

NMSU Las Cruces Part Of National Pilot Program Examining Behavioral Health

Grappling with behavioral health problems, especially substance use and abuse and mental health, is a continual struggle for many communities across the country. The challenge for leaders in those communities is that the occurrence of these issues can vary greatly from place to place, but accurate local data for a community can be hard to come by.



A team from New Mexico State University is part of a national pilot project to address that challenge in communities like Dona Ana County.

Esther Devall, department head for Family and Consumer Sciences and Extension Family and Consumer Sciences in the College of Agricultural, Consumer and Environmental Sciences, will lead the project, along with Jonathan Schwartz, associate dean for research in the College of Education, and Valois Pearce with the NMSU Community Mental Health and Wellness Clinic. The Community Assessment and Education to Promote Behavioral Health Planning and Education project, known as CAPE, was developed to provide resources for local decision makers to better understand the behavioral health concerns in their region.

Dona Ana County was one of 10 communities nationwide selected via a national competition and peer review process. With funding from the Substance Abuse and Mental Health Services Administration division of the Department of Health and Human Services and facilitated by the USDA, CAPE will explore how local health decision makers are currently gaining information on the behavioral health practices in their communities and how they can get access to needed information for coordinated local efforts.

Devall said the CAPE project is a major step in addressing the issue by looking at how information is collected and used.

“Rates of excessive consumption of alcohol, abuse of both illegal and prescription drugs, mental illness, and suicide are much higher in New Mexico than the national average,” Devall said. “We need good data to begin addressing these problems.”

The project has four phases. In phase one, local elected officials and behavioral health care providers will supply input about which community health issues are most important and how they get information on trends in the community. The second phase takes a look at the local trend information with help from the national team, and creates a custom profile of highest-priority issues.

In phase three, the local team will work to raise awareness in the community. The last phase will explore potential ways of addressing the high-priority issues, and, again with the help of the national team, gathers the resources to start implementing systems to begin reducing the incidence of the most troubling behaviors.

Brent Elrod, national program leader for community and rural development at USDA’s National Institute for Food and Agriculture, helped launch the CAPE program at the federal level.

“This is truly a collaborative effort,” Elrod said of the program’s many partnerships. “SAMHSA’s investment brings the expertise of the Regional Centers for Rural Development, our land-grant university partners, and the Cooperative Extension System to the ongoing effort to improve behavioral health outcomes in communities across America.”

Elrod said helping decision makers understand where to find the relevant data that is also specific to their locale will promote more effective behavioral health policies and programs.

Dee Owens, who leads SAMHSA’s Community Early Warning and Monitoring System,

said the partnerships will enhance the C-EMS goal of quickly getting behavioral health data into the hands of community health decision makers.

“If we can work together in this project to get those measures,” Owens said, “and get them into a tool-kit where they’re sensible and can be used, then at the community level, you will be able to find out what’s going on and be able to target scarce resources where most needed.”

For more information about the community behavioral health benchmarking initiative, visit <http://healthbench.info/> or follow the project on Twitter @healthbench.