

# Blueprint for National Prevention Infrastructure to Address Behavioral Health Disorders: The NIH Perspective

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National Institute on Drug Abuse

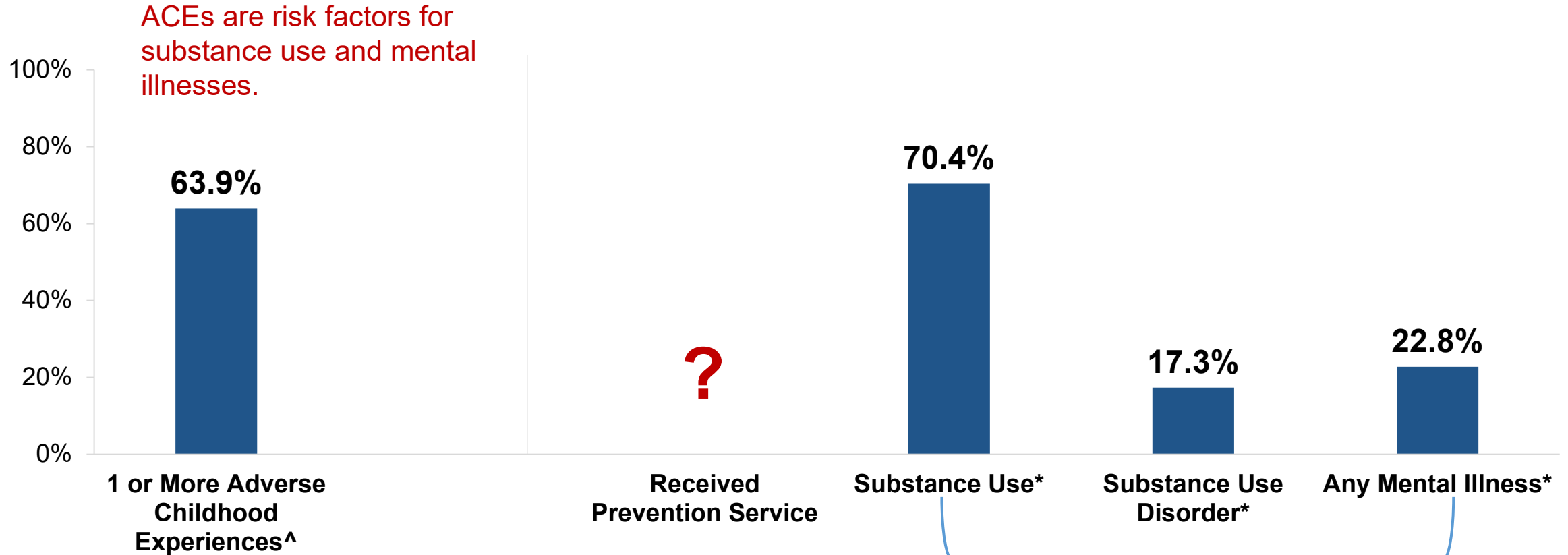
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# NIH ICO Sponsors

1. National Cancer Institute
2. National Center for Complementary and Integrative Health
3. National Institute on Alcohol Abuse and Alcoholism
4. National Institute on Drug Abuse
5. National Institute of Dental and Craniofacial Research
6. National Institute of Mental Health
7. National Institute on Minority Health and Health Disparities
8. National Institute of Nursing Research
9. Office of Disease Prevention
10. Office of Behavioral and Social Sciences Research

# Gaps in Behavioral Health Disorder Prevention Infrastructure

## U.S. Adults, Ages 18+

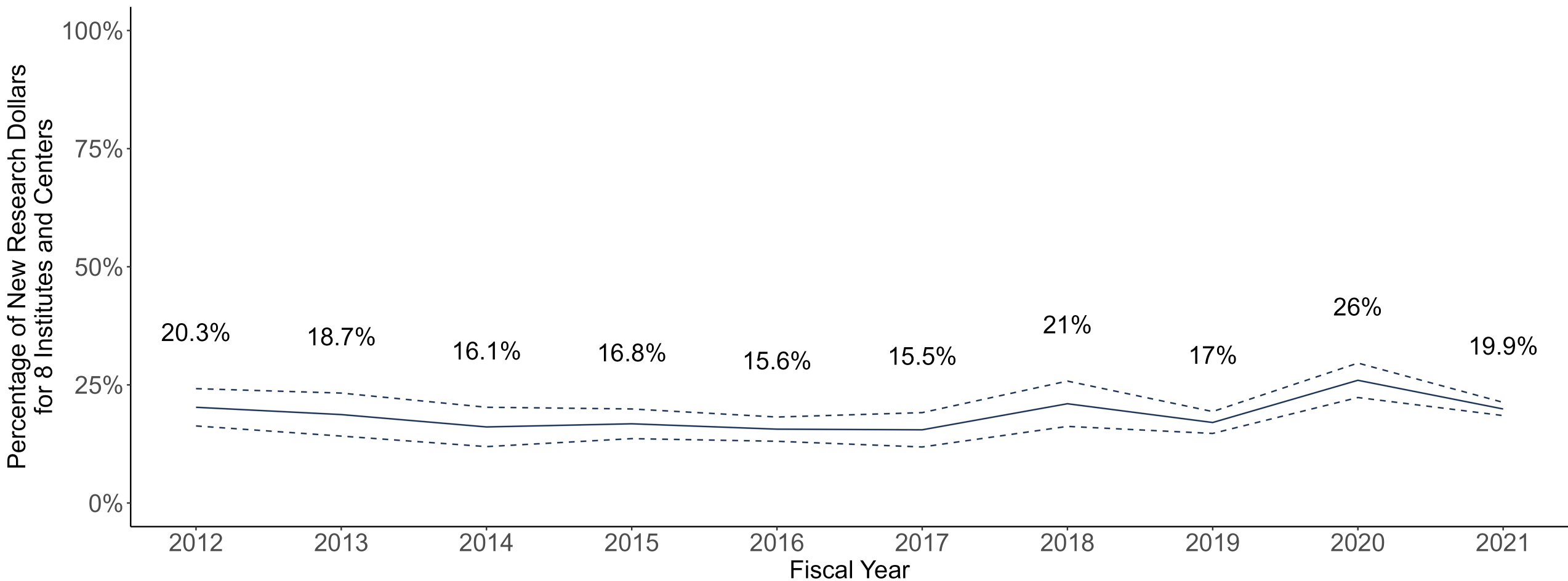


<sup>^</sup>E.A. Swedo, et al. (2023). Data from the Behavioral Risk Factor Surveillance System, 2011-2020;

<sup>\*</sup>2021 National Survey on Drug Use and Health; Percentages include individuals who reported alcohol or drug use or who met criteria for an alcohol or drug use disorder in the past year. Does not include tobacco use/use disorder.

How much could these be reduced if there were greater access to and availability of prevention services?

# Percentage of New Dollars Focused on Primary Prevention Research in Humans (FY12-21) for 8 Institutes and Centers\*



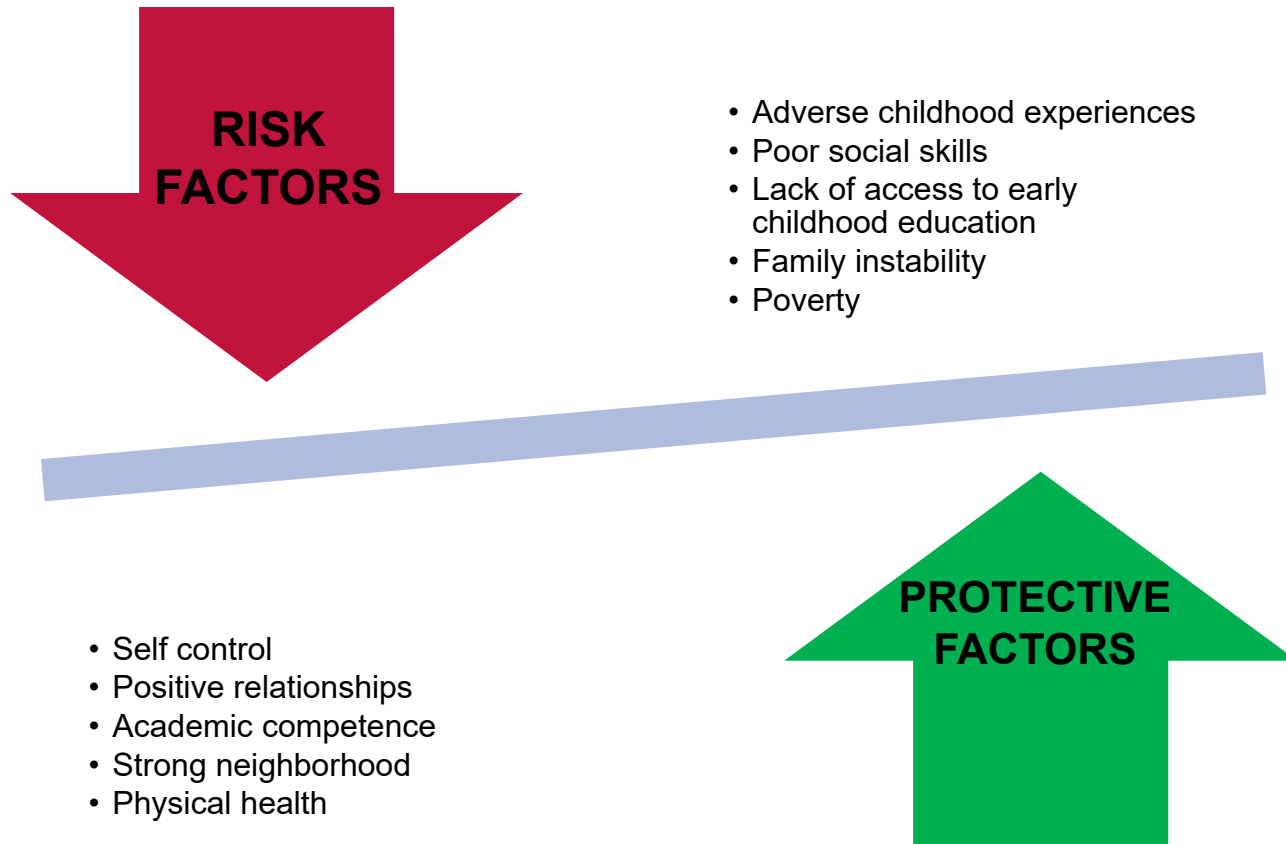
\*NIH ICs: NCI,NCCIH,NIAAA,NIDA,NIDCR,NIMH,NIMHD,NINR

# Topics in New Primary Prevention Research in Humans (FY12-21) for 8 Institutes and Centers

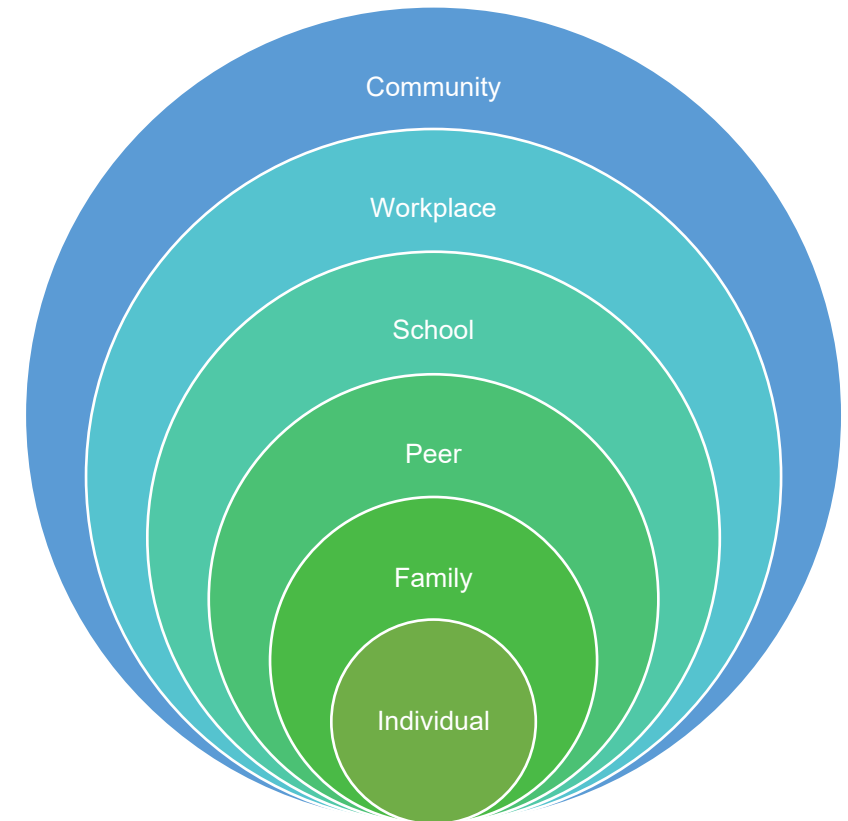
Topic	% Prevention Projects	% Prevention Dollars
Mental health	18.1% [16.1%, 20.2%]	20.4% [18.2%, 22.5%]
Substance use	15.8% [14.4%, 17.3%]	18.1% [16.7%, 19.5%]
Alcohol	11.2% [10.4%, 12.0%]	10.3% [9.6%, 11.0%]
Tobacco	8.7% [7.7%, 9.8%]	8.6% [7.5%, 9.8%]
Suicide	2.4% [2.2%, 2.7%]	2.5% [2.3%, 2.7%]

*\*NIH ICs: NCI,NCCIH,NIAAA,NIDA,NIDCR,NIMH,NIMHD,NINR*

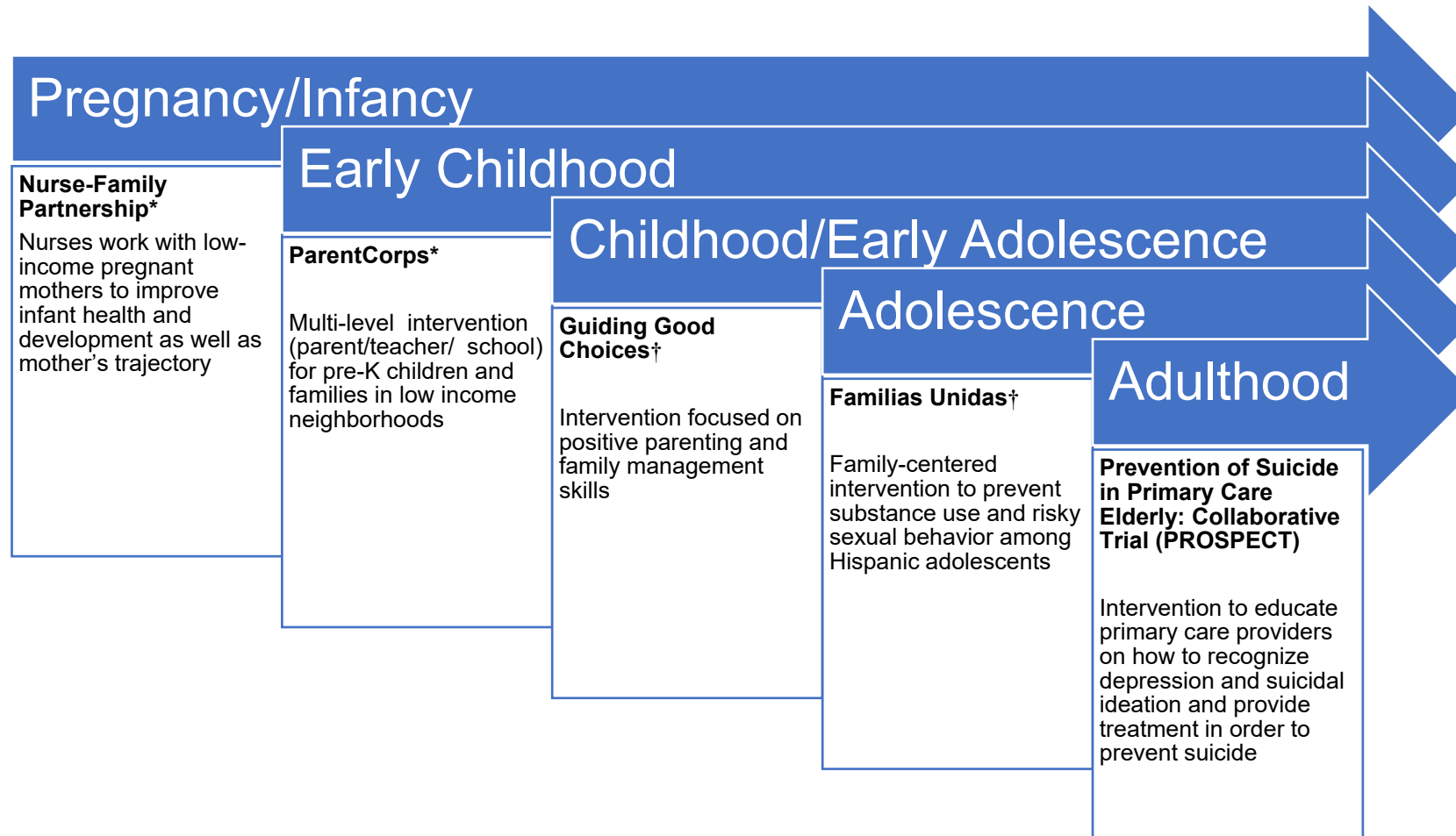
# How Prevention Interventions Work



## Sphere of Influence



# Examples of Effective Behavioral Health Disorder Prevention Programs That Received NIH Funding



\*Certified Model Program, Blueprints for Healthy Youth Development;

†Well-supported, Title-IV-E Prevention Services Clearinghouse

# The Economics of Prevention

Prevention makes good financial sense...

...but it is underfunded.

 Washington State Institute for Public Policy

Program name	Date of last literature review	Total benefits	Taxpayer benefits	Non-taxpayer benefits	Costs	Benefits minus costs (net present value)	Benefit to cost ratio	Chance benefits will exceed costs
<b>Home- or Family-based</b>								
Positive Family Support/Family Check-Up	Feb. 2019	\$7,991	\$2,844	\$5,148	(\$46)	\$7,945	\$174.12	68%
Parent Management Training - Oregon Model (Prevention population)	May. 2015	\$5,971	\$1,865	\$4,106	(\$693)	\$5,278	\$8.62	60%
Familias Unidas	Feb. 2019	\$4,705	\$1,928	\$2,777	(\$1,571)	\$3,134	\$2.99	66%
Nurse Family Partnership	Mar. 2018	\$15,242	\$4,236	\$11,006	(\$12,459)	\$2,783	\$1.22	58%
Strengthening Families for Parents and Youth 10-14	Aug. 2018	\$2,899	\$962	\$1,936	(\$584)	\$2,315	\$4.97	60%
Healthy Families America	Jul. 2017	\$6,993	\$4,938	\$2,055	(\$5,350)	\$1,643	\$1.31	54%
Computer-based substance use prevention programs	Dec. 2014	\$1,594	\$407	\$1,187	(\$75)	\$1,519	\$21.32	65%
Family Matters	Jun. 2016	\$1,476	\$531	\$945	(\$207)	\$1,269	\$7.14	73%
Home Instruction for Parents of Preschool Youngsters (HIPPI)	Aug. 2017	\$5,190	\$1,957	\$3,233	(\$4,252)	\$938	\$1.22	49%
Strong African American Families—Teen	Jun. 2016	\$1,459	\$583	\$876	(\$563)	\$896	\$2.59	56%
Family Spirit	Jun. 2018	\$1,508	\$670	\$837	(\$797)	\$711	\$1.89	53%
Strong African American Families	Jun. 2016	\$1,290	\$595	\$695	(\$760)	\$530	\$1.70	55%

- In 2021 The federal government spent an estimated **\$4.3 trillion** on health; **~4%** was spent on public health and prevention.
- The Substance Use Prevention, Treatment, and Recovery Block Grant (SUPTSR BG) requires a **minimum of 20%** be set aside for primary prevention.
- The Mental Health Block Grant (MHBG) funds target adults with serious mental illness or children with serious emotional disturbance.

Source: <https://www.wsipp.wa.gov/BenefitCost?topicId=7>



# Why aren't prevention interventions implemented?

SUD is the only life threatening disease where primary prevention is not billable to Medicaid

...no state line item in the budget for prevention...we rely on grants.

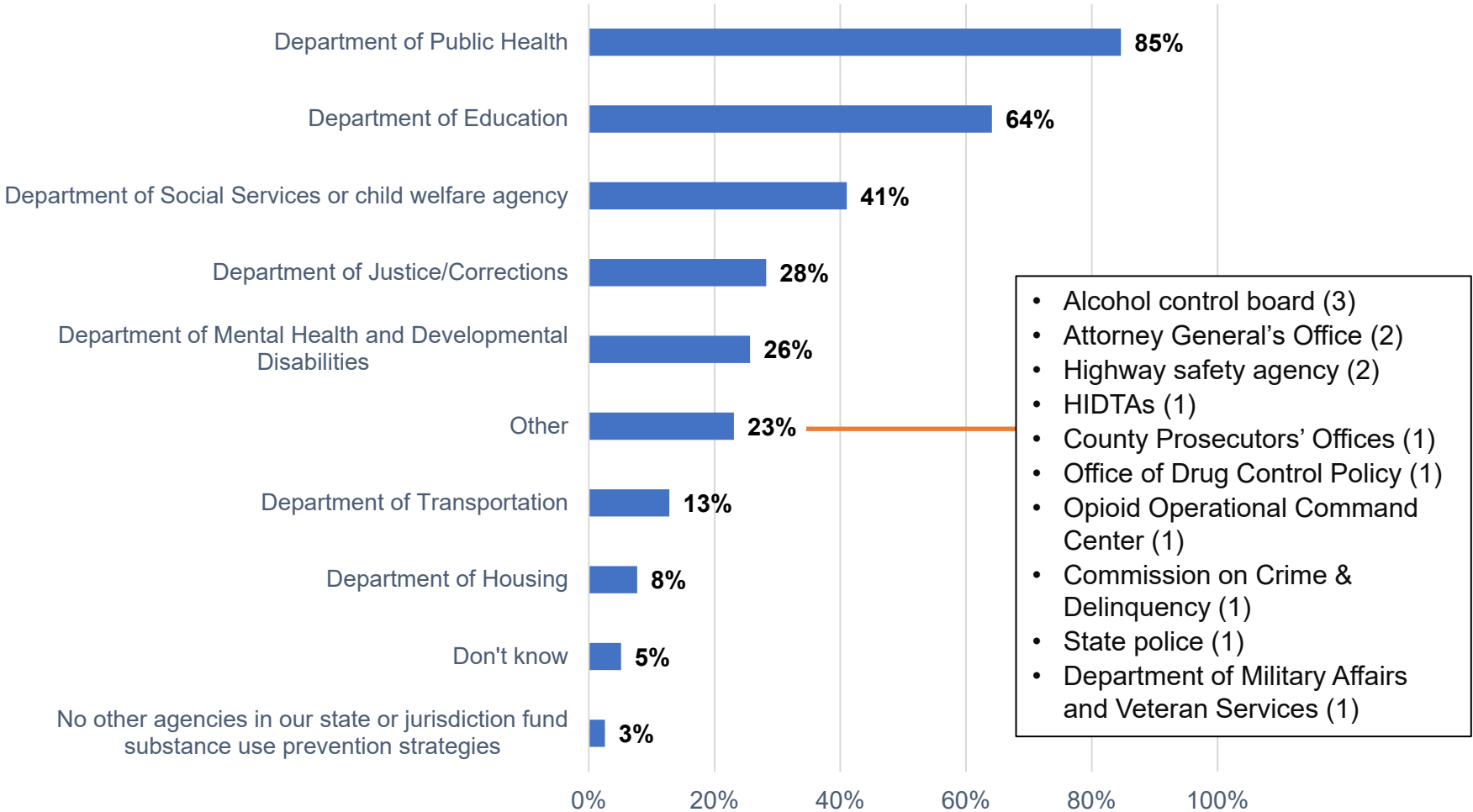
Q: What is the average length of time a prevention specialist stays in the field?

A: 2-3 years (life cycle of funding)

...siloeed funding is a problem even though we have a strong prevention network...

...new grantees at the local level have ideas but not the infrastructure, and we don't have the funds to help them build infrastructure...

# There is No Single Funding Agency for Prevention in States

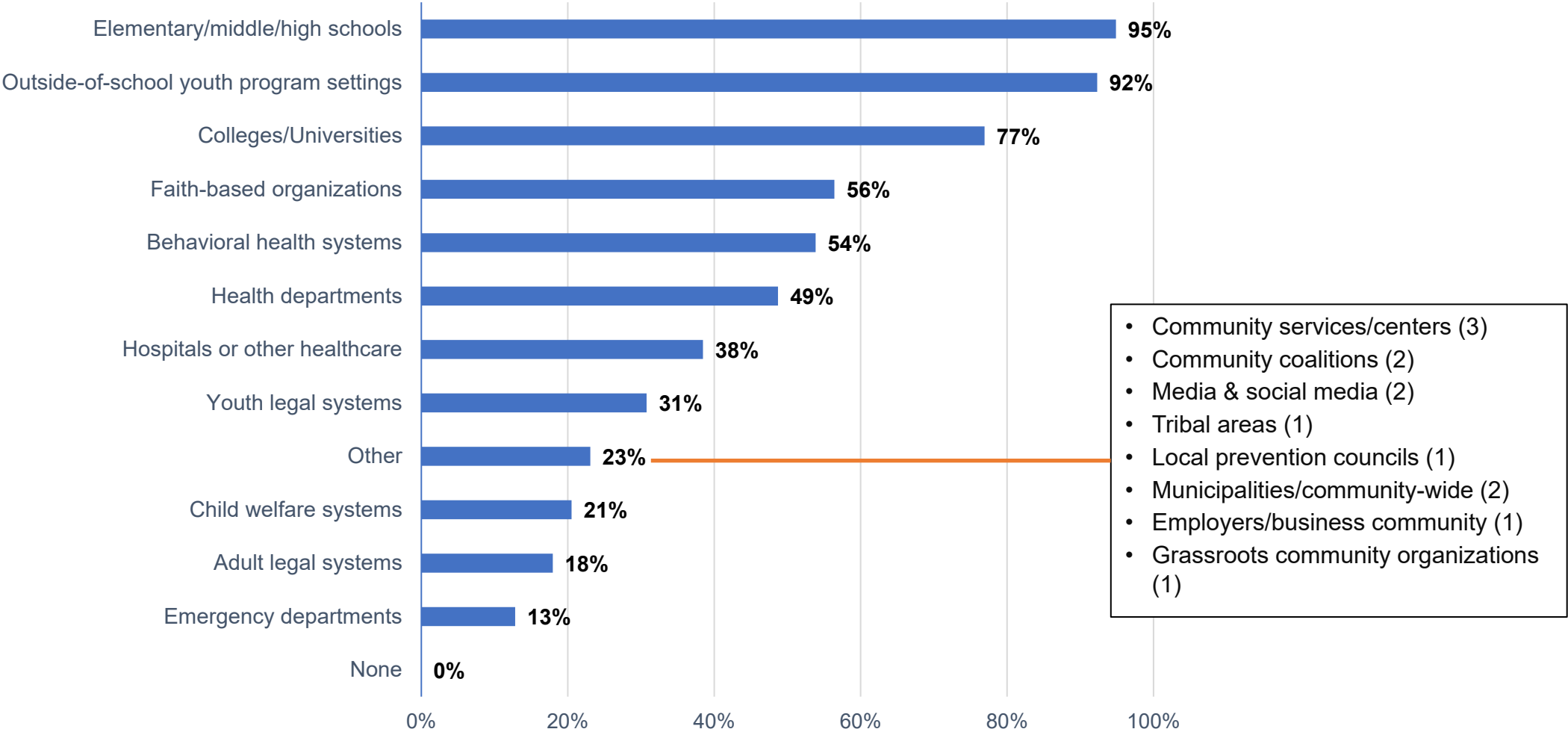


**Many sources of funding are federal grant programs with different:**

- ✓ Priorities
- ✓ Reporting requirements
- ✓ Deliverables
- ✓ Timelines
- ✓ Staffing requirements
- ✓ Goals
- ✓ Accountability

Survey of NPNs: What other agencies in your state or jurisdiction fund substance use prevention strategies?  
(U24DA050182; MPI: Graham/Ridenour)

# Single State Agency (SSA) Prevention Funds are Disseminated to Many Systems and Settings



Survey of NPNs: Which of the following types of systems and settings does your state or jurisdiction target with SSA-distributed prevention funds? (U24DA050182; MPI: Graham/Ridenour)

# We want communities to implement evidence based programs, but identifying them through registries is not straightforward...there are **~35 registries**, all with different criteria and rating systems, evaluating the same or similar programs

- National Registry of Evidence-Based Programs and Practices (*currently archived*)
  - SAMHSA Evidence Based Practice Resource Center
  - OJJDP Model Programs Guide
  - Suicide Prevention Resource Center
  - California Evidence-Based Clearinghouse for Child Welfare
  - Evidence Based Practices for Substance Use Disorders
  - Blueprints for Health Youth Development
  - Child Trends/What Works
  - Youth.gov
  - What works Clearinghouse
  - Effective Child Therapy: Evidence Based Mental Health Treatment for Children and Adolescents
  - Practice Wise
  - Home Visiting Evidence of Effectiveness
  - Crimesolutions.gov
  - Cochrane Database of Systematic Reviews
  - Pew Results First Clearinghouse Database
  - Collaborative for Academic, Social and Emotional Learning
  - And so on....
- (Magura, R01DA042036)

# Additional Challenges

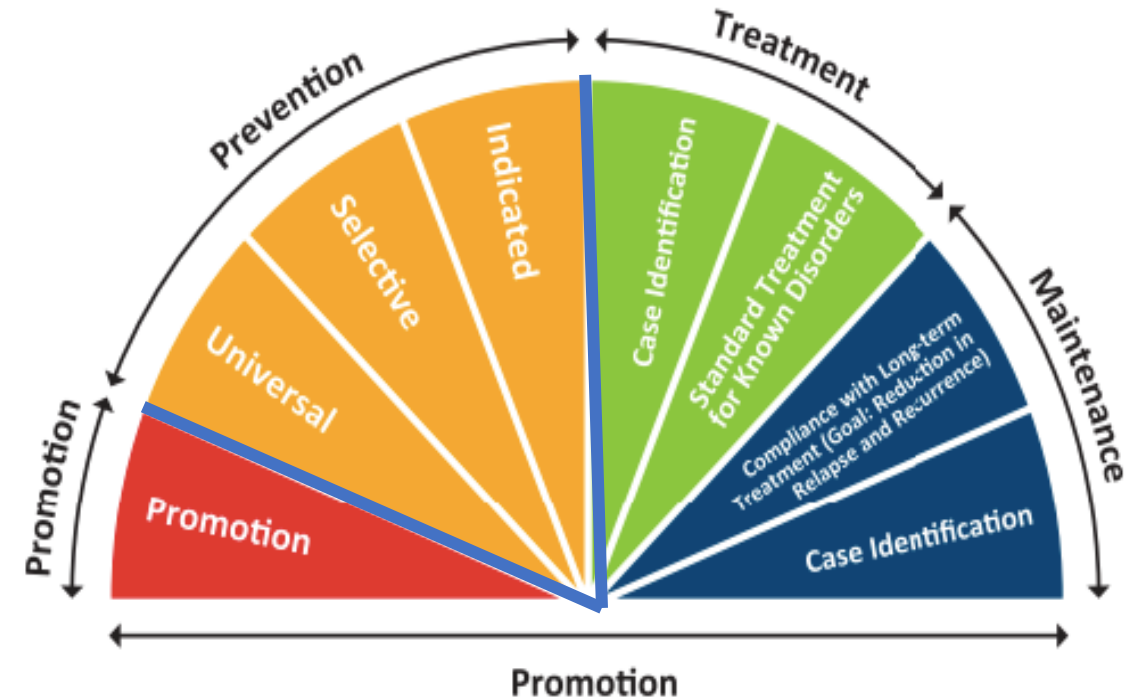
- Existing evidence based programs may be too large/complicated/expensive to be implemented and sustained
- EBPs may not be designed for the settings in which they are implemented
- Lack of sufficient dedicated workforce
- Financing may be inconsistent and insufficient
- No data tracking system

# Statement of Task

*“Blueprint for National Prevention Infrastructure to Address Behavioral Health Disorders”*

# Key Definitions

- **Primary prevention:** strategies that prevent onset of a new health condition by decreasing risk factors and enhancing protective factors
- **Secondary prevention:** strategies to prevent progression of a health condition
- **Behavioral Health:** mental health and substance use (alcohol, tobacco, other drugs)
  - Prevention of initiation of ATOD use, progression from use to misuse
  - Prevent the development or worsening of mental illness
  - Prevent suicide
- Definition of prevention varies for disease; e.g., smoking cessation is considered both treatment of substance use disorder and primary prevention of cancer



# Key Elements to Statement of Task



- Identify best practices for creating a sustainable behavioral health disorder prevention infrastructure



- Identify funding needs and strategies for behavioral health disorder prevention



- Identify research gaps germane to the widespread adoption of evidence based behavioral health disorder prevention interventions



- Make actionable recommendations on how state or federal policies can be expanded or implemented to develop or sustain the infrastructure



# Identify best practices to determine the optimal characteristics of a sustainable infrastructure:

- What is the foundation from which we are building?
- What can we learn from past recommendations?
- What is the ideal model?

Model	Description	Example: <i>A middle school student is identified by the nurse as experiencing risk factors for substance use...</i>
Enhance Capacity	Embed prevention services within existing systems and settings	School employs a preventionist who provides evidence based prevention services to children and families.
Refer Out	Establish an independent prevention delivery system to which existing systems/settings can refer to for receipt of prevention services	The student is referred to the local health department where there are dedicated staff providing preventive services.
Other	Hybrid or alternative approaches	A technology-based intervention is available and maintained by a federal, state, or local entity, and can be recommended by school staff and accessed by students and their families.

# Identify Funding Needs and Strategies

- What is the cost of delivering prevention services within a community?
- How can existing funding sources be better deployed?
  - Can there be greater integration and coordination of federal funding sources for prevention?
  - How can states/communities make funding decisions that promote equity?
- What are funding models that would enable states to not have to regularly re-compete and re-apply for prevention dollars?
- What are new or emerging funding sources that can be redirected or deployed in a coordinated effort to support prevention infrastructure?
  - How can cost savings be identified and redirected into more prevention services?

# Research Gaps and Opportunities

- What are the knowledge gaps that, if filled, would facilitate widespread adoption of evidence based behavioral health prevention interventions?
- Focus on gaps in policy and health services research
  - Dissemination, implementation, sustainability and scale-up
  - Economic analyses
  - Workforce models and training needs
  - Health equity/health disparities
- Identify opportunities for intervention research (e.g., comparative effectiveness studies; research to optimize effect sizes)

# ‘The Blueprint’

- A working document outlining the steps needed to take in order to make behavioral health disorder prevention **affordable**, **available** and **accessible** to all in the United States.
- Areas to include
  - Where to deliver prevention services
  - Data systems required to track prevention need, outcomes, and program delivery
  - Funding (costs and sources)
  - Workforce
  - Sources for evidence based strategies
  - Federal and state level policy recommendations
  - Health equity lens