



LIFESTYLE INTERVENTION
OLFERT RESEARCH LAB

Community Assessment and Education to Promote Behavioral Health Planning and Evaluation (CAPE)



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INTRODUCTION

- Mental health and substance use disorders affect ~20% of the U.S. population and are often comorbid¹.
- Clinicians and healthcare providers involved in these disorders report:
 - lack of materials and resources available to guide their programs²
 - lack of strategies that are specific (not generalized across populations)
- Time gap between research findings and program implementation of about two decades³.
- Data on these issues needs to be easily shared across fields (emergency medicine, psychology, etc.)
- Communities should have the tools to implement interventions based on their *specific* needs.
- Community Assessment and Education to Promote Behavioral Health Planning and Evaluation (CAPE) was created by SAMHSA and USDA to:
 - address the lack of data and tool compilation
 - improve sharing of data and tools across sectors
 - catalyze the process of research findings being implemented into programs

OBJECTIVE

Phase I: Collect community level behavioral health data from 10 communities and compile a community report and snapshot. Compile a toolkit for other communities to find relevant data and intervention materials.

Phase II: Communities test the usability of the CAPE I Toolkit in identifying top behavioral health needs at the community level and developing a timely intervention.

METHODS

Phase I identified diverse communities to collect behavioral health data and compile it into a snapshot and report. Data was collected using a variety of data dashboards, such as the Centers for Disease Control and Prevention, U.S. Census Bureau, and the National Institutes of Mental Health.

Phase II identified Index Light, Index, and Innovation communities to use the CAPE I Toolkit to identify the most prevalent behavioral health issues and develop interventions to address them. Communities were identified based on geographical and sociodemographic characteristics to contain a sample of diverse communities.

Index Light Communities

- 30 knowledgeable community stakeholders responded to biweekly surveys on behavioral health

Index Communities

- 30 knowledgeable community stakeholders responded to monthly surveys about behavioral health
- Interventions developed based on behavioral health needs

Innovation Communities

- Early warning protocol developed unique to each community
- Interventions developed when spikes or increases were detected

COMMUNITIES



Phase I

Finney County, KS
Orleans Parish, LA
Garrett County, MD
Pettis County, MI
Clark County, NV
Dona Ana County, NM
Blount County, TN
Chittenden County, VT
New River Valley, VA
Kanawha County, WV

Phase II: Index Light and Innovation

Wyandotte County, KS
Genesee County, MI
Tulsa Metropolitan Statistical Area, OK
Whitman County, WA
Lancaster County, NE
New River Valley, VA
Chittenden County, VT
Cabell County, WV

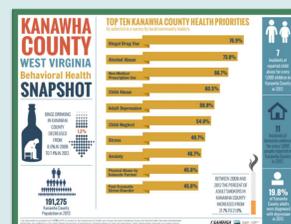
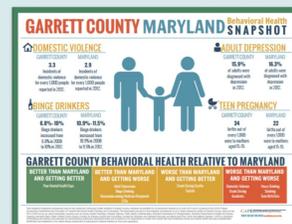
Phase II: Index

Dale & Geneva Counties, AL
Autauga, Elmore, Lowndes, and Montgomery Counties, AL
Kauai County, HI
Riley County, KS
McCracken, Ballard, Carlisle, Fulton Hickman Counties, KY
Garrett County, MD
Menominee County, WI
Kanawha County, WV

RESULTS: PHASE I

Phase I communities (n=10) compiled behavioral health snapshots and reports and created a toolkit of resources (available at healthbench.info). This toolkit includes:

- Behavioral health program database
- Resources to obtain current behavioral health statistics
- How to conduct community level surveys and use Google Trends.



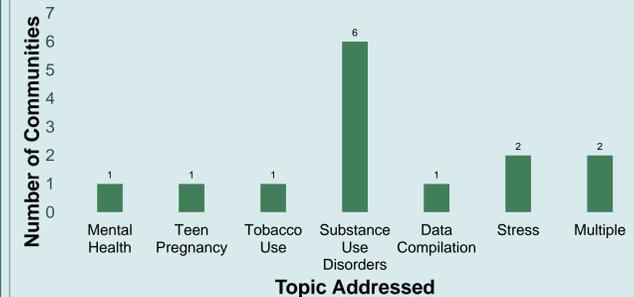
Behavioral Health Snapshots

RESULTS: PHASE II

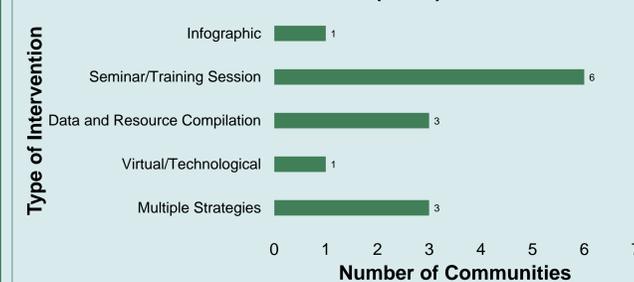
Phase II implemented interventions (n=14) that addressed behavioral health issues and were found to have positive impacts. Below are examples of the innovative, adaptable, cost-effective interventions that occurred. Interventions implemented addressed a wide range of topics. Below are the most common:

- Substance Use Disorders (n=6),
 - Stress (n=2)
 - Multiple topics (n=2).
- Different strategies were used for interventions, including the most common:
- Seminar/training session (n=6)
 - Data and Resource Compilation (n=3)
 - Multiple strategies (n=3).

Topic Addressed in Behavioral Health Interventions (n=14)



Type of Intervention Implemented by CAPE II Communities (n=14)



Examples of Interventions

Mindfulness Training

- Kauai County, HI
- Issue addressed: Stress
- Strengths: Cost-effective "Training the Trainer" model, Mindfulness is very effective for behavioral health

Mental Health First Aid Training

- Autauga, Elmore, Lowndes, and Montgomery Counties, AL
- Issue addressed: Low mental health literacy
- Strengths: Anyone can learn, online materials

AddictionHappens.org

- Garrett County, MD
- Issue addressed: Substance use disorder stigma
- Strengths: Compiled and accurate data and treatment resources

Behavioral Health Lending Library

- Cabell County, WV
- Issue addressed: Co-occurring substance abuse and domestic violence
- Strengths: Accessible across sectors, wealth of information

CONCLUSION

Compiling behavioral health data and resources into an accessible source enables communities to:

- Determine their most prevalent behavioral health issues.
- Implement timely, cost-effective, adaptable interventions.

The results of these interventions and tools for how to implement them will help to inform other communities with similar problems on how to implement timely interventions.

The CAPE team has begun next steps, beginning with creating mental health literacy cards (shown below) to spread information on the symptoms, prevalence, and recognition of mental health and substance use disorders.



Future steps include:

- Creating additional infographics to address mental health and substance use disorder literacy and stigma
- Implement psychosocial, holistic interventions, as patients have reported a preference for psychosocial approaches over medication-based treatments¹.
 - Examples of these interventions are nutrition, culinary, gardening, music, and art therapy.

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