

Blueprint for a National Prevention Infrastructure for Behavioral Health Disorders

ATTENDEE PACKET Report Dissemination Workshop June 27, 2025

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Committee Roster (December 2023 – April 2025)

Marcella Alsan (Co-Chair), Harvard Kennedy School

Marthe R. Gold (Co-Chair), New York Academy of Medicine

Rinad Beidas, Northwestern University

Camille C. Cioffi, University of Oregon, Influenza Innovations, and Oregon Research Institute

Joseph P. Gone, Harvard University

Kyle L. Grazier, University of Michigan

Jeffrey Hom, San Francisco Department of Public Health

Margaret Kuklinski, University of Washington

David Mandell, University of Pennsylvania

Velma McBride Murry, Vanderbilt University

Anand Parekh, Bipartisan Policy Center

Lisa Saldana, Chestnut Health Systems, Lighthouse Institute

Paula Smith, University of Utah

Emily A. Wang, Yale University

Donald Warne, Johns Hopkins University

In Memoriam

Lonnie Snowden, University of California Berkeley

NAM EMERGING LEADER & FELLOW

Lucinda Leung, National Academy of Medicine Emerging Leader in Health and Medicine Scholar, University of California, Los Angeles

Sebastian Tong, James C. Puffer American Board of Family Medicine/National Academy of Medicine Fellow, University of Washington, Seattle

Statement of Task

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. Review the landscape of behavioral health prevention at different levels (e.g., national and state, including evidence-based prevention services); where different levels of these prevention services (e.g., universal, selected, and indicated services) could be delivered (e.g., within the community, health care settings, justice systems, schools, human services settings); the workforce needed (investment and their training); and the data systems necessary to track prevention needs, outcomes, and program delivery. Informed by this review, the committee will identify the optimal characteristics and components of a sustainable behavioral health prevention infrastructure. For this infrastructure, the committee should consider embedding prevention services within existing systems and settings, establishing an independent prevention delivery system to which existing systems and settings can refer individuals and families for the receipt of prevention services, and/or other possible approaches by which behavioral health prevention programs can be delivered and sustained.
2. Identify funding needs and strategies. Review current funding sources for prevention, identify ways those funding sources could be better deployed (including ways to facilitate the integration of funding streams at the state level to be more impactful), and identify new or emerging funding sources that could be redirected and deployed in a coordinated effort to support the prevention infrastructure (e.g., use of opioid settlement funds).
3. Identify specific research gaps germane to the widespread adoption of evidence-based behavioral health prevention interventions. Identify key policy and implementation knowledge gaps and the resulting research opportunities that could provide the information needed to support the adoption and sustainment of a national prevention

infrastructure for behavioral health. Research gaps are expected to be identified in the realms of policy research and health services research (e.g., dissemination and implementation, economic analyses).

4. Make actionable recommendations. Recommend how federal and state policies could be expanded or implemented to develop and sustain the prevention infrastructure system, including those that improve financing for evidence-based prevention and support workforce development, data interoperability, and evidence-based policymaking. Recommendations for research necessary to fill the prevention services research gaps should also be identified.

A Blueprint for a National Prevention Infrastructure for Mental, Emotional, and Behavioral Disorders: A Report Dissemination Workshop

AGENDA

June 27, 2025 | 10:00am – 5:00pm ET

Objectives:

- Share and reflect on report's key messages
- Explore opportunities for forward momentum in prevention of mental, emotional, and behavioral disorders and for the promotion of MEB well-being along the lifespan

10:00am Welcome

Marthe Gold, New York Academy of Medicine, former committee co-chair (virtual)

Margaret Kuklinski, University of Washington, former committee member

10:15am From the Report's Sponsors

Nora Volkow, National Institute on Drug Abuse, National Institutes of Health (virtual)

Greta Massetti, Centers for Disease Control and Prevention (virtual)

Q&A/Discussion

11:15am Break

11:30am The state of the knowledge and data

(Description: WHAT do we know, need to know: briefly highlight key data points from the report, any recent updates, and the evidence outlined in the report and any emerging new knowledge)

Moderators: Rinad Beidas, Northwestern University **and Lisa Saldana**, Lighthouse Institute, Chestnut Health Systems (both former committee members; virtual)

Speakers:

Philip Graham, RTI

Brian K. Bumbarger, ADAPT – Washington/Baltimore HIDTA

Q&A/Discussion

12:45pm **Lunch (3rd floor atrium cafeteria)**

1:45pm **Importance of implementing the Blueprint (reaching people and economic value)**

(Description: WHY? We need to reach the American people with effective programs and policies to prevent trajectories toward MEB disorders and improve people's lives and the lives of communities; also, there are economic arguments for the value of this work)

Moderator: Sebastian Tong, University of Washington (National Academy of Medicine Puffer/American Board of Family Medicine fellow with the committee)

Speakers:

Nathaniel Counts, Kennedy Forum (virtual)

Mary Giliberti, Mental Health America

Discussant:

Tamar Mendelson, Johns Hopkins University (virtual)

Q&A/Discussion

3:00pm **Break**

3:15pm **Opportunities for MEB Prevention**

(Description: HOW - Opportunities and exemplars; Some states and localities are making progress; How does their work get supported, spread, and scaled?)

Moderator: Camille Cioffi, University of Oregon, Oregon Research Institute (former committee member; virtual)

Speakers:

Jessica Pollard, National Association of State Mental Health Program Directors (virtual)

Sarah Mariani, Washington State Health Care Authority (virtual)

Janet Welsh, Pennsylvania State University

Q&A/Discussion

4:45pm **Closing Discussion and Remarks**

Former committee members

5:00pm **Adjourn**

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

Mental, emotional, and behavioral (MEB) disorders—including mental illness and substance use disorders—are at the heart of several ongoing national crises and affect every U.S. population group, community, and neighborhood. Existing infrastructure responds to these crises predominantly with treatment and recovery, or addressing MEB disorders once they already exist, rather than working to prevent them. Available prevention services are insufficiently funded, fragmented, and better developed for substance use prevention than mental health promotion and for children and youth than for other age groups. Improved prevention services could help people thrive, avert the harms that accompany MEB disorders, and reduce the burden on an already overtaxed system.

In response to a request from the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), and the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Academies of Sciences, Engineering, and Medicine (the National Academies) convened a committee of experts to develop a blueprint, including actionable steps for building and sustaining an infrastructure, for delivering prevention interventions for behavioral health disorders. The committee's report, *Blueprint for a National Prevention Infrastructure for Mental, Emotional, and Behavioral Disorders*, presents its conclusions and recommendations.

The committee asserts that the existing MEB disorder prevention infrastructure—partially present in other systems like education, health care, and human services—provides a foundation to build on and that creating another system would be inefficient. Instead, the report's conclusions and recommendations focus on strengthening, coordinating, and funding existing structures to close gaps, prepare workers, and maximize available data to deliver needed interventions (see Figure 1 for the report's proposed prevention infrastructure for MEB disorders).



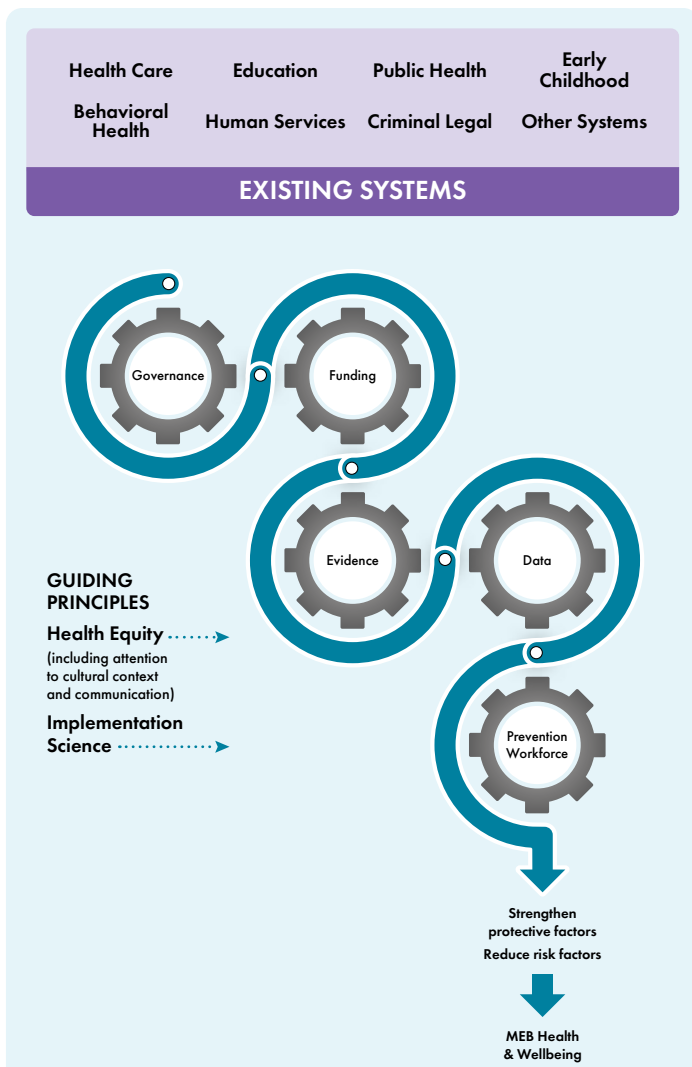


FIGURE 1 The prevention infrastructure for MEB disorders.

CLOSING RESEARCH GAPS AND SUPPORTING IMPLEMENTATION

The evidence base of effective preventive and health-promotive interventions for MEB disorders is well-developed for children, youth, and families, but less so for adults and older adults, and reducing these research gaps is critical. The report recommends that NIH, CDC, and philanthropic organizations fund more research on MEB disorder prevention to address research gaps related to intervention development and implementation (see **Recommendation 2-1** in the report). To inform communities and community organizations and support the use of evidence-based practices, the report recommends that SAMHSA manage and maintain a centralized and dynamic evidence clearinghouse of MEB

health interventions (see **Recommendation 2-2** in the report).

SUPPORTING AND TRAINING THE MEB DISORDER PREVENTION WORKFORCE

The committee found that the MEB disorder prevention workforce is not well defined. An effective workforce requires detailed competencies for all roles, training and certification, a robust pipeline, opportunities to expand and support it to implement evidence-based programs, and fair pay and labor protections. The report recommends that the Health Resources and Services Administration and SAMHSA describe and enumerate this workforce (see **Recommendation 3-1** in the report) and that the Department of Labor should use the most up-to-date workforce description for updates to the Standard Occupational Classifications (see **Recommendation 3-2** in the report). The report also recommends that SAMHSA establish a Coordinating Office on the MEB Prevention Workforce or designate a lead office to fulfill these functions (see **Recommendation 3-3** in the report) and that SAMHSA and CDC should coordinate across the federal government to incorporate prevention training strategies for frontline personnel in various settings, from early childhood to aging services (see **Recommendation 3-4** in the report).

ENSURING ADEQUATE DATA TO SUPPORT MEB DISORDER PREVENTION AND REPORTING

Communities and partners working to promote MEB health need data to support their efforts, particularly local population-level data. The report recommends that CDC sustain, enhance, and regularly update the Population Level Analysis and Community Estimates (PLACES) dataset and add relevant measures (see **Recommendation 4-1** in the report). SAMHSA, CDC, and other federal agencies should also include specific support for data infrastructure in all relevant grant programs (see **Recommendation 4-2** in the report).

Overall measures of population well-being would provide a more expansive way to track progress and frame a positive high-level target. The committee recommends that such measures should be developed by a

collaborative group of stakeholders and led by the federal government (see **Recommendation 4-3** in the report).

ESTABLISHING CLEAR AND ENDURING GOVERNANCE

The existing governance structure for preventing MEB disorders is fragmented and siloed, with separate oversight and funding for mental health disorders and substance use. To strengthen coordination, capacity, and federal leadership, the report recommends that governance structures for prevention be added at each level in the Executive Branch, including establishing either a Center for Mental Health Promotion—in addition to the existing Center for Substance Abuse Prevention—or a new Center for Prevention of Behavioral Disorders (see **Recommendation 5-1** in the report).

SECURING ROBUST, SUFFICIENT, AND SUSTAINABLE FUNDING

Adequate and sustained funding is imperative for establishing a well-functioning MEB disorder prevention infrastructure. The current level of federal funding is not adequate to meet existing needs and areas of funding have not kept up with inflation. To secure this funding, the report recommends that Congress consider a range of options, from a robust investment of \$14 billion allocated via a per capita spending amount to a more modest \$1.8 billion in new funding to the four key federal agencies responsible for the prevention of MEB disorders (see **Recommendation 6-1** in the report).

Medicaid reimbursement is also a critical source of funding for behavioral health services, but barriers exist in paying certain types of workers, work in community settings, and population-level preventive interventions. Therefore, the report recommends that the Centers for Medicare & Medicaid Services should encourage states to use Medicaid 1115 waivers to implement new and evidence-based approaches to prevention, prioritize prevention-specific quality metrics, and facilitate reimbursement of non-licensed non-clinical MEB prevention workers (see **Recommendation 6-2** in the report).

Beyond the federal government, opportunities to generate additional resources include public sector incentives and public-private partnerships. To maximize these

opportunities, the report recommends that Congress in parallel with state and territorial legislatures and tribal councils adopt and support the implementation of new or innovative funding mechanisms for this work (see **Recommendations 6-3 and 6-4** in the report).

Lastly, savings from implementation of MEB health interventions are often not realized by the programs that invest in them, resulting in an inaccurate understanding of the return on investment (ROI). To accurately understand prevention ROI, the report recommends that the Department of Health and Human Services (HHS) work with experts to develop a comprehensive economic model to test the downstream effects of prevention investment (see **Recommendation 6-5** in the report).

ENACTING POLICIES THAT SUPPORT MEB DISORDER PREVENTION AND CREATE ENVIRONMENTS WHERE PREVENTION IS MADE EASIER

The committee found that economic and social policies often influence trajectories toward MEB health disorders. To create an environment in which mental, emotional, and behavioral health can flourish, the report recommends that federal and state policymakers sustain, restore, or develop evidence-based social and economic policies that enhance MEB health and de-implement policies that do not enhance MEB health (see **Recommendation 7-1** in the report). HHS and other federal funders should finance research that assesses MEB health and population well-being outcomes related to specific policies (see **Recommendation 7-4** in the report).

Incarceration and firearm violence were identified as two risk factors for MEB disorders. The report recommends that federal, state, and county officials enact evidence-based policies to divert people from the criminal legal system and reduce reliance on incarceration where appropriate (see **Recommendation 7-2** in the report) and mitigate firearm violence as a risk factor for MEB disorders through strategies such as safe and secure gun storage, community violence interventions, and lethal means safety counseling (see **Recommendation 7-3** in the report).

With resources and data, expertise, leadership, partnerships, and evidence-based and promising programs and policies, the nation enhance efforts to promote MEB health and prevent MEB disorders across different settings and along the life course.

To learn more about this report, visit our website at nationalacademies.org/behavioral-disorder-prevention.

COMMITTEE ON A BLUEPRINT FOR A NATIONAL PREVENTION INFRASTRUCTURE FOR BEHAVIORAL HEALTH DISORDERS MARCELLA ALSAN (Cochair), Harvard Kennedy School; MARTHE R. GOLD (Cochair), New York Academy of Medicine; RINAD BEIDAS, Northwestern University Feinberg School of Medicine; CAMILLE C. CIOFFI, University of Oregon, Influents Innovations, and Oregon Research Institute; JOSEPH P. GONE, Harvard University; KYLE LYNN GRAZIER, University of Michigan School of Public Health; JEFFREY HOM, San Francisco Department of Public Health; MARGARET KUKLINSKI, University of Washington; DAVID MANDELL, University of Pennsylvania School of Medicine; VELMA MCBRIDE MURRY, Vanderbilt University; ANAND PAREKH, Bipartisan Policy Center; LISA SALDANA, Chestnut Health Systems and Lighthouse Institute; PAULA SMITH, University of Utah; LONNIE SNOWDEN,¹ University of California Berkeley School of Public Health; EMILY WANG, Yale University; and DONALD (DON) WARNE, Bloomberg School of Public Health, Johns Hopkins University

CONSULTANTS ALANA ROSENBERG, Yale University; ANNE HARRINGTON, Harvard University; LUCINDA LEUNG, National Academy of Medicine Emerging Leader in Health and Medicine Scholar, University of California, Los Angeles; and TAMI MARK, RTI

NATIONAL ACADEMY OF MEDICINE JAMES C. PUFFER **AMERICAN BOARD OF FAMILY MEDICINE FELLOW** SEBASTIAN TONG, University of Washington

STUDY STAFF ALINA B. BACIU, Study Director; ALEXIS WOJTOWICZ, Program Officer; MADELEINE M. DEYE, Research Associate (from January 2024); ELLA CASTANIER, Senior Program Assistant (from October 2024); RACHEL RILEY SORRELL, Senior Program Assistant (until August 2024); MISRAK DABI, Senior Finance Business Partner (until October 2024); CHRISTIE BELL, Senior Finance Business Partner (from October 2024); REBECCA MORGAN, Senior Research Librarian; and ROSE MARIE MARTINEZ, Senior Board Director

¹ Lonnie Snowden passed away on January 25, 2025.

FOR MORE INFORMATION

This Consensus Study Report Highlights was prepared by National Academies staff based on the Consensus Study Report *Blueprint for a National Prevention Infrastructure for Mental, Emotional, and Behavioral Disorders* (2025).

The study was sponsored by the Centers for Disease Control and Prevention, the National Institutes of Health, and the Substance Abuse and Mental Health Services Administration. Any opinions, findings, conclusions, or recommendations expressed in this publication do not necessarily reflect the views of any organization or agency that provided support for the project. Copies of the Consensus Study Report are available from the National Academies Press, (800) 624-6242 or <https://www.nap.edu/catalog/28577>.

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Speaker Biosketches

Rinad Beidas

Rinad S. Beidas, PhD, is Chair and Ralph Seal Paffenbarger Professor of Medical Social Sciences at the Feinberg School of Medicine at Northwestern University. Previously, Dr. Beidas served as founding Director of the University of Pennsylvania Implementation Science Center at the Leonard Davis Institute (PISCE@LDI) from 2017-2022. Dr. Beidas's research leverages insights from implementation science and behavioral economics to make it easier for clinicians, leaders, and organizations to use best practices to improve the quality and equity of care and enhance health outcomes. She works across areas including mental health, firearm safety promotion, cancer, HIV, and cardiovascular disease and collaborates closely with key stakeholders, including patients, clinicians, health system leaders, payers, and policymakers. As an international leader in implementation science, Rinad has published over 250 peer-reviewed publications in journals such as JAMA, NEJM Catalyst, and Implementation Science.

Brian Bumbarger

Brian K. Bumbarger, PhD is a recognized leader in prevention science, with nearly three decades of experience advancing evidence-based strategies to promote healthy development in children and adolescents. He serves as Associate Director for Implementation Science and Strategy at ADAPT (A Division for Advancing Prevention and Treatment), within the Washington/Baltimore High-Intensity Drug Trafficking Area (W/B HIDTA). In this role, he supports efforts to integrate prevention strategies grounded in the best available evidence, into practice throughout the country. Prior to ADAPT, as Founding Director of the Evidence-based Prevention and Intervention Support Center (www.EPISCenter.psu.edu) Dr. Bumbarger led statewide initiatives to scale proven programs that support child and youth well-being. Under his leadership, Pennsylvania became a national and international model for prevention infrastructure, facilitating the replication of evidence-based interventions across diverse communities and embedded within and across multiple public systems.

Nathaniel Counts

Nathaniel Z. Counts, JD, serves as the Chief Policy Officer for The Kennedy Forum, a national mental health non-profit, as well as Adjunct Assistant Professor in the Department of Health Policy and Management at the Columbia University Mailman School of Public Health. In his position with The Kennedy Forum, he advances a public policy agenda aimed at ensuring equitable access to effective and responsive services and supports, within a population health framework that focuses on prevention and social determinants of health. In previous roles, Nathaniel served as Senior Policy Advisor for

Mental Health to the Commissioner of Health for the City of New York, where he advised on innovative financing, policy, and research strategies for achieving the city's mental health goals. Previously, he was the Senior Vice President of Behavioral Health Innovation for Mental Health America (MHA).

Camille Cioffi

Camille C. Cioffi, PhD, is a Research Assistant Professor at the University of Oregon and Research Scientist at Oregon Research Institute and Influents Innovations. Dr. Cioffi's research focuses on supporting families impacted by substance use disorders to improve health outcomes and prevent the intergenerational transmission of substance use disorders. She is particularly interested in identifying evidence-based programs developed by communities most impacted by disparities in substance use-related and preventing harms associated with substance use among individuals at risk for overdose. Dr. Cioffi is a member of the College on Problems of Drug Dependence and the Society for Implementation Research Collaboration and has provided overall and domain specific leadership on more than 10 National Institutes of Health grants. Dr. Cioffi received her PhD from the University of Oregon in Prevention Science in 2020 and has prior experience as a K-12 administrator and educator. Dr. Cioffi also consults for Comagine Health, a non-profit that advises the Oregon Health Authority on family care plans.

Mary Giliberti

Mary Giliberti is the Chief Public Policy Officer at Mental Health America. Mary focuses on federal policy to promote prevention, early intervention, integration, and recovery.

Prior to joining MHA in 2019, she was the Chief Executive Officer of The National Alliance on Mental Illness (NAMI). She also has worked in the Office for Civil Rights at the Department of Health and Human Services and as disability counsel to the United States Senate Health, Education and Labor Committee. After graduating from Yale Law School, she clerked for Judge Phyllis Kravitch on the Eleventh Circuit Court of Appeals and received a Skadden Fellowship to work at the Bazelon Center for Mental Health Law.

Marthe Gold

Marthe Gold MD, MPH, (Co-chair), is a Senior Research Scholar at the New York Academy of Medicine and Logan Professor Emerita at the CUNY School of Medicine where she served as Chair Department of Community Health and Social Medicine (1996-2015). Before that, she worked in the Office of Disease Prevention and Health Promotion (DHHS) from 1990-'96. She has practiced medicine in rural and urban underserved settings. Elected to the IOM in 2008 she chaired its committee "For the Public's Health" whose 3 reports and recommendations focused on building the public health infrastructure. She is currently an advisor to America's Health Rankings, the Institute for Clinical and Economic Review, and Fairness Dialogues Expert Advisory Committee (of the NIH Clinical Center

Department of Bioethics). A graduate of the Tufts University School of Medicine, Dr. Gold's clinical training was in family practice at the University of Rochester program. She received her MPH from the Columbia School of Public Health.

Phillip W. Graham

is a Principal Scientist in RTI International's Health Practice Area with more than 25 years of experience conducting community-based research and evaluation focused on substance use prevention, violence reduction, and health equity. His work has examined the effects of witnessing community violence, the protective role of ethnic identity among African American male adolescents, and the impact of school- and community-based interventions to promote healthy youth development.

He currently serves as Principal Investigator on a CDC-funded study assessing a family strengthening intervention to reduce opioid use by addressing adverse childhood experiences. He also leads the NIDA-funded HEAL Prevention Coordinating Center, supporting 10 research projects aimed at preventing opioid misuse among older adolescents and young adults. His recent work emphasizes inclusive and equity-centered research approaches to understanding the impact of community violence interventions (CVI) on community-level violence and trauma. Dr. Graham is President of the Society for Prevention Research and a founding board member of the National Prevention Science Coalition.

Margaret Kuklinski

Margaret Kuklinski, PhD, is the Director of the Social Development Research Group (SDRG), Acting Director of the Center for Communities That Care (CTC), and Endowed Associate Professor of Prevention in Social Work in the School of Social Work, University of Washington. At SDRG and the Center for CTC, she oversees multidisciplinary staff dedicated to promoting healthy development and preventing substance misuse and other problem behaviors in young people through rigorous prevention science and dissemination of effective preventive interventions. Dr. Kuklinski is a prevention scientist and health economist whose NIH- and foundation-funded research focuses on demonstrating the long-term impact of effective family-focused and community-based preventive interventions; partnering with communities, agencies, and services systems to implement and scale them; and building policy support for preventive interventions by demonstrating their benefits and costs. Dr. Kuklinski is a board member of the Board on Children Youth and Families in the Health and Medicine Division of the National Academies. She is also a former member of the board of the Society for Prevention Research. She received a PhD in Psychology from the University of California, Berkeley, and an AB in Economics from Harvard University.

Sarah Mariani

Sarah Mariani is a Certified Prevention Professional with over 20 years of work dedicated to the prevention field. Sarah serves as the Substance Use Disorder Prevention & Mental Health Promotion Section Manager with Washington State Health Care Authority. Currently, she focuses on policy development and strategic planning to ensure effective service delivery and outcomes. Additionally, in this role she also serves as Washington State's National Prevention Network representative, the National Prevention Network Past President, and as a council member on Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention National Advisory Council.

Greta Massetti

Greta Massetti, PhD, MA, is the principal deputy director of the CDC Injury Center. In this role, Dr. Massetti serves as the primary scientific adviser to the Injury Center director and other senior staff. She leads the development and application of science and data for policy and program implementation. Dr. Massetti oversees the center's surveillance, epidemiology, data science, and public health programmatic efforts to expand and refine CDC's capacity to prevent all forms of injury and violence. Dr. Massetti also represents CDC in high-level engagements with partners, others in the executive branch, and congress.

Tamar Mendelson

Tamar Mendelson, PhD, is a Bloomberg Professor of American Health at the Johns Hopkins Bloomberg School of Public Health. She directs the Center for Adolescent Health (CAH) and chairs the Adolescent Health area steering committee of the Bloomberg American Health Initiative. Trained as a clinical psychologist, her work addresses the prevention of mental health issues and promotion of positive development in adolescents. A key focus in Dr. Mendelson's research is on adapting and testing evidence-based interventions so that they can be feasibly and sustainably embedded in systems, such as schools, that serve families and youth. For over fifteen years, with funding from NIH and other federal agencies, she has led school-based trials on preventive interventions, including assessment of implementation barriers and facilitators to integrating interventions within real-world contexts. She was a member of the Consensus Committee on Promoting Healthy Mental, Emotional, and Behavioral Functioning in Children & Youth under the auspices of the National Academies of Science, Engineering, and Medicine, and a member of the Strategic Advisory Board for Wellcome Trust's Mental Health Priority Area. She takes a community-engaged approach in her work and seeks feedback and involvement from young people.

Jessica Pollard

Jessica Monahan Pollard, PhD, is a Licensed Clinical Psychologist and Senior Behavioral Health Advisor at the National Association of State Mental Health Program Directors (NASMHPD). She has over twenty years' experience in public mental health conducting

research and program evaluation; providing clinical services; developing and directing programs; offering training and technical assistance; teaching and mentoring; and behavioral health policy. Dr. Pollard previously served as the Director of Maine's Office of Behavioral Health, Department of Health and Human Services, where she led implementation planning for the State's 988 rollout, crisis system reform, and opened Maine's first Crisis Receiving Center with Peer Living Room, among many initiatives. While Assistant Professor and Clinical Director of Early Psychosis at Yale University School of Medicine, she authored many papers on early intervention and detection, workforce development, and the intersection of mental health and justice system involvement. She is past Program Chair of Mental Health for the American Public Health Association (APHA) and recipient of the APHA Mental Health Section Award.

Sebastian Tong

Sebastian Tong, MD, MPH, is a practicing family physician, addiction medicine specialist and health services researcher. He is an associate professor and serves as the Associate Director of the [WWAMI \(Washington, Wyoming, Alaska, Montana, and Idaho\) region Practice and Research Network](#), a practice-based research network of over 120 primary care practices. He is also a 2023-2025 National Academy of Medicine Puffer/ABFM Fellow. His research is informed by his clinical practice at the Harborview Family Medicine Clinic in Seattle, WA, and his areas of interest include behavioral health, loneliness, chronic pain and unhealthy substance use. Before moving to UW, he served as a senior staff fellow from 2020-2022 at the Agency for Healthcare Research and Quality where he co-led the behavioral health and substance use research portfolios.

Nora Volkow

Nora D. Volkow, MD, is Director of the National Institute on Drug Abuse (NIDA) at the National Institutes of Health. NIDA is the world's largest funder of scientific research on the health aspects of drug use and addiction.

Dr. Volkow's work has been instrumental in demonstrating that drug addiction is a brain disorder. As a research psychiatrist, Dr. Volkow pioneered the use of brain imaging to investigate how substance use affects brain functions. In particular, her studies have documented how changes in the dopamine system affect the functions of brain regions involved with reward and self-control in addiction. She has also made important contributions to the neurobiology of obesity, ADHD, and aging.

Dr. Volkow was born in Mexico and earned her medical degree from the National University of Mexico in Mexico City, where she received the Robins Award for best medical student of her generation. Her psychiatric residency was at New York University, where she earned a Laughlin Fellowship from The American College of Psychiatrists as one of 10 outstanding psychiatric residents in the United States.

Janet Welsh

Janet Welsh, PhD, is Principal Investigator for the Evidence-based Prevention and Intervention Support (EPIS), a university-based organization connecting research, policy, and real-world practice to improve outcomes for children and families across Pennsylvania. Additionally, she has served as a co-investigator for the original PROSPER (PROmoting School-community-university Partnerships to Enhance Resilience) project since 2001, studying issues related to the sustainability and dissemination of universal substance abuse prevention programs, while serving as Principal Investigator for several PROSPER spin-off projects in recent years. She has also worked on Head Start REDI, Focus on Learning, Safe Schools, Healthy Students, FAST Track, and numerous projects with the U.S. Air Force and U.S. Department of Defense.