

# EVALUATING BEHAVIORAL HEALTH GAPS IN LOS ALAMOS COUNTY: AN EXPLORATORY STUDY

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## Executive Summary

The purpose of this study is to better understand what gaps exist in the behavioral health needs of individuals living and working in Los Alamos County. To this end, the directors of several non-profit and government agencies were contacted, all of whom provided whatever data they collected related to mental health and substance abuse. Though comparing the data across agencies is difficult given the differences in how it is currently collected, some agencies, such as the local jail, are more impacted by substance abuse, while others, such as the Los Alamos Family Council’s Counseling Center, have clients struggling more with mental health. To create a true cost-benefit analysis of how best to fund and evaluate mental health and substance abuse programs, several next steps are required, the first of which is creating a uniform data collection approach in Los Alamos County.

## Background

In recent years, issues related to behavioral health have garnered increasing attention in Los Alamos County. In 2010, the county funded the Los Alamos Health Council (LAHC), an agency whose mission is to make recommendations for improving community health, establish a network of programs and providers to deliver health services, and organize and fund regular community health assessments<sup>1</sup>. Although there is no LAHC-sponsored behavioral health/substance abuse report or subcommittee, this is one of the six issues highlighted by LAHC as deserving of more study and attention. Based in part on the recommendation of the LAHC-sponsored *2010 Los Alamos Community Needs Assessment*, the county created the Social Services Division, a new division housed within the Community Service Department, to consolidate services and programs that were previously offered in different departments and divisions<sup>2</sup>. Their work includes providing access to behavioral health resources. More recently, the *2015*

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<sup>1</sup> <http://lachc.net/about/>

<sup>2</sup> <http://lachc.net/wp-content/uploads/LAHC-Health-Profile-2015-Final-Nov-16-2015.pdf>

*LACHC Los Alamos Community Health Profile* identified five areas of concern to Los Alamos residents, two of which were specifically related to behavioral health<sup>3</sup>. While many of these efforts address behavioral health as one of many factors related to a healthy community, beginning in 2016, the United Way of Northern New Mexico began coordinating monthly Mental/Behavioral Health meetings as part of its Behavioral Health(y) Community Initiative. Taken together, it is clear behavioral health has emerged as an important component of the overall community health in Los Alamos.

While there is an understandably strong desire to identify problems related to behavioral health and develop targeted programming to improve local outcomes, recognizing what counts as success is complicated. There are several formal and informal agencies that engage with individuals experiencing behavioral health issues, and it is not straightforward to know which programs are most effective, where there is the most unmet need, or what services might be duplicated. The purpose of this report is to shed light on which agencies provide services to individuals experiencing behavioral health issues, and propose monetary costs associated with these events. In considering where behavioral health costs are the highest, local agencies can consider reorienting resources to meet these needs. Throughout this report, behavioral health issues include those relating to substance abuse.

## **Health and Cost Indicators**

Compiling data about local behavioral health and substance abuse is no easy task. Each agency has unique reporting requirements, which may or may not include specifically tracking behavioral health or substance abuse. Some agencies have used the same database for years, while others have transitioned to new ones, often rendering past data incompatible with present data. No agency records whether one individual visited other local groups, making it difficult to understand how many different local agencies interact with, or “touch,” any one person. While most local groups report how often individuals use their services or referrals, with the exception of the criminal justice system, agencies do not report the frequency of interactions by one individual. This makes it difficult to tease out whether many individuals have the same unmet need, or one individual frequently has one recurring unmet need. There are excellent reasons why data is so hard to collect; it is very important to protect individual privacy, especially in matters related to substance abuse and mental health. In addition, there is no locally defined standard regarding what data should be collected, which leaves it up to each individual entering data or group writing reports to decide what is important. However, without a better understanding of how frequently individuals use local services, it is extremely difficult to know how to most effectively use funds.

## **State Health Data**

To shed light on the kinds of behavioral health and substance abuse issues facing those in Los Alamos, it is helpful to review data collected by the state for Los Alamos County. This data, largely from 2014, can help us understand how Los Alamos compares to the rest of the state on several health measures. Regarding behavioral health outcomes, we are similar to the state of New Mexico in most of our outcomes, including adult and youth suicide attempts, youth injured in suicide attempts, youth and all

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<sup>3</sup> <http://lachc.net/wp-content/uploads/LACHC-Health-Profile-2015-Final-Nov-16-2015.pdf>

age-adjusted suicide rates, and emergency room admissions for self injury, as summarized in Table 1.<sup>4</sup> For behavioral health risks, in mental distress, depression, and adult and youth suicidal ideation, we are similar to state average – see Table 2. A smaller percentage of youth in Los Alamos, compared to the state average, indicate they have persistent feelings of sadness and hopelessness. Substance abuse information is in Table 3. Los Alamos County has fewer alcohol-related deaths, alcohol-related chronic disease deaths, and alcohol-related injury deaths than the state average. The number of deaths due to drug overdose, however, is closer to the state average.<sup>5</sup> Based on this county-level data, issues related to mental health are often comparable to the state average. This is also true for deaths due to drug use, though Los Alamos County fares better, on average, to statistics related to alcohol use.

Indicator - Outcomes	Community Data			Comparison Values	
	Count/Rate	Confidence Interval*	Compared to NM	New Mexico	U.S.
<a href="#">Adult Suicide Attempts, 2011</a> (Percentage Who Attempted Suicide)	0.40%	(0.1% - 3.0%)	≈	0.70%	DNA
<a href="#">Youth Who Attempted Suicide in the Past Year, Grades 9 - 12, 2013</a> (Percentage Who Attempted Suicide)	6.5%	(3.8% - 10.8%)	≈	9.4%	**
<a href="#">Youth Injured in a Suicide Attempt in the Past Year, Grades 9 - 12, 2013</a> (Percentage Injured in Suicide Attempt)	2.80%	(1.3% - 5.9%)	≈	3.50%	DNA
<a href="#">Emergency Department Admissions for Self Injury, 2010-2014</a> (ED Encounters per 100,000 Population)	188.3	(154.6 - 222.0)	≈	163.2	DNA
<a href="#">Suicide Deaths, 2011-2015</a> (Age-Adjusted Deaths per 100,000 Population)	13.5	(5.5 - 21.5)	≈	21.2	DNA
<a href="#">Suicide Among Youth Age 10-24 Years, New Mexico, 2009-2013, and U.S., 2013</a> (Deaths per 100,000 Population)	34.1	(4.2 - 63.9)	≈	14.9	8.1

Table 1. Mental Health Outcome Data for Los Alamos County. Data from New Mexico's Indicator-Based Information System. Key: ≈ indicates Los Alamos is similar to average state rates/counts for this number, and ✓ indicates Los Alamos is better than state rates/counts for this number.

<sup>4</sup> The Suicide Among Youth Age 10-24 Years is 34.1 deaths per 100,000 between 2009-2013, and is significantly higher than the county and national average. However, the confidence intervals around the number are also significantly higher than most other metrics presented here, and range from 4.2 to 63.9 – a huge variation. An additional report sought to better understand the youth suicide rate, and placed our rate similar to those of surrounding counties, and the state (Middaugh, N., Murphy, T., Kirkpatrick, N., Gallagher, K., and Landen, M. New Mexico Department of Health. (2016). *Los Alamos Suicide Report*.)

<sup>5</sup> There is sparse data regarding the type of drugs used by county residents. One report of prescription drug use indicated that Los Alamos County has one of the highest rates in the state for stimulants, while prescriptions for Opioids or Benzodiazepines are lower than the state average. (New Mexico Department of Health. 2014. *New Mexico Prescription Monitoring Program Data Report 2006-2013*. Online:

[http://www.nmprevention.org/Project\\_Docs/PMP\\_Report\\_2009-2013\\_July\\_1\\_2014.pdf](http://www.nmprevention.org/Project_Docs/PMP_Report_2009-2013_July_1_2014.pdf))

For high school and middle school students, reports prepared by the Department of Health based on the Youth Risk and Resilience Survey indicate a lower percentage of students use every kind of drug at a lower rate than the state average. This is not included here, but the reports may be accessed here:

<http://www.youthrisk.org/countyreports/>.

Indicator – Risk and Resiliency Factors	Community Data			Comparison Values	
	Count/Rate	Confidence Interval*	Compared to NM	New Mexico	U.S.
<a href="#">Frequent Mental Distress (past 30 days), 2012-2014</a> (Percentage with Frequent Mental Distress)	13.20%	(9.1% - 18.9%)	≈	18.10%	16.70%
<a href="#">Youth With Persistent Feelings of Sadness and Hopelessness in the Past Year, Grades 9 - 12, 2013</a> (Percentage Feeling Sad/Hopeless)	23.30%	(18.1% - 29.6%)	✓	30.50%	DNA
<a href="#">Current Depression, Adults Aged 18+, 2011</a> (Percentage with Depression)	15.5%	(6.2% - 33.5%)	≈	10.3%	DNA
<a href="#">Adult Suicidal Ideation, 2011</a> (Percentage Who Considered Suicide)	7.30%	(1.5% - 28.8%)	≈	5.70%	DNA
<a href="#">Youth Who Seriously Considered Suicide in the Past Year, Grades 9 - 12, 2013</a> (Percentage Considered Suicide)	14.7%	(11% - 19.4%)	≈	16.3%	DNA

Table 2. Mental Health Risk/Resilience Data for Los Alamos County. Data from New Mexico's Indicator-Based Information System. Key: ≈ indicates Los Alamos is similar to average state rates/counts for this number, and ✓ indicates Los Alamos is better than state rates/counts for this number.

Indicator - Outcomes	Community Data			Comparison Values	
	Count/Rate	Confidence Interval*	Compared to NM	New Mexico	U.S.
<a href="#">Alcohol-related Deaths, 2011-2015</a> (Deaths per 100,000 Population)	25.7	(15.7 - 35.8)	✓	57.2	**
<a href="#">Alcohol-related Chronic Disease Deaths, 2009-2013</a> (Deaths per 100,000 Population)	10.4	(4.2 - 16.6)	✓	25.2	DNA
<a href="#">Alcohol-related Injury Deaths, 2009-2013</a> (Deaths per 100,000 Population)	16.2	(7.7 - 24.8)	✓	27	DNA
<a href="#">Deaths due to Drug Overdose, 2011-2015</a> (Drug Overdose Deaths per 100,000 Population)	15.8	(6.9 - 24.7)	≈	24.7	**

Table 3. Substance-abuse related information for Los Alamos county. Data from New Mexico's Indicator-Based Information System. Key: ≈ indicates Los Alamos is similar to average state rates/counts for this number, and ✓ indicates Los Alamos is better than state rates/counts for this number.

## Local Data

Although the previously discussed tables provide some background on behavioral health and substance abuse (particularly alcohol) in Los Alamos County, there are still many unanswered questions. How many people who have behavioral health/substance abuse issues are not getting the help they need? What agencies do they use, and how effectively are they finding treatment or help? What costs are associated with behavioral health and substance abuse issues in our community, and how can resources most efficiently be allocated to solve the problems individuals in our community are having?

As discussed in the introduction, there is no uniform behavioral health data collection system in the county. There are many reasons for this: collecting this data is almost always secondary to an organization's mission; some agencies use state-recommended databases that do not require it to be collected; some agencies have created their own databases and have not included this field or have included it only recently; if an individual is suspected of having mental health or substance abuse issues but does not have a diagnosis/is currently in a period of recovery, the information may not be recorded; and/or concern for individual privacy may make agencies hesitant to collect his kind of information. Because of the exploratory nature of this report, it is insightful to present what information is available, the shortcomings to comparing it across agencies, and what would need to be done to make it more relevant to community members and organizations.

## Local County/Nonprofit Agencies

There are several local agencies that interact with individuals who may be experiencing mental health or substance abuse issues. Given the different services each of these offer, it's challenging to appreciate where services may be overlapping, or how to make them more efficient. To begin to understand where there may be gaps, the following section highlights some of agencies that offer support to individuals experiencing mental health or substance abuse issues, and the data they collect.

### *Social Services*

In 2013, Los Alamos County established the new Social Services Division. One part of this Division's mission is to refer community members to other area services, such as those related to health, shelter and basic needs, state and federal programs, or legal resources. Although there is not a way to track whether individuals use the referrals given by Social Services, in looking at the share of questions that are related to mental health it is possible to gauge the relative importance of mental health compared to other kinds of questions. In looking at data from fall of September 2016 until Spring of 2017, the share of health-related questions is usually between 20-30% of the Division's referrals. Of the health-related referrals, in most months those related to mental health are much larger than those related to substance abuse. A summary of this information is in Table 4.

<b>Date</b>	<b>Health-Related Referrals, as Percent of all referrals</b>	<b>Mental Health Referrals, as Percent of Health-Related Referrals</b>	<b>Substance Abuse, as Percent of Health-Related Referrals</b>
<i>Sep-16</i>	23.30%	62.50%	8.33%
<i>Oct-16</i>	24.23%	40.00%	3.64%
<i>Nov-16</i>	20.65%	34.21%	0.00%
<i>Dec-16</i>	21.56%	27.78%	5.56%
<i>Jan-17</i>	32.59%	15.07%	1.37%
<i>Feb-17</i>	31.62%	24.32%	10.81%
<i>Mar-17</i>	25.69%	16.22%	5.41%
<i>Apr-17</i>	22.29%	12.82%	15.38%

**Table 4. Types of referrals made by the Social Service Division. Data from Deni Fell.**

*Self-Help, Inc.*

Another local resource available to those needing help or information is Self Help, Inc. This agency aims to empower area residents in several ways, such as operating a local resource referral service (called 2-1-1 referral service), consulting with clients to best match them to area services, and offering short-term financial assistance to help with basic needs, such as food, rent, or medicine through their Emergency Fund.

Self Help, Inc. collects detailed data regarding how many times clients use their services. Figures 1 and 2 summarize how often 2-1-1 and the Emergency Fund are used, and for what purpose. Most of the calls to Self Help, Inc. are related to basic needs assistance: utilities, rent, and housing. While the top two categories of the Emergency Fund cases are also related to basic needs, there were 29 occasions in which the Emergency Fund were used for substance abuse treatment programs. This suggests that the need for financial help for these services eclipses the need to referrals. The total cost of funds dispersed through the Emergency Fund in 2016 was almost \$79,000.

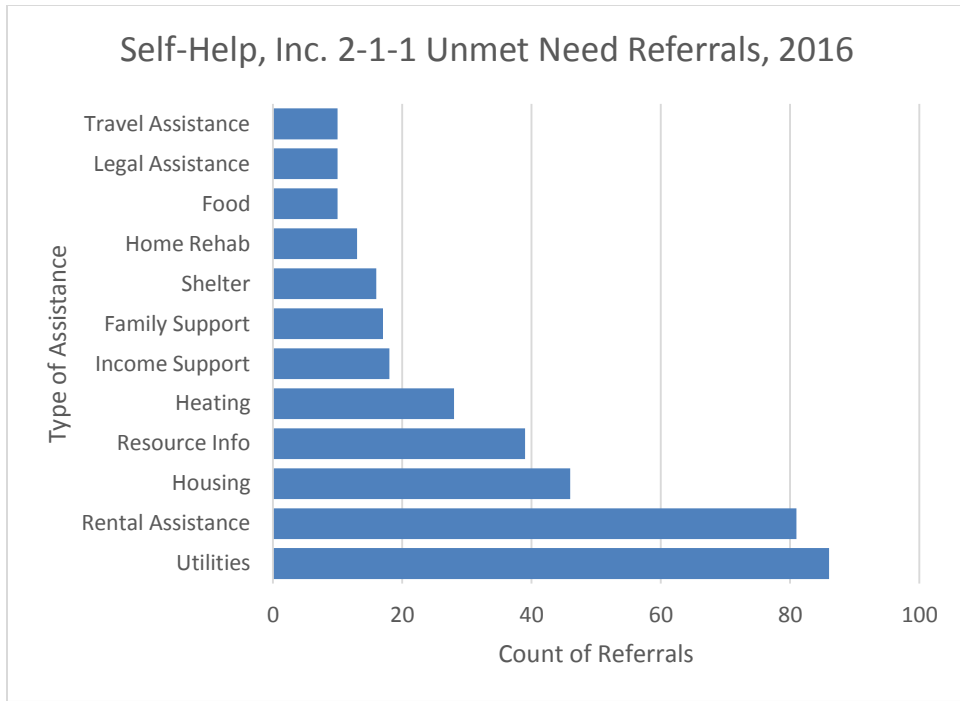


Figure 1. Summary of referral calls to Self Help, Inc. in 2016. Data from personal communication with Ellen Morris-Bond.

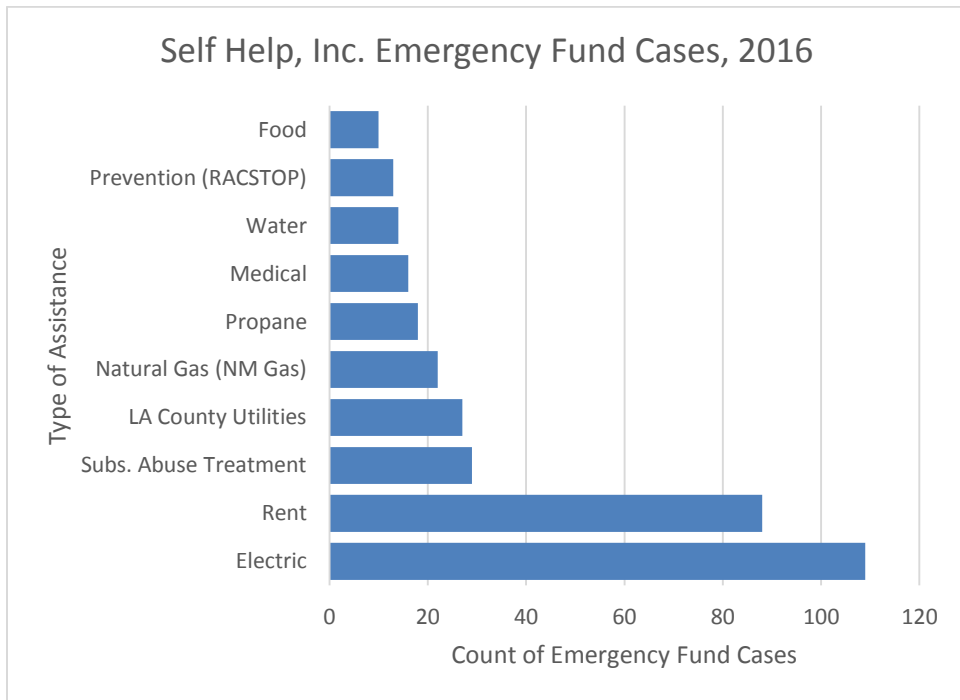


Figure 2. Summary of the distribution of Self Help, Inc.'s Emergency Fund. Data from personal communication with Ellen Morris-Bond.



### *Los Alamos Family Council<sup>6</sup>*

The non-profit Los Alamos Family Council (L AFC) began operating a community mental health center in 1963. Since this time, one of their missions is to provide mental health and substance abuse counseling services to community members working and/or residing in Los Alamos. In 2016, the majority of clients are covered by public insurance (52.7%), though some clients also use commercial insurance (34.9%) or self-pay (12.3%). Of those using public insurance, 88% are enrolled in Medicaid. Most commercial insurance clients are covered through Blue Cross Blue Shield (90.2%). Almost no clients are enrolled in Medicare – there are no therapists at the Los Alamos Family Council Counseling Center who are certified to work with Medicare clients. Rather than maintaining waiting lists, L AFC refers clients to other area therapists when the center’s therapists are unable to accept new clients.

Clients seeing therapists through L AFC’s counseling center have a variety of behavioral health needs. Table 7 summarizes clients’ initial diagnosis when they enter counseling, by year. Serious mental illness is the largest single category; of the 36.2% of clients with serious mental illness, 84% had major depression, 9% were bipolar, and just over 7% dealt with schizophrenia. For those with less serious behavioral health issues, substance abuse, at 18.1% clients, was slightly more common than anxiety/depression or anxiety, both of which were around 15%.

	<b>Fiscal Year 2013</b>	<b>Fiscal Year 2014</b>	<b>Fiscal Year 2015</b>	<b>Fiscal Year 2016</b>
<b>Substance related</b>	28%	28.2%	28.2%	18.1%
<b>Anxiety/depression</b>	27%	68%*	34.9%	15.4%
<b>PTSD</b>		6%	12.1%	14.9%
<b>ADHD</b>	5%	8%	2.1%	3.2%
<b>Adjustment Disorder/miscellaneous</b>	60%**	24%	10.4%	4.3%
<b>No diagnosis at intake</b>	3%	3.4%	2.5%	0
<b>Serious mental illness</b>				36.2%

Table 5. Percent of clients by initial diagnosis from the Los Alamos Family Council 2016 Annual Quality Report. \*Also includes any with a Major Depression diagnosis. \*\* Therapists have focused on better diagnosis discrimination.

### Los Alamos County Inmate Population

A perennial problem facing law enforcement is the high rate of prisoners who have mental health issues and/or a history of substance abuse. To better deliver meaningful services to this population, many states and communities have developed alternative court systems or treatment options. A recent report prepared of the Legislative Finance Committee shows that not only is New Mexico not immune to these issues but that, as a state, neither the data nor systematic program review protocols exists to address this.<sup>7</sup>

<sup>6</sup> Information related to the Los Alamos Family Council’s activities came from personal communications with Cheryl Pongratz, and from the Los Alamos Family Council’s 2016 Annual Quality Report.

<sup>7</sup> New Mexico Corrections Department. *Reducing Recidivism, Cutting Costs and Improving Public Safety in the Incarceration and Supervision of Adult Offenders*. June 14, 2012. Report to the Legislative Finance Committee: Report #12-07.

In Los Alamos County, there is no database that specifically records the substance abuse history or behavioral health diagnoses of inmates. This is not to say this information is not used; these individuals receive medications and services as needed, but it is not regularly recorded in an easily-retrievable format. With help from the local police department, all inmates known to have substance abuse charges or mental health issues were counted for the first six months of 2017. Over this period, 51% of inmates had a confirmed drug related charge, and 3.3% had a diagnosed mental disorder.<sup>8</sup> Although it is not clear whether this figure is similar to past years in Los Alamos, it is roughly consistent with other findings nationally.<sup>9</sup>

<b>Prisoners</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
<b>Total Inmates</b>	512	419	404	466	451	309	417	414	157
<b>Repeat Offenders</b>	317	288	271	346	329	214	291	284	91
<b>Percent of Repeat Offenders</b>	<b>61.91%</b>	<b>68.74%</b>	<b>67.08%</b>	<b>74.25%</b>	<b>72.95%</b>	<b>69.26%</b>	<b>69.78%</b>	<b>68.60%</b>	<b>57.96%</b>

Table 6. Recidivism data from Los Alamos County Police Department. NOTE: Data from 2017 only includes records from January 1, 2017 to June 15, 2017.

Determining the costs associated with substance abuse and mental health in the Los Alamos inmate population is very difficult. A study by the Vera Institute of Justice<sup>10</sup> explains how to approach these calculations, which require finding the marginal cost of additional inmates. One proposed marginal cost, calculated by Municipal Judge Kirk to the Los Alamos Councilors in a study regarding electronic bracelet monitoring<sup>11</sup>, was \$22.00/inmate/day. The Los Alamos Police department estimates the average daily prison population to be 21.27, which is 7763.55 inmate days per year. If 51% of inmates have substance abuse issues, this population is incarcerated for 3959.41 inmate days per year. Given no additional data (including substance abuse counseling, additional staff to monitor these inmates, court costs associated with officers testifying in court, for example), \$87,107.03 is a rough estimate for how much it costs to incarcerate prisoners with substance abuse issues.

## Emergency Services

### *Emergency Medical Services*

When individuals experience either a mental health or substance abuse crisis, it can necessitate a call to emergency services or a trip to the emergency room. Between January 2017 and June 20, 2017, there were 48 emergency calls made by the Los Alamos Fire Department's Emergency Medical Service related to substance abuse and mental health. Of these 48 cases, 13% (or about 6 cases) required no transportation. All other cases resulted in transport, which can range in price from \$512 to \$868 per

<sup>8</sup> Personal communication with Los Alamos Police Department.

<sup>9</sup> For a report on national statistics related to the percent of the inmate population with substance abuse and mental health issues, see James, D.J. and Glaze, L.E. 2006. *Mental Health Problems of Prison and Jail Inmates*. Bureau of Justice Statistics. <https://www.bjs.gov/content/pub/pdf/mhppji.pdf>

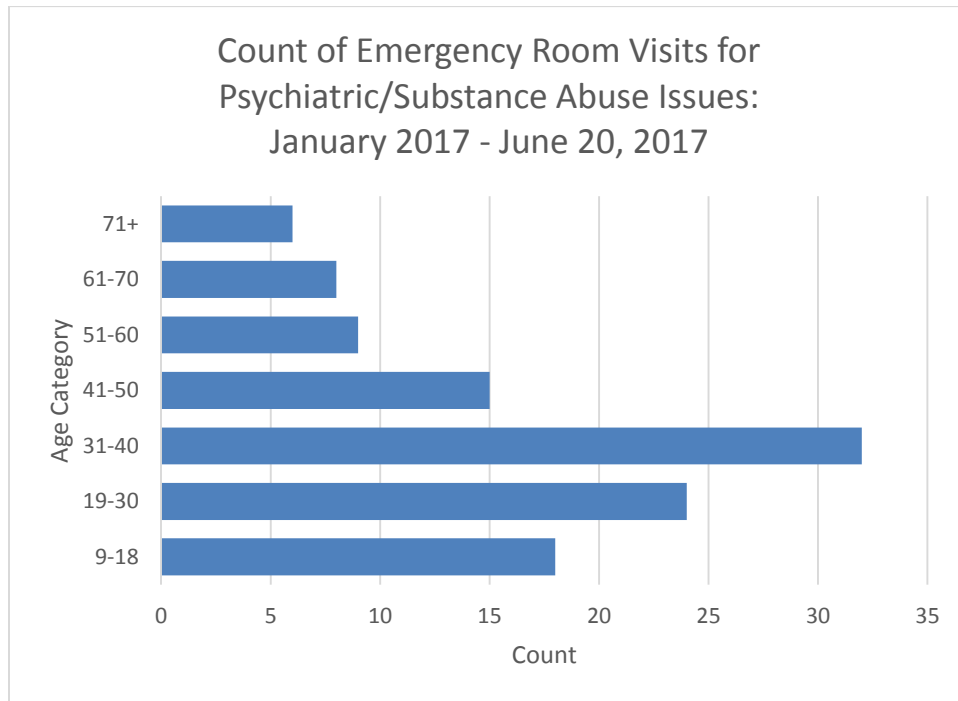
<sup>10</sup> Henrichson, C., Rinaldi, J. and Delaney, R. 2015. *The Price of Jails: Measure the Taxpayer Cost of Local Incarceration*. Vera Institute of Justice.

<sup>11</sup> From personal communication with Municipal Judge Alan Kirk.

case, plus \$12.75 per mile. Assuming zero transportation costs, these cases resulted in between \$21,504 and \$36,456 in EMS bills.<sup>12</sup> Seven calls were due to substance abuse, while the majority – 41 – were attributed to mental health issues. It is unclear how many of these were individuals who may have had more than one episode, or how many had pre-existing underlying mental health or substance abuse issues.

### *Emergency Room Visits*

Although emergency room cost data is not available for Los Alamos County, the frequency of people using the emergency room is. This data is summarized in Figures 3 and 4.



**Figure 3. Count of Emergency Room Visits by Age, from January 2017 to June 20, 2017. Data from Los Alamos Medical Center Emergency Room.**

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<sup>12</sup> From personal community with Los Alamos Fire Department EMS Chief Benjamin Stone.

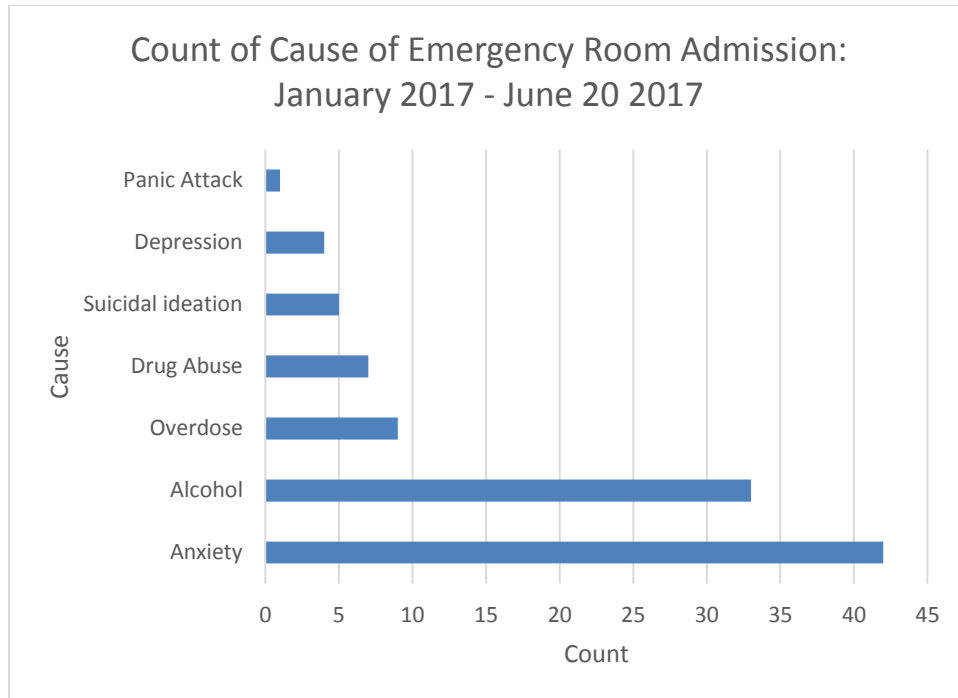


Figure 4. Count of Emergency Room Visits by Cause, from January 2017 to June 20, 2017. Data from Los Alamos Medical Center Emergency Room.

Of the 110 visits during the observation period, the majority were for issues related to anxiety. The next three highest categories of admission, however, were alcohol, overdose, and drug abuse, with alcohol cases (33) much higher than overdose (9) or drug abuse (7). Given the wide variability of costs associated with emergency room visits, it's very difficult to estimate the financial burden to patients related to behavioral health and substance abuse issues. However, there is a regular flow of patients with behavioral health issues to the Los Alamos Medical Center's Emergency Room.

### Future Work/Recommendations

Finding the costs associated with behavioral health issues in Los Alamos County is challenging. Even more difficult, but perhaps more important, is knowing which interventions are the most effective, and what approaches to behavioral health and substance abuse have the most positive long-term benefits for an individual's children, job prospects, or future health. With limited monetary resources available at the state and local level, it's critical to provide interventions where it is most useful.

From the agencies that were consulted for this initial study, there is a clearer picture of community behavioral health. Many agencies consistently help those dealing with mental health and substance abuse. The justice system has the largest proportion of individuals dealing with substance abuse, and this population very likely has the largest costs associated with untreated substance abuse. While the Los Alamos Family Council's Counseling Center and the EMS help individuals experiencing substance abuse, non-substance abuse-related mental health clients dominate these agencies. In the emergency

room, more individuals come with mental health issues than substance abuse issues, and incidents involving alcohol occurred more than twice as frequently as all other overdose or drug incidents.

Moving forward, there are a variety of approaches to better understanding mental health needs in the community.

- Host a community mental health data meeting. This would allow agencies to explain the limitations of their databases, develop a common language for coding interactions with clients, discuss how to calculate costs associated with client interactions, and explore the best way to leverage current resources/employees to gather data that would be the most useful to the community.
- Collect behavioral health data from agencies for a trial period. If agencies are ready to collect data, and excellent next step after a community data meeting would be to collect this data for six months to one year. Some issues are seasonal, and collecting information for at least six months would help establish what needs occur regularly. It would also help to reveal inconsistencies in data collection, and demonstrate what kind of personnel and data system would be required to help agencies better work together.
- More clearly define the population to study. Monetarily, the most resources are going to those in the justice system. Approaching the needs of this population could be very different than those struggling with non-substance related mental health, or those using EMS. Issues that could be addressed: What are the mental health needs to individuals on Medicare? How many clients are unable to see therapists because of waiting lists? What programs are best at helping clients complete substance abuse or mental health treatment?
- Look at how frequently individuals use local services. The perception of many people working at agencies in town is that certain types of needs recur, and that by understanding patterns in need might help lead to better interventions. Given the data presented here, it is not possible to tease out how often the same individual uses services. A longitudinal approach – either within an agency or across agencies – would be required to understand how individuals use multiple services. To develop this kind of study, inter-agency cooperation would be critical.

The existing agencies in Los Alamos are well-positioned to tackle issues related to mental health and substance abuse. Thanks to recent state reports and efforts by Los Alamos Public Schools and the United Way of Northern New Mexico, everyone I spoke to in creating this report believed mental health was important, and wanted to use the best data and the most effective practices in helping local residents. With more coordination in both approaches to collecting data and in analyzing which programs are most effective, Los Alamos can be a leader in creating a healthy environment for all its residents.