



***Behavioral Health Learning Collaborative
Of Pennsylvania***

February 16, 2021

U.S. President Joe Biden
The White House
1600 Pennsylvania Ave., N.W.
Washington, DC 20500

RE: Immediate Public/Private Solution to COVID-Suicide Increase & Opioid Deaths

Dear Mr. President:

Anxiety and depression have tripled in the last year. Two police officers, after the Jan. 6 US Capitol siege, and a 14-year-old Baltimore boy, committed suicide. Drug overdose deaths — 81,230 in the 12 months ending last May — set a record for the most such deaths in one year according to the CDC.

It is criminal that lives are being lost when we, as public health professionals, have a proven solution to stem this tragic national tide. Your administration has the ability to drastically reduce suicide and opioid death rates with a public/private collaboration with us. Together, we can immediately launch a national model for improving the quality and coordination of mental health services. That will result in saving many lives.

During Dr. Rachel Levine's Pennsylvania tenure, we established the Behavioral Health Learning Collaborative (BHLC) to support the Student Assistance Program, a statewide, school-based mental health screening and assessment program. Based at Drexel University in collaboration with the Pennsylvania Office of Mental Health and Substance Abuse Services, the BHLC supports providers across the state in the identification and referral of youth in schools who might need mental health services.

Behavioral health prevention and treatment can be improved in every state with a BHLC by creating shared resources, procedures, and vision about health care coordination. The program serves as a learning community to help overcome challenges in this time of COVID (e.g. moving to telehealth).

Pennsylvania has screened over 100,000 youth and identified over 4,600 people with suicide ideation since using the model. The network has helped disseminate best practices and

high-quality research results that have greatly benefited Pennsylvania, and could be a resource in all 50 states. More information about our learning collaborative can be found at BHLCofpa.org.

We would like to engage and work with your administration to immediately deploy this BHLC model. It is being successfully used not only in Pennsylvania, but also in Michigan, Kansas, California, Alabama, and Nemours in Delaware. We propose, based on our existing federal and state government knowledge, any or all of the following, with additional input from your team:

- Designate federal funding in the American Rescue Plan to establish statewide school-based platforms based on the BHLC model to prevent youth suicide and substance abuse;
- Add language in appropriate federal grant programs listing the BHLC model as an example;
- Designate funding in state block grants to use this screening tool to gather needed aggregate youth mental health data across states;
- Connect appropriate federal agencies to us to generate quality and timely outcomes data;
- Work with congressional members to draft federal bill language for appropriate legislation to require evidence-based, validated, comprehensive self report screening for behavioral health problems and psychosocial risk factors;
- Advise SAMHSA of our ability to get critically needed data moving between their Performance Accountability and Reporting System (SPARS) and National Outcome Measures (NOMS) with non-federal entities (current and future grantees).

We see such potential in the BHLC model in identifying students at risk, in saving young lives, and in developing a community of practice that it will change the mental health culture in the United States.

Members of your administration can contact us to discuss any of these ideas along with other ways to collaborate. We, too, will follow up as soon as possible, as more time in the status quo means lost lives.

Sincerely,



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