the evidence that you can prevent mental health issues. The other keyword is intervention; you can also intervene and change the pathway and prognosis of mental health issues—particularly for children. There's just no question that the science is there. But yet, the inconsistency of the application is mind-boggling.

★ **SR** How do you think it impacts our organizations when we don't do a good job of addressing mental health?

RM We know that there's an enormous loss of productivity as a result of stress-related and depression-related anxiety. It has been proven over and over. Also, everybody's touched by mental health. They're touched by it daily, either directly or by someone who they care about. That's just a given. When these things manifest themselves, there is a loss of productivity...there are distractions...there are sometimes safety issues. I mean, when someone goes to the extreme, like what happened to us. I never dreamt that someone would go into my home, or that something would happen to my family.

We know that within the workplace there are people who are begging to be heard. They're begging for ways to be able to communicate, or for someone to listen. And they're looking for someone to give them some counsel. Often, the first thing that happens is the employers turn to the attorneys to mitigate risks to the company. So, the well-being of the employee may not be top of mind. We have to give the HR professionals, managers, the workers and everybody involved a better understanding of what tools there are and how to use those tools.

Again, I'm yielding to the great scientific minds and the great academic minds and industry leaders that we now have working with us on this. In many of these cases, there is good data saying, "This is a better way to

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handle something.” Then when you take the science and you start looking at evidence-based environments like at Prudential Financial, and you say, “Look at how they dealt with crises or challenges within the workplace.” And, by the way, companies that handle these things extraordinarily well and deal with employee wellbeing on a consistent and advanced basis, they also do well for their stockholders. Their earnings are generally higher. All the metrics for being a good business fall in line when you’re an organization that cares for the health and wellbeing of its employees.

★ **SR** The value story is definitely there. You brought up Prudential, and as you know, we are interviewing Andy Crighton with Prudential as part of this project we’re working on together because they are a great case study. But in general, how do you think we’re doing? And, how is a company like Prudential doing a better job?

SR Well, first Prudential, I was amazed when I saw and listened to what Andy presented as a part of our workplace Mental Health Summit. They seem to have so much consistency and reasoning behind the protocols that they put in place. When you talk to someone from Prudential, whether it’s an employee or an associate, you get the impression that there is a lot of confidence in what Prudential is doing. When you talk to the employees, you get a sense that it’s not just that Prudential is preaching to you a particular way of life; they are truly living it.

When we seated our Luv u Project Advisory Council at Hopkins, not only did we put academic minds and government minds and the like at the table, we included some people from the HR world and journalists and others. What I’m learning is whether it is dealing with depression, a violence issue, a suicidal issue or a stigmatization issue, people are begging for answers. And, yet, we often don’t know what to tell them or where to tell them to turn. To be fair, there are some great organizations in this country that have some great materials and programs. They exist, but people aren’t always sharing them. And too often we haven’t set the standards.

★ **SR** Well, I hope that that’s one of the outcomes of what we’re working on together, Rich, both as the Mental Health in the Workplace Advisory Council as a whole and within this toolkit WELCOA is creating to help Members create processes in their organizations. We know that our industry cares about issues of mental health, but many of us just don’t know where to start. From your perspective, Rich, if people want to do a better job developing policies and procedures

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to address mental health in their workplaces, what advice would you give them?

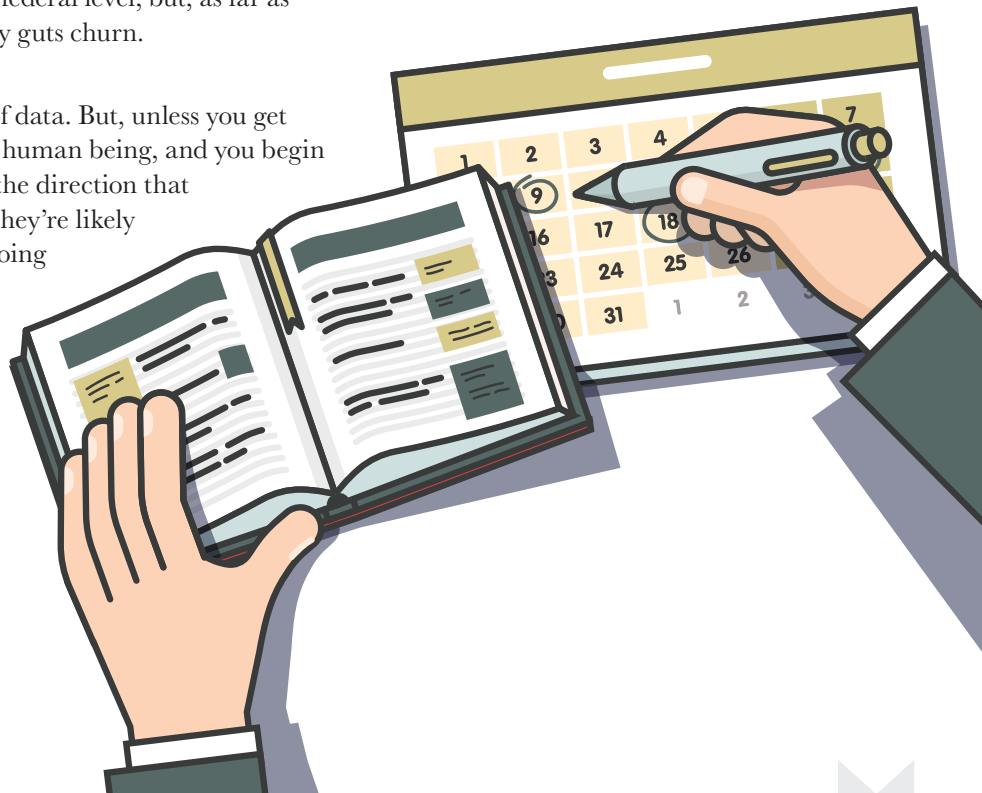
RM Sara, the most important thing is that people need to stand up and speak out. We've got to get out of our comfort zone in our country and start talking and working together to solve some of the problems and the challenges that are before us. I heard a great presentation at the Carter Center, where the discussion was focused on stigmatization specifically. They asked, "Will it take a generation of Americans or two to change the discussion, at least on an outcome basis?" And I fear that that's the case. I hope not, and I'm going to work really hard to make sure that it doesn't take another generation or two. We've got nearly 45 million people 18 and up in America who have experienced some form of mental illness. By 2020, mental and substance abuse disorders will surpass all other physical diseases as a major cause of disability in this world. The pace at which the mental health arena is growing has got to be dealt with, and it's going to have to be dealt with in different buckets. We have got to start talking about it. I think the millennial generation is willing to do that at a greater level, however I was shown some evidence the other day where the pace of conversation is picking up among boomers, as well.

But, the direct answer to your question is we have to elevate the conversation. We have to break down the walls of stigma. No one's afraid to say, "I broke my arm." No one's afraid to say, "I had a heart attack." or "I've got high blood pressure." We've got to make it so people can say, "I am dealing with something..." in a way that's comfortable and understood and is not something that will inhibit their pathway to growth.

We also have to put in place areas of prevention. We've got to put in place stronger areas of intervention, and that's a collaboration between policy and practice. There are a lot of good ideas that are floating around on a federal level, but, as far as action from a congressional perspective, it makes my guts churn.

Talk is cheap, and people can publish an awful lot of data. But, unless you get tangible actions and results that change the life of a human being, and you begin to create a roadmap that allows somebody to go in the direction that you hope they go, rather than in the direction that they're likely to go, or that the data shows they'll go, then we're going to continue to go in circles. That's why the Luv u Project is committed to having a quantifiable agenda and responsible actions. I certainly don't have all the answers to all the questions. But, if we get answers by narrowing the focus into the workplace, if we can come up with the quantifiable agenda and the responsible actions that need to be practiced in the workplace, then we can create a scorecard in the same way we do for basketball and football and everything else. You recognize these

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people played better than these other people. And, we start awarding winners. Then who wins is not just a company, but the entire workforce, or an entire community, or in the case of our real agenda here, our friends and our relatives. They're better off for what we're doing.

★ **SR** If someone wants to engage with the Luv u Project after seeing this interview, what's the best place to start?

RM We have a website, theluvuproject.org, which will lead you to all of this. Someone can call us at 240-614-7766. And there's the opportunity to write us with your thoughts or with your questions at info@theluvuproject.org.

We are so committed at the Luv u Project to generationally changing the discussion and the accountability for mental health, that we have established a program called uLEAD. uLEAD came out of Luv u, and it's a young professional group. They host three or four events in the greater Washington area annually. This will spread, I think, in the next year, but right now it's a remarkable young professional leadership group, and generally when they meet they get 50 or 60 people together. They'll talk about how to network with each other, then they will stop and speak for about 30 to 45 minutes about the importance of mental health in the workplace and in the daily environment. They also have guest speakers, and generally, it'll be someone who's an expert in mental health and workplace wellbeing. The most important aspect of uLEAD is that it represents those young men and women who are having this discussion on a regular basis and are bringing new people to the table each day. I have great faith in what uLEAD stands for, and honestly, if more people within the workplace would take that same fundamental principle and then provide an environment for safe discussion, we'd see some very significant results.

★ **SM** WELCOA is very excited about putting together a shared, quantifiable agenda and taking some responsible action with you. We appreciate your letting us be a part of your mission, Rich.

RM Sara, I am so grateful to WELCOA, and I'm so grateful to you and your team for caring enough to help us. If we're going to realize our vision, and that is to take something bad and make it good, we have to have help. Without you, we will never get there. So, I'm indebted and I will do anything under my power to help in any way, shape or form. 🙏

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