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Blueprint for a National Prevention Infrastructure for Mental, Emotional and Behavioral Disorders

April 9, 2025 | Report release webinar

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Statement of Task (abridged)

The National Academy of Sciences, Engineering, and Medicine will convene an ad hoc committee to develop a blueprint, including specific, actionable steps for building and sustaining an infrastructure for delivering prevention interventions targeting risk factors for behavioral health disorders. In conducting its work, the committee will

1. Identify best practices for creating a sustainable behavioral health prevention infrastructure with attention to different levels of geography (national and state), prevention (universal, selective, indicated), and settings (from schools to other community settings), and different components (e.g., workforce, data).

Statement of Task (cont.)

2. Identify funding needs and strategies, along with existing and potential new sources.
3. Identify specific research gaps germane to the widespread adoption of evidence-based behavioral health prevention interventions (from implementation knowledge to economic analyses).
4. Make actionable recommendations about federal and state policies to develop and support infrastructure components.

Committee Process

Study requested and funded by the CDC, NIH, and SAMHSA

Held 4 open information-gathering and deliberative meetings, with 3 public listening sessions

- Received input from a broad range of stakeholders

Built on past NASEM reports on MEB health

Prepared a 7-chapter report with 19 recommendations

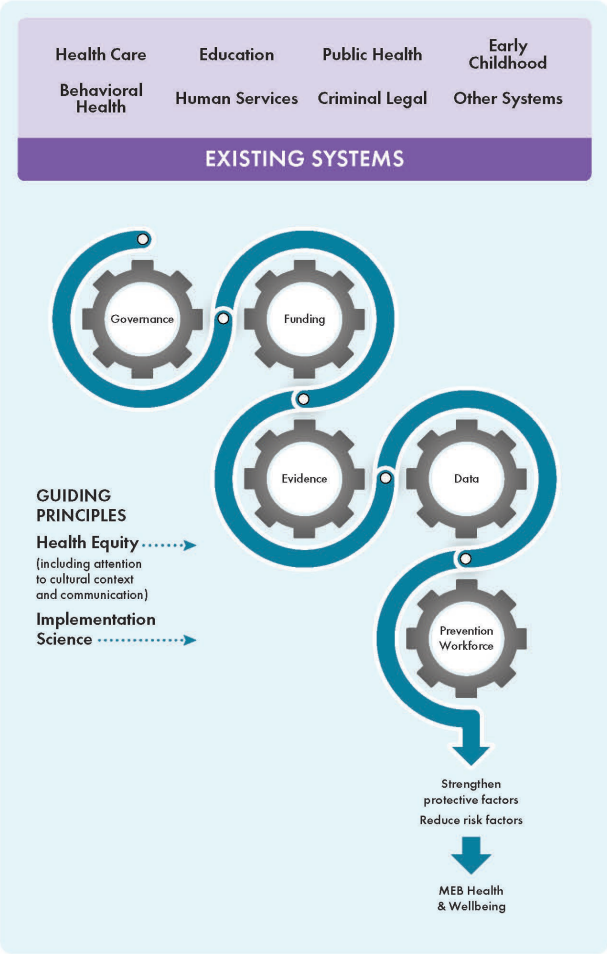
External peer review by 16 expert reviewers

Background

- Some MEB disorders are at the heart of several public health crises
- Costs in lives, human potential, productivity, and resources
- Many MEB disorders can be prevented
- Supporting prevention with resources and a stronger infrastructure can yield multiple benefits

The prevention infrastructure for MEB disorders

This figure illustrates the envisioned infrastructure operating at peak capacity to support the delivery of preventive interventions. It incorporates existing systems, guiding principles, and major components in need of support to successfully work together.



The major components of the infrastructure

Evidence-based programs that are continually evaluated and well-disseminated, with easily accessed details about their effectiveness (including generalizability to other populations) and implementation (Chapter 2);

A **workforce** that is sufficiently trained to deliver those strategies, representative of the populations served and able to provide linguistically and culturally appropriate services, with fair wages and opportunities for career advancement (Chapter 3);

Data systems that are sufficient for informing needs assessments (including for collecting data about subpopulations to monitor inequities across racial, ethnic, tribal, low-income, and rural communities),selecting strategies, and supporting evaluation and accountability (Chapter 4);

The major components of the infrastructure (cont.)

Governance structures at the federal, state, tribal, and local levels that maximize strategies to ensure shared leadership through cross-sector and community partnerships (Chapter 5);

Funding that is adequate and sustainable (Chapter 6);

Evidence-based policies that create and strengthen the social, economic, and environmental conditions necessary for MEB disorder prevention and undergird population health (Chapter 7); and

Guiding Principles: implementation that prioritizes collaborating and co-creating with affected sub-populations (through communities) at each step in the process (discussed in all chapters); and health equity, referring to fair opportunities for everyone to attain their full potential for health and well-being

Recommendations about Evidence

Recommendation 2-1

NIH, CDC, and philanthropic organizations should fund more research on the prevention of mental, emotional, and behavioral (MEB) disorders that address research gaps related to intervention development . . . and implementation . . . . . . target MEB health inequities . . . different age groups . . . co-created with communities

Recommendation 2-2

SAMHSA [or relevant HHS agency] should manage and maintain a centralized and dynamic evidence clearinghouse for mental, emotional, and behavioral health that promotes standardization of criteria for inclusion and evaluation… [with attention to]… clearinghouse navigation tools … [developing] a mechanism to integrate evaluation of implementation, new knowledge, and community experience.

Recommendations about Workforce

Recommendation 3-1:

In consultation with SAMHSA [or relevant HHS agency], HRSA [or relevant HHS agency] should describe and enumerate the workforce for mental, emotional, and behavioral (MEB) health promotion and prevention of MEB disorders. . . . [and the relevant HHS agency] should add the newly defined roles to its behavioral health workforce estimates and reports.

Recommendation 3-2:

The Department of Labor should use the most up-to-date description of the prevention workforce for mental, emotional, and behavioral disorders as the basis for updates to the Standard Occupational Classifications for behavioral and public health jobs.

Recommendations about Workforce

Recommendation 3-3:

SAMHSA [or relevant HHS agency] should establish a Coordinating Office on the Mental, Emotional, and Behavioral Prevention Workforce or designate a lead office to coordinate prevention to delineate core competencies, develop a strategic plan, review agency programs and grants for workforce linkages, coordinate with the CDC and accrediting and licensure bodies, and strengthen academic-community partnerships.

Recommendation 3-4:

[All relevant federal agencies should work together] to incorporate strategies for training on prevention of mental, emotional, and behavioral health disorders for frontline personnel in those settings.

Recommendations about Data

Recommendation 4-1:

CDC should sustain, enhance, and regularly update Population Level Analysis and Community Estimates (PLACES) . . . [and update/enhance as needed to support] community partnerships . . . [in] their planning and evaluation efforts

Recommendation 4-2:

[Federal agencies that] provide resources for community-based prevention of behavioral disorders should include specific support for data infrastructure in all relevant grant programs, including funding for acquiring relevant data, data integrity and privacy, new data collection, data sharing, collaboration with relevant public- and private-sector partners, and obtaining training and technical assistance as needed.

Recommendation 4-3:

To identify and adopt measures of population well-being that allow the nation to track progress and report on mental, emotional, and behavioral health, the Office of the Assistant Secretary of Health, National Center for Health Statistics, and SAMHSA [or relevant HHS agency] should convene and collaborate with relevant partners.

Recommendation about Governance

Recommendation 5-1:

To strengthen capacity and coordination to promote mental, emotional, and behavioral (MEB) health and population well-being, governance structures for prevention should be added at each level in the Executive Branch.

a. The White House could establish a central point for MEB prevention capacity and coordination;

b. The HHS Behavioral Health Coordinating Council (or similar intra-departmental entity) could establish a workgroup on promoting MEB health and preventing MEB disorders and adopt strategies to engage individuals with lived experience; and

c. Congress could expand SAMHSA's [or relevant HHS agency's] ability to support state, tribal, and local MEB disorder prevention efforts.

(See Chapter 5 for more details)

Recommendations on Funding

Recommendation 6-1:

To secure adequate, sustainable, and locally responsive funding for MEB disorder prevention infrastructure, Congress should consider a range of funding options that include:

- Providing $14 billion in new funding to HHS for interventions on early life risk factors for MEB disorders for all children birth to 18 years old.
- At a time of funding constraints, providing $1.8 billion in new funding to the Administration for Children and Families, CDC, HRSA, and SAMHSA [or relevant HHS agencies] would help to increase capacity for MEB disorder prevention.

Recommendation 6-2:

CMS should: . . . maximize use of 1115 waivers . . . prioritize specific quality metrics, and facilitate reimbursement of [greater range of prevention workers] to support MEB disorder prevention

Recommendations on Funding

Recommendation 6-3:

Congress should adopt and support the implementation of new or innovative funding mechanisms to generate sustainable and sufficient resources for promoting mental, emotional, and behavioral (MEB) health, and for prevention, particularly primary, of MEB disorders by:

a. Offering incentives, such as tax credits, for large-scale social impact investing that supports universal prevention

b. Directing the Internal Revenue Service (IRS) to provide guidance on how tax-exempt hospitals can use community benefit funding to support MEB disorder prevention in communities where behavioral disorders are priority health needs within the mandated Community Health Needs Assessment. . . . .

Recommendations on Funding

Recommendation 6-4:

State and territorial legislatures and tribal councils, respectively, should adopt and support the implementation of new or innovative funding mechanisms to generate sustainable and sufficient resources for promoting mental, emotional, and behavioral (MEB) health and prevention, particularly primary, of MEB disorders.

Recommendation 6-5:

The Assistant Secretary for Planning and Evaluation should work with relevant experts to develop a comprehensive economic model that tests the downstream effects of investments in mental, emotional, and behavioral disorder (MEB) prevention. The model should include a range of inputs (e.g., quality early care and education), beneficiary federal agencies (e.g., HHS/CMS), and private-sector entities (employers/payers) that will reap the savings from enhancing mental, emotional, and behavioral health at a population level and eliminating MEB health disparities.

Recommendations on Policy

Recommendation 7-1:

In keeping with the Foundations for Evidence-Based Policymaking Act of 2018, federal and state policy makers should use the best available evidence to sustain, restore, develop, or de-implement social and economic policies, considering the direct or indirect effects of such policies on mental, emotional, and behavioral health and population well-being.

Recommendation 7-2:

Federal, state, tribal, and county officials should enact evidence-based policies to divert from the criminal legal system and reduce reliance on incarceration where appropriate, while simultaneously building a robust community prevention infrastructure, thus enabling protective factors that support mental, emotional, and behavioral health.

Recommendation on Policy

Recommendation 7-3:

Federal, state and local policy makers should implement evidence-based policies to prevent firearm violence—a risk factor for mental, emotional, and behavioral disorders—including but not limited to safe and secure gun storage, community violence interventions, and lethal means safety counseling.

Recommendation 7-4:

HHS (through NIH, CDC, and CMS), and the relevant research entities in the Departments of Defense, Education, Housing and Urban Development, Justice, and Veterans Affairs [or relevant agencies/departments] should direct more targeted funding to research that assesses mental, emotional, and behavioral health and population well-being outcomes related to specific policies directed at social, economic, and environmental factors. Studies should include direction and strength of associations, as well as an assessment of causality.

Conclusion

Investing more in prevention could mitigate the suffering and economic toll of MEB disorders and reduce the burden on an already overtaxed care system.

With resources and data, expertise, leadership, partnerships, and evidence-based and promising approaches, the nation can do better in intervening across different settings and the life course to promote MEB health and prevent MEB disorders.

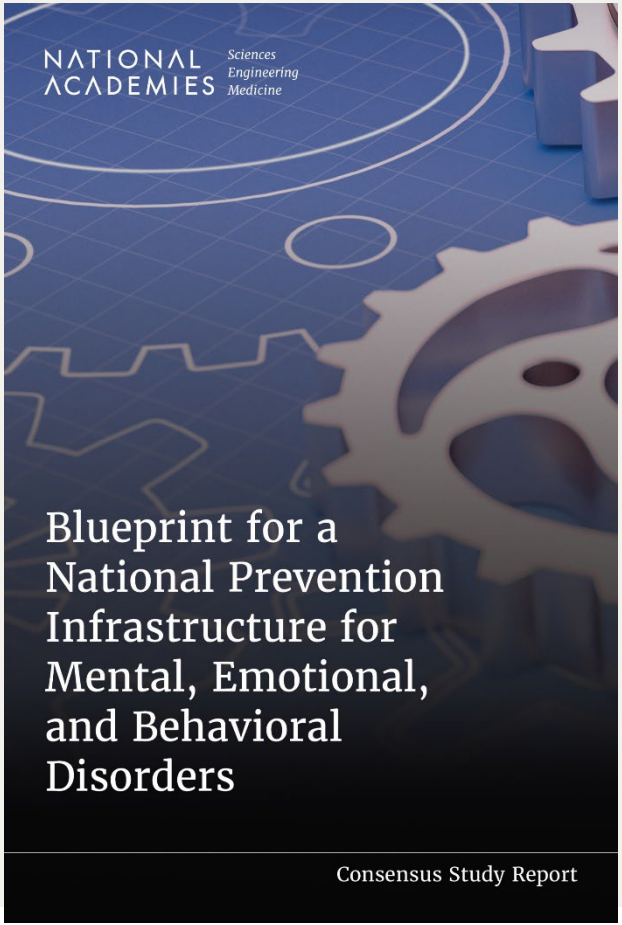
To access the report and supporting materials including a 4-pager, visit:

https://www.nationalacademies.org/behavioral-disorder-prevention

Check back for additional resources over the coming weeks.

For more information, contact:

BHprevention@nas.edu



Thank you!

Questions?