
HSRI

April 4, 2024

Committee on a Blueprint for a National Prevention Infrastructure for Behavioral Health Disorders

Nuts and bolts of a prevention infrastructure

Agenda

1. Need for a Prevention and Promotion Infrastructure
2. Need to Build Prevention within the Behavioral Health System
3. Systems Change Approaches / Implementation Science
4. Sustainable Financing

About Human Services Research Institute

For nearly 50 years, we've worked across behavioral health, intellectual and developmental disabilities, aging and physical disability, and child and family services to:

- Partner with leaders and change agents to identify best practices and solve problems
- Engage with broadly representative stakeholders
- Identify potential disparities and develop mechanisms for ensuring equity
- Use qualitative and quantitative data to design robust, sustainable systems
- Assess new and better ways to serve and support people by studying the viability of emerging practices

Acknowledgments: HSRI Behavioral Health Team

Kristin Battis

Data Scientist

Becky Brasfield

Policy Fellow

Teresita Camacho-Gonsalves

Senior Policy Associate

Ben Cichocki

Research Associate

Jewel Constance

Person-Centered Practice Policy Fellow

Bevin Croft

Director of Behavioral Health

Ebony Flint

Policy Analyst

Erin Garrett

Research Assistant

Rachael Gerber

Director of Operations - Behavioral Health

Nilüfer Isvan

Senior Research Associate and Chief Methodologist

Saska Rajcevic

Project Manager

Vivien Solomon

Research Analyst

Heather Weller

Applied Data Fellow

Dow Wieman

Senior Research Associate

HSRI

1. Need for a Prevention and Promotion Infrastructure

Need for a Prevention and Promotion Infrastructure

- “**Numerous preventive interventions are now available** and being implemented by states and communities. However, efforts to expand these interventions state-, county-, or locality-wide are needed to establish an infrastructure for the delivery of preventive interventions across systems of care.”
- “The **disproportionate emphasis on treatment** of existing conditions needs to be corrected.”
- “There is a significant **imbalance in the nation’s efforts** to address such disorders. People await their emergence and then attempt to treat them, to cure them if possible, or to limit the damage they cause if not.”
- “This report calls on the nation—**its leaders, its mental health research and service provision agencies, its schools, its primary care medical systems, its community-based organizations, its child welfare and criminal justice system**.”

Institute of Medicine. 2009. Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities. Washington, DC: The National Academies Press. https://doi.org/10.17226/12480

HSRI

2. Need to Build Prevention within the Behavioral Health Treatment System

Need to Build Prevention within the Behavioral Health System

- Limited SAMHSA investment in mental health prevention: primarily substance use (Prevention Framework) and suicide prevention
- SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP)—discontinued
- 2018 Evidence-Based Practices Resource Center: "This new approach enables SAMHSA to more quickly develop and disseminate expert consensus on the latest prevention, treatment, and recovery science." Two prevention programs, both opioid overdose prevention

Need to Build Prevention within the Behavioral Health System

(continued)

- Technology Transfer Centers (TTC) One mental health prevention training: The Role of Preventionists in Accelerating Health Equity and Communities of Wellbeing
- Numerous other programs scattered across agencies, governments, and organizations
- Conclusion: Federal programs whose goals include the prevention of MEB disorders are not well coordinated, and there is little strategic synergy between research and service delivery

3. Systems Change Approaches / Implementation Science

Our Aims in Behavioral Health Needs Assessment

1. **DETERMINE** community mental health and substance use-related needs and social and structural determinants of health and explore how these issues differ among population groups.
2. **IDENTIFY** the extent of resources available to promote well-being, including culturally responsive services available to under-resourced groups.
3. **QUANTIFY** the gaps between community needs and available resources.
4. **EXPLORE** the internal and external factors influencing the effectiveness of the system in equitably matching resources with community needs.
5. **DEVELOP** recommendations for services, policies, or practices to address gaps in the system and guide strategic planning.

https://nashp.org/modernizing-behavioral-health-systems-a-resource-for-states/
Needs Assessment Methodologies in Determining Capacity for Substance Use Disorders: Final Report (hhs.gov)

Behavioral Health Landscape Today: Problems

Compared to the past, we are more aware of the problems:

- ED overuse, boarding, out-of-state placements
- Workforce shortages and competencies
- Coordination and care transitions
- Cross-sector issues (criminal justice, schools, child welfare)
- Disparities (demographic, regional)
- Social determinants of health
- Disasters (pandemic, hurricanes)
- Data system shortcomings
- Inadequate funding
- Perverse incentives
- Inadequate integration with health care

Behavioral Health Landscape Today: Solutions

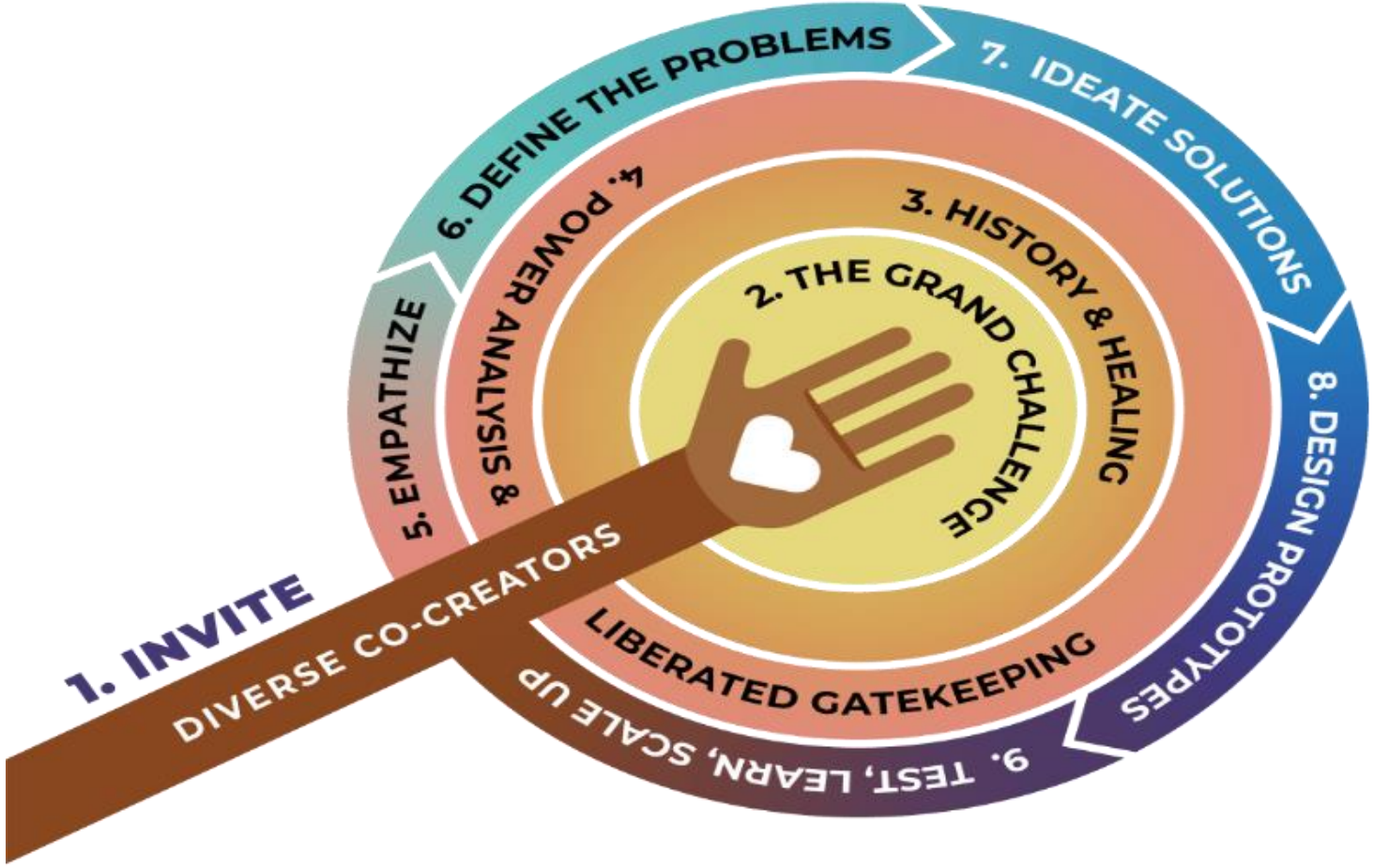
Compared to the past, we are more aware of the solutions:

- Evidence-based programs
- Flexibility of Medicaid waivers and state plan amendments
- Value-based payment
- Peer Supports
- Peer Leadership
- Advanced crisis service systems
- Trauma-informed care
- Integrated health and behavioral health care
- Medication-assisted treatment
- Public / private partnerships
- Suicide prevention
- Disaster planning
- Workforce recruitment and retention strategies
- Data Integration / Community information exchanges
- Equity promoting principles

HSRI

Behavioral Health Landscape Today: Enhancing the Evidence Base

RWJ Systems Alignment Innovation Hub : Equity Centered Community Design



https://www.tacinc.org/resources/saih

HSRI

Beyond Gap Analysis: System Assessment Today

Elements of Modern Needs Assessment

- Fewer gaps now in service continuum
- Collaboration and co-creation
- Public / private partnerships
- Decision-making: Prioritizing problems, weighing solutions
- Systems-thinking: Understanding system complexity
- Use of implementation / de-implementation science: Ensuring success and sustainability
- Appreciative inquiry: Identifying and building on strengths

HSRI

4. Sustainable Financing

Mechanisms for Sustained Funding

- Section 1115 research and demonstration programs

  SDOH opportunities

- **1915(i) State Plan Amendment**
- Managed Care Vehicles
- HCBS Technical Assistance: Request Technical Assistance (hcbs-ta.org)
- **Family First Prevention Services Act**
  - https://aspe.hhs.gov/pdf-report/IV-E-prevention-toolkit-funding-and-decision-points
  - https://cffutures.org/files/aecf/SUD_Toolkit_Combined_FINAL.pdf

HSRI

Summary

1. We know a lot – perhaps not as much as our evidence base suggests we do
2. Need to build prevention into behavioral health system change efforts generally
3. Embrace implementation science principles –consider shifting emphasis from traditional interventions to system implementation
4. Continue to work with federal partners to prioritize prevention beyond grant cycles SAMHSA, CMS, ACF
5. "Nothing About Us Without Us" - Co-Creation and Co-Leadership is key to sustained success
6. Medicaid Waivers and SPAs / Family First Prevention Act are underutilized vehicles for sustainable funding.

Promoting Wellbeing and Extending Lives

"Hopefully without sounding overly audacious, let me suggest that we join our efforts in the community where primary users actually live their lives. There, we can connect behavioral and primary care interventions with personal recovery journeys, all within the context of local efforts to improve community life. “

Ron Manderscheid, PhD
Bloomberg School of Public Health - Johns Hopkins University


HSRI