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Senator Ron Wyden, Chairman
Senator Mike Crapo, Ranking Member
Senate Finance Committee
Senate Office Building
Washington DC 20510

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Dear Chairman Wyden and Ranking Member Crapo,

I am writing in response to your invitation to for suggestions on improving timely access to behavioral health care and mental health supports. Thank you for your bipartisan attention to this issue, which has reached crisis proportions during the global pandemic. Addressing the immediate need for additional mental health care and substance use disorder services requires creative thinking and fresh approaches that complement traditional methods used in health care, such as expanded telehealth access and improved coverage of and reimbursement for behavioral health. Moreover, while expanding the pipeline and number of trained clinicians and access to their care is essential, it is unlikely to be sufficient to meet the country's real need.

Expansion of non-clinical services and supports has been demonstrated in the US and elsewhere as an effective strategy to help children and adults maintain and enhance behavioral health. A comprehensive workforce development strategy that invests in training and professional development for non-clinical professionals who are trusted by families and communities and who can support child and adult behavioral health, such as community-based peer support specialists, community health workers, home visitors, teachers and others would:

- expand the number and diversity of professionals and paraprofessionals who are able to provide behavioral health services and supports
- help eliminate structural barriers to behavioral health services for all segments of the population that need them, including minority populations and geographically underserved areas
- help eliminate attitudinal barriers to behavioral health services for all segments of the population that need them by expanding the capacity of non-clinical professionals and volunteers who are already trusted in their communities to provide behavioral health supports

- meet a greater proportion of the need for behavioral health services than the pipeline of behavioral health clinicians alone can address, and
- create the potential to address a greater proportion of behavioral health needs in a timely fashion, averting crises and/or more quickly identifying those who require clinical support and connecting them to appropriate experts.

Brazelton Touchpoints Center

The Brazelton Touchpoints Center provides professional and leadership development, organizational learning and change, and research and evaluation for family-facing professionals in pediatrics, early childhood, infant mental health, home visiting, and child welfare. The Brazelton Touchpoints Center is home to the Touchpoints Approach to family engagement, the Brazelton Institute (the Newborn Behavioral Observation system and the Neonatal Behavioral Assessment Scale), Family Connections, the Indigenous Early Learning Collaborative, and the BTC Research and Evaluation team. For more than 25 years from its base at Boston Children's Hospital, the nation's leading children's hospital eight years running and a Harvard Medical School teaching affiliate, the Brazelton Touchpoints Center has trained professionals working with children and families in strengths-based approaches to supporting health, mental health, growth and development.

Scalability Through Non-Clinical Supports

Workforce shortages and the cost of lengthy, intensive training suggest that, if our behavioral health system relies solely on clinicians conferred with PhDs, MDs and MSWs, we may never be able keep up with growing needs. Successful behavioral health initiatives in the United States and around the globe suggest that well-trained and supported non-clinicians can have significant impact in building on individual, family and community strengths and reducing the need for more intensive intervention by mental health clinicians. These initiatives include, but are not limited to:

- Alcoholics Anonymous (AA). AA is perhaps the best-known community-based recovery support program in the world. Started in 1939, this international fellowship of men and women who struggle with alcohol misuse is nonprofessional, multiracial, and available in almost every American community, where peer-led, participant trust and success derives from shared experience and the support of others in the community.

- Infant/Early Childhood Mental Health Consultation (I/ECMHC). Social-emotional wellness is essential for young children, their families, and the adults who work with them. Promoting wellness and responding to the mental health needs of children and families can be challenging and can lead to stress and burnout on the part of teachers, home visitors, health workers, and others providing supports and services. Training in I/ECMHC builds the knowledge and skills to strengthen relationships with adults and children and promote family well-being. Focused both on supporting the mental health

of service providers and building the capacity of non-clinical professionals to support the mental health of parents/caregivers and young children, I/ECMHC models developed by Boston Children's Hospital and others have been implemented in programs that support parents and young children across the country.

- Park bench therapy. Since 2006, the African Mental Health Research Initiative has trained more than 400 Zimbabweans, many of them grandmothers, to provide evidence-based talk therapy which is delivered for free in more than 70 communities. In 2017 alone, the "Friendship Bench" program delivered behavioral health support to more than 30,000 people. Research has documented its effectiveness in reducing depression, and the approach is now being expanded to other countries including the US. Malawi uses elderly men and women as counselors; Tanzania's island of Zanzibar uses younger men and women; and New York City's Department of Health's Center for Health Equity deploys peers of all ages in its program.

- Community Therapy. Developed to address the root causes of disease such as marginalization and poverty in developing countries where the pipeline of train health professionals is inadequate, Community Therapy brings participants together to share their experiences in groups of 30 to 40, learn from each other, and gradually deal with problems in their families and neighborhoods, including alcoholism, family violence, depression, and insomnia. By relying on community members rather than experts, they build self-confidence and a sense of self-worth. More than three million people have participated in Community Therapy, assisting a reported 88 percent to address their challenges successfully.

Investing in workforce development of non-clinical professionals to build their skills to address behavioral health needs will:

- Rapidly and cost-effectively expand the frontline behavioral health workforce through training for incumbent professionals already working with children and families, which is less intensive and less costly than training for clinical staff.

- Build the skills and capacities of those already working with communities, children and families to support their behavioral health needs by leveraging their trusted community positions and existing relationships to provide behavioral health supports and interventions.

- Increase diversity in the behavioral health workforce by drawing in to the field the diverse population of non-clinical frontline workers who are often from the communities they serve

- Reduce structural barriers to behavioral health services by expanding access to services in a variety of non-clinical settings, and in every community in the country, reducing travel time and delivery costs for providers and payers alike, and expanding availability of services outside the traditional work day.

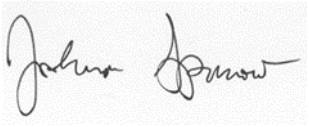
- Reduce stigma associated with traditional behavioral health services in many communities through peer support and non-clinical services that can often be less stigmatizing when offered by a peer or respected member of the community with common lived experience.

- Reduce burnout of existing clinical mental health professionals, who were already oversubscribed before the pandemic, and are now facing record levels of burnout, and free those clinicians up to focus on those who need their services the most.

- Create a new and complementary layer of behavioral health care that complements the existing system, addressing mental health needs before they become acute and serving to triage needs to create better access to more effective care.

Thank you again for your bipartisan work to respond to the need for behavioral health services for children and adults across our country. Please do not hesitate to contact me if you have any questions or would like additional information about any of the work we have referenced.

Sincerely,



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