

# Prevention Works: A Call to Action for the Behavioral Health System

Behavioral health disorders, such as depression and substance abuse, are now the leading cause of disease and death in the United States.<sup>1</sup> Although we know how to prevent behavioral health problems, effective prevention programs still do not reach the majority of Americans. Former Surgeon General David Satcher described this gap—between what we know about how to prevent these problems, and what we do to prevent these problems—as “lethal to Americans.”<sup>2</sup> To eliminate this gap, we must scale up effective behavioral health prevention programs to youth, families, and communities across the United States.<sup>3,4</sup>

## The Behavioral Health System is Already Positioned to Support Prevention Programs

In 2016, nearly one out of every four adults suffered a mental and/or substance use disorder, and the consequences of these disorders affect their families, communities, and society at large.<sup>5</sup> In 2013, over 85,000 people died by suicide or overdose,<sup>6,7</sup> with opioid abuse a major contributing cause: Deaths from synthetic opioids increased 1000 percent from 2011 to 2016.<sup>8</sup> The economic burden of suicidal behaviors and opioid abuse is tremendous and was estimated to be in excess of \$136 billion in 2013.<sup>7,9</sup>

The true tragedy, however, is that while we know how to prevent these harmful and costly disorders from occurring, we have yet to dedicate the necessary resources to do so. The good news is that the behavior health system already has the basic infrastructure at the state level needed to support and scale up prevention programs. The [Substance Abuse and Mental Health Services Administration](#) (SAMHSA) currently provides statutory and monetary support to every state for the prevention of substance abuse and mental illness.

Most of this work is currently funded through two federal block grants administered by SAMHSA: the Substance Abuse Prevention and Treatment Block Grant and the Community Mental Health Services Block Grant. These are non-competitive grants mandated by Congress to go to states, assuming they meet their statutory and regulation requirements.

## State Behavioral Health Systems Vary Greatly in Their Prevention Services and Spending

A notable factor affecting efforts to scale up behavior health prevention programs is the significant variability from state to state in behavioral health service spending, and more specifically, in the proportion of funds dedicated to prevention vs. treatment. In 2014,<sup>a</sup> overall, state agencies responsible for substance use disorder services spent 7.5 times more on treatment than prevention.<sup>10</sup> However, this disparity can look very different depending on the state. For example, the behavioral health system in Arizona spent 5 percent of its overall budget on prevention services, whereas New York spent twice that percentage on substance abuse prevention services.<sup>10</sup>

<sup>a</sup> Data were compiled by SAMHSA in summer 2015 from the most recent data reported by states, which generally was state fiscal year 2014; several states reported data for fiscal year 2013.

Equally important, even when funding is allocated to prevention, it is not always used to support high-quality delivery of proven-effective programs.<sup>10,11</sup> These are the evidence-based programs that have been proven to improve health and well-being and reduce behavioral health problems when evaluated using rigorous scientific methods.<sup>3,12</sup> Although New York spends a higher portion of its overall budget on substance abuse prevention services compared to Arizona, only about half of New York's Substance Abuse Prevention and Treatment Block Grant dollars are directed toward what SAMHSA considers evidence-based practices.<sup>10</sup> By comparison, Arizona spends nearly all their Substance Abuse Prevention and Treatment Block Grant on evidence-based practices.<sup>10</sup> These examples underscore how the behavioral health system—although well positioned to promote and support prevention of behavioral health issues through the scale-up of effective programs—is not being consistently used or fully funded to accomplish that goal in all states and all communities.

## Some States Have Been Successful in Prioritizing and Supporting Prevention

The variability in states' spending allocated to effective prevention programs illustrates the need for innovative models to help states prioritize and support prevention. The approaches used in the states of Washington and Pennsylvania provide two examples that can guide our efforts moving forward.

In Washington State, the Health Care Authority's Division of Behavioral Health and Recovery leverages state and federal funding to support high-need communities in implementing the Community Prevention and Wellness Initiative (CPWI).<sup>13</sup> CPWI is a strategic, data-informed, research-based community coalition model aimed at bringing together key local stakeholders to provide the infrastructure and support necessary to successfully coordinate, assess, plan, and implement proven-effective youth substance use prevention services. This coalition-based model is used to foster community ownership of prevention efforts and to increase the sustainability of proven-effective prevention programming. To learn more about CPWI in Washington State, [go here](#).

By scaling up effective prevention programs in high-risk communities, the Washington State behavioral health system is having a significant impact on youth substance use:

- CPWI has been scaled up in 59 Washington communities and in all 39 counties.
- In state fiscal year 2015, prevention services were provided to 15,118 people; of those, 88 percent received evidence-based services.
- A statewide evaluation of the first 18 CPWI communities that began implementing programming in 2011 showed that CPWI effectively reduced youth alcohol use as well as key family and community-level risk factors by 2016.<sup>14</sup>

Since the mid-1990s, Pennsylvania has also supported a community coalition model planning process aimed at implementing evidence-based programs to prevent negative youth outcomes. However, after many years of broadly disseminating these programs, Pennsylvania recognized that communities needed more coordinated and proactive support. The state realized that beyond the adoption of effective prevention programs, communities also required support to ensure that they could both deliver the programs with high quality and sustain them beyond the initial seed funding the state provided. To help communities build this capacity, the [Evidence-based Prevention and Intervention Support Center \(EPISCenter\)](#) was funded in 2008 through a partnership between Pennsylvania State University's Prevention Research Center; the state's Commission on Crime and Delinquency; the Office of Mental Health and Substance Abuse Services; and the Office of Children, Youth, and Families. The EPISCenter serves as a state-level intermediary organization that provides proactive technical assistance and implementation support to communities that receive state funding to implement evidence-based prevention programs.

By providing the coordinated support communities need to successfully deliver evidence-based prevention programs across the state, Pennsylvania's behavioral health and juvenile justice systems are having a significant impact. In state fiscal year 2013-14, the EPISCenter supported 70 evidence-based prevention programs that reached nearly 6000 youth, which they estimated resulted in an over \$24 million return-on-investment for the state.<sup>15</sup>

# Significant Challenges Limit the Potential of the Behavioral Health System

To realize our goal of preventing individuals, families, and communities across the United States from experiencing the unnecessary harm and cost of behavioral health disorders, we must do a better job of addressing the challenges that prevent the behavioral health system from realizing its full potential. Below we describe these challenges and offer specific recommendations for overcoming each of them.

Challenge	Recommendation
<p><b>Lack of prevention services funding:</b> SAMHSA reports that spending for prevention services has decreased from \$580 million in 1999 to \$550 million in 2014,<sup>10</sup> and this decrease is exacerbated by inflation. Spending for treatment has remained fairly steady and, in some cases, increased. This imbalance must be addressed.</p>	<p><b>Support policies that require more equitable funding for effective prevention.</b> The two major federal block grants for substance use prevention and mental health currently prioritize treatment over prevention.<sup>10</sup> However, if we direct more resources toward effective prevention programs, fewer individuals will need the much costlier treatment services. With slight modifications to existing regulations for federal block and discretionary grants, we can leverage the funds necessary to make this happen.<sup>16,17</sup></p>
<p><b>Gaps in local prevention infrastructure:</b> Many local communities lack the training, technical assistance, and organizational support needed to effectively deliver and sustain high-quality substance use prevention and mental health promotion programs.</p>	<p><b>Partner with organizations that can provide implementation support to providers delivering local prevention services.</b> Training, technical assistance, and monitoring are often the first services to be cut from budgets in order to dedicate more funds to direct services, but if direct services are not well implemented, they are worthless. Fortunately, an emerging sector of organizations specializes in providing the training, technical assistance, and organizational support needed to effectively deliver and sustain effective prevention programs.<sup>18</sup></p>
<p><b>Limited understanding of the value of prevention:</b> By its very nature, successful prevention yields results that can seem invisible. Preventing a person from experiencing a problem that has yet to occur is often overshadowed by the emotional appeal of helping (i.e., treating) a person who already has a very noticeable problem—even if, in the long term, many more people will be helped by prevention.<sup>19</sup></p>	<p><b>Support state and national information campaigns that illustrate the power of prevention.</b> In most cases, successful scaling up of evidence-based programs has been driven by external forces that create increased demand for them.<sup>20</sup> We need strategic marketing campaigns, like those that effectively shifted public views about smoking, to generate public support and advocacy for the widespread scale-up of effective substance use prevention and mental health promotion programs.</p>

**Brittany Cooper**, Washington State University

**Laura Hill**, Washington State University

**Louise Parker**, Washington State University

**Garrett Jenkins**, Washington State University

**Gail Taylor**, Virginia Department of Behavioral Health & Developmental Services

**Phillip Graham**, RTI International

**For more information, please contact:**

Jennifer Lewis

Society for Prevention Research

(703) 934 4850 ext. 3

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