Framing the Conversation

The Federal Landscape
Brittany Cooper

Blueprint for Prevention Infrastructure
Margaret Kuklinski

The Federal Landscape

Health and Human Services (HHS)/Administration for Healthy America (AHA)

Office of National Drug Control Policy (ONDCP)

HHS/AHA Restructure & Reductions

- Reduce total number of full-time staff from 82k to 62k

- 28 divisions consolidated to 15

- 10 regional offices will become 5

- Consolidating OASH, HRSA, SAMHSA, ATSDR, NIOSH to coordinate chronic disease prevention and 'harmonize health resources' to low-income Americans

- AHA divisions will include: Primary Care, Maternal and Child Health, Mental Health, Environmental Health, HIV/AIDS, and Workforce

https://www.hhs.gov/press-room/hhs-restructuring-doge-fact-sheet.html

HHS/AHA Priorities

- Emphasis on "ending chronic disease epidemic" by focusing on:
  - Nutrition
  - Physical activity
  - Healthy lifestyles
  - Over-reliance on medication and treatments
  - Effects of new technological habits
  - Environmental impacts
  - Food and drug quality and safety

- Recently released 'Make Our Children Healthy Again' report

https://www.whitehouse.gov/presidential-actions/2025/02/establishing-the-presidents-make-america-healthy-again-commission/
https://www.whitehouse.gov/maha/

6 ONDCP Priorities

1. Reduce the Number of Overdose Fatalities, with a Focus on Fentanyl

2. Secure the Global Supply Chain Against Drug Trafficking

3. Stop the Flow of Drugs Across our Borders and into Our Communities

4. ***Prevent Drug Use Before It Starts***

5. Provide Treatment That Leads to Long-Term Recovery

6. Innovate in Research and Data to Support Drug Control Strategies

https://www.whitehouse.gov/wp-content/uploads/2025/04/2025-Trump-Administration-Drug-Policy-Priorities.pdf

https://www.whitehouse.gov/articles/2025/04/ondcp-releases-trump-administrations-statement-of-drug-policy-priorities/

Prevent Drug Use Before It Starts

Objective: Reduce the initiation of drug use, particularly among young people.

Preventing drug use before it starts is vital to protect future generations of Americans from the devastating impact of addiction. The Administration will encourage educational campaigns and evidence-based prevention programs, particularly in schools and communities. We will collaborate with state and local organizations to focus on building resilience in youth and promoting healthy behaviors. We will use all forms of media, with an emphasis on social media, to connect directly with Americans to raise awareness and educate them about the dangers of illicit drug use and how to avoid it, how to prevent overdoses and save lives, and how to access treatment and recovery services.

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

May 20, 2025

Dear Partner:

As part of its mission, the Office of National Drug Control Policy (ONDCP) develops and submits to Congress the President's *National Drug Control Strategy (Strategy)* on a biennial basis, as required under the agency's authorization statute (21 U.S.C. § 1701 *et seq*). The 2026 *Strategy* will build off of the Trump Administration's Drug Policy Priorities[1], a comprehensive and coordinated blueprint to reduce the devastating impact of illicit drugs on American society:

- Reduce the Number of Overdose Fatalities, with a Focus on Fentanyl
- Secure the Global Supply Chain Against Drug Trafficking
- Stop the Flow of Drugs Across our Borders and into Our Communities
- Prevent Drug Use Before It Starts
- Provide Treatment That Leads to Long-Term Recovery
- Innovate in Research and Data to Support Drug Control Strategies

The implementation of these priorities will complement the Administration's tireless efforts to stop foreign terrorist organizations, cartels, and drug traffickers from harming Americans, and will help build a safer, healthier future for America. Critically, they also lay the groundwork for the 2026 *Strategy*.

Recognizing that a sustainable solution requires coordination across all levels of government and civil society, including academia, advocates, and the private sector, as well as input from trusted international partners, ONDCP seeks to collaborate with law enforcement, first responders, healthcare providers, community-based organizations, and individuals like you to ensure the health and well-being of all Americans. ONDCP therefore requests any relevant input or advice you have about the *Strategy*, and its counterpart *Southwest Border Counternarcotics Strategy*, *Northern Border Counternarcotics Strategy*, and *Caribbean Border Counternarcotics Strategy*.

Your input will be vital as the Administration develops a *Strategy* that will take bold and necessary actions to address the drug crisis, and protect the health and safety of all Americans. Please send your written feedback no later than June 20, 2025 directly to the ONDCP team at Strategy@ondcp.eop.gov.

Thank you for your leadership on this issue. The Administration looks forward to working with you to develop and implement the *Strategy*, address the opioid crisis, and save American lives.

Sincerely,
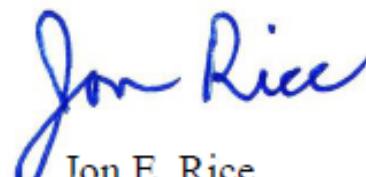
Jon E. Rice
Senior Official Performing
the Duties of the Director

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[1] https://www.whitehouse.gov/wp-content/uploads/2025/04/2025-Trump-Administration-Drug-Policy-Priorities.pdf

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

Margaret Kuklinski, PhD | *Highlights for Washington State Prevention Research Consortium* | *June 4, 2025*

Committee

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, Influents 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

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

In Memoriam

Lonnie Snowden
University of California Berkeley

Sponsors

Centers For Disease Control And Prevention

National Institutes Of Health

Substance Abuse And Mental Health Services Administration

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Statement of Task — *in brief*

Develop a blueprint, including specific, actionable steps for building and sustaining an infrastructure for delivering prevention interventions targeting risk factors for behavioral health disorders. <u>The committee will:</u>

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

2) **Identify funding needs and strategies** — existing and potential new sources.

3) **Identify research gaps** germane to widespread adoption of evidence-based behavioral health prevention interventions.

4) **Make actionable recommendations** to develop and support infrastructure components.

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Report Premise

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

Consensus Study Report
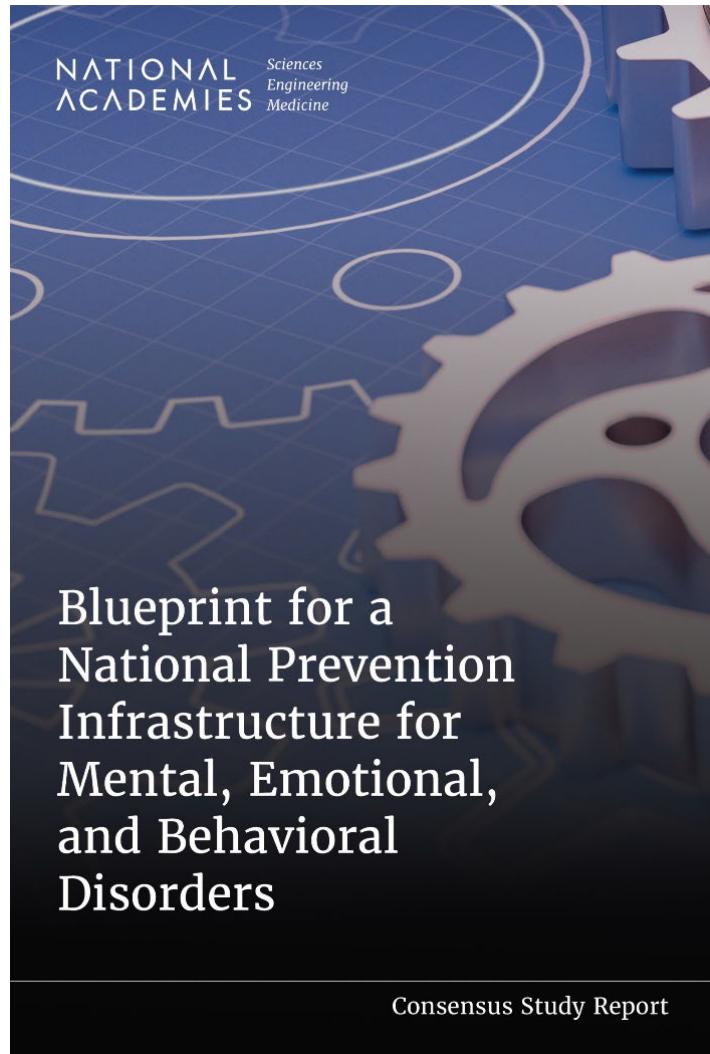
- MEB disorders have enormous costs in lives, human potential, productivity, and resources

- 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 infrastructure supporting the delivery of preventive interventions.

It incorporates existing systems, guiding principles, and major components in need of support to successfully work together.
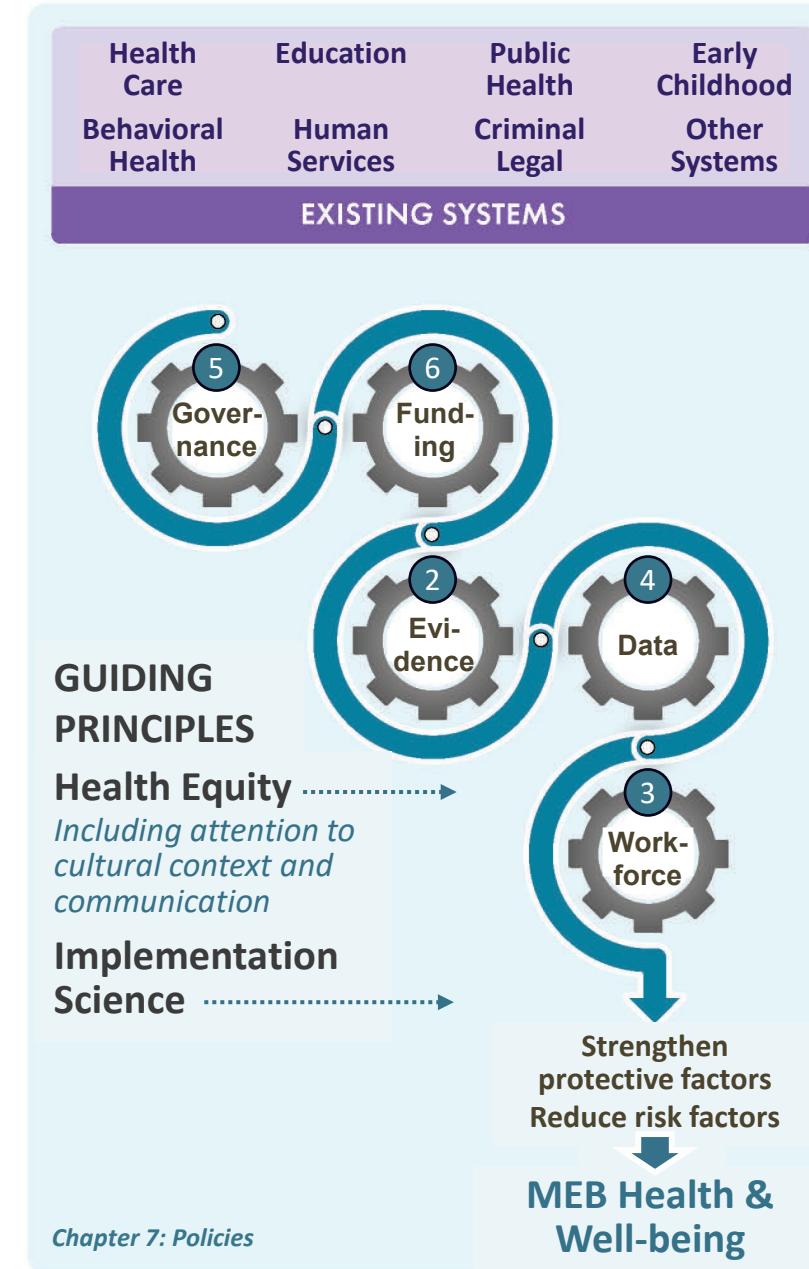
Chapter 2: Evidence
CLOSING RESEARCH GAPS AND SUPPORTING IMPLEMENTATION

Chapter 3: Workforce
SUPPORTING AND TRAINING THE MEB DISORDER PREVENTION WORKFORCE

Chapter 4: Data
ENSURING ADEQUATE DATA TO SUPPORT MEB DISORDER PREVENTION & REPORTING

Recommendations

2-1. **Fund more research on MEB disorder prevention to address research gaps** in intervention development and implementation.

2-2. Manage and **maintain a centralized and dynamic evidence clearinghouse** of MEB health interventions.

Recommendations

3-1. **Describe and enumerate** the prevention workforce.

3-2. Use the most **up-to-date workforce descriptions** for the SOC.+

3-3. Establish a **Coordinating Office** on the MEB Prevention Workforce.

3-4. Offer **prevention training strategies for frontline personnel** in various settings, from early childhood to aging services.

Recommendations

4-1. Sustain, enhance, update the **Population Level Analysis and Community Estimates** (PLACES) dataset.

4-2. Include **support for data infrastructure** in grant programs.

4-3. Collaboratively develop a **measure of population well-being.**

* Recommendations on this slide are paraphrased. Please refer to the report for details.

+ SOC = Standard Occupation Classification.

Chapter 5: Governance
ESTABLISHING CLEAR AND ENDURING GOVERNANCE

Recommendation

5-1. Add **governance structures** for prevention at each **level in the Executive Branch,** including establishing a **Center for Mental Health Promotion**—in addition to the Center for Substance Abuse Prevention—or a **new Center for Prevention of Behavioral Health Disorders.**

Chapter 6: Funding
SECURING ROBUST, SUFFICIENT, AND SUSTAINABLE FUNDING

Recommendations

6-1. New prevention funding: **$14 billion to a more modest $1.8 billion**.

6-2. Encourage use of **Medicaid 1115 waivers** to support prevention.

6-3. Adopt and support **new or innovative funding** streams.

6-4. Develop a **comprehensive economic model** to test the downstream effects of prevention investment (ROI).

Chapter 7: Policies
ENACTING POLICIES THAT SUPPORT MEB DISORDER PREVENTION AND CREATE ENVIRONMENTS THAT MAKE PREVENTION EASIER

Recommendations

7-1. Sustain, restore, or develop **evidence-based policies that enhance MEB health;** deimplement policies that do not.

7-2. **Divert people** from the criminal legal system and **reduce reliance on incarceration.**

7-3. **Mitigate firearm violence.**

7-4. Finance **research** assessing **MEB health and well-being** related to **specific policies.**

* Recommendations on this slide are paraphrased. Please refer to the report for details.

At the Heart of It…

To be effective and reduce health inequities, prevention needs funding, federal agency coordinated support, targeted priorities and policies, with effective and equitable governance focused on MEB wellbeing across the lifespan

We also need to…

- Identify when interventions are or are not appropriate for a population or community and adapt and test accordingly.

- Grow the MEB prevention workforce.

- Understand from communities what they need, can implement, and can sustain.

- Make knowledge about interventions, for whom and when they are appropriate, and how they should be implemented easily available to communities themselves either through TA or implementation tools.

- Help communities use, access, and understand data to evaluate their own gaps and outcomes.

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Thank You

- To access the report and supporting materials visit or use the QR code above:
  Blueprint for Prevention Infrastructure

- For more information, contact:
  BHprevention@nas.edu

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

Consensus Study Report

Final PRC Vision

To be a diverse, inclusive community bridging research with equitable and evidence-informed behavioral health prevention and promotion strategies to help all people thrive.

Prevention Research Collaborative (PRC) Mission Statement

To provide a **forum for prevention researchers, state agency leaders, policymakers, and community practitioners** to meet regularly and share knowledge for identifying and addressing substance use disorder prevention and mental health promotion service and research needs in Washington State.

The Prevention Research Collaborative aims to do this through the following strategic goals:

1. Support Washington State's evaluation of prevention services and strategies;

2. Assist Washington State in (a) defining the criteria for determining that a service or strategy is evidence-based; and (b) establishing a protocol for review and acceptance to a list of evidence-based services and strategies;

3. Advocate for funding of evidence-based and other effective prevention services and strategies in Washington State;

4. Establish and promote collaborations to initiate new research and share existing research on substance use disorder prevention and mental health promotion to improve Washington State's prevention services and strategies; and

5. Promote implementation science through the collaborative knowledge exchange of Washington State agency leaders, policymakers, and community practitioners.