



August 21, 2017

Via Electronic Filing

Mr. Alva M. Lambert
Executive Director
State Health Planning & Development Agency
100 North Union Street
Suite 870
Montgomery, Alabama 36104

Re: Gadsden Regional Medical Center's Application for State Health Plan Adjustment

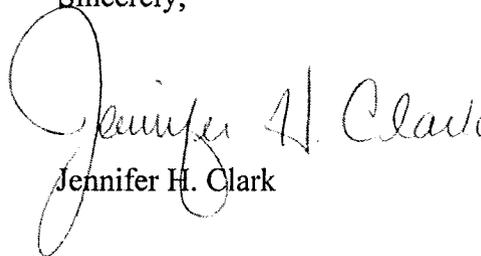
Dear Mr. Lambert:

We are filing on behalf of Gadsden Regional Medical Center, LLC d/b/a Gadsden Regional Medical Center ("Gadsden Regional") the enclosed Application for State Health Plan Adjustment to add twenty (20) adult inpatient psychiatric beds in Etowah County, Alabama (the "Application").

As Gadsden Regional pointed out to the Chair of the Alabama Statewide Health Coordinating Council ("SHCC") by letter dated May 25, 2017, there is a great need for psychiatric beds across the state and efforts are underway to consider a new statewide need methodology for psychiatric bed planning. Gadsden Regional continues to support the creation of a thoughtful statewide methodology. However, with this filing, Gadsden Regional is joining the other psychiatric bed adjustment applications that are currently pending before the SHCC. As detailed further in the enclosed Application, Gadsden Regional recognizes the significant and serious need for additional adult psychiatric care beds in Etowah County and requests to be given the same opportunity as other providers seeking to adjust the State Health Plan.

Should you have any questions or need further information, please feel free to contact me at the number or address listed above.

Sincerely,

A handwritten signature in black ink that reads "Jennifer H. Clark". The signature is written in a cursive style with a large initial "J".
Jennifer H. Clark

**APPLICATION FOR STATE HEALTH PLAN ADJUSTMENT TO ALLOW
TWENTY (20) ADDITIONAL INPATIENT PSYCHIATRIC BEDS
IN ETOWAH COUNTY, ALABAMA**

I. Identification of Applicant:

Applicant: Gadsden Regional Medical Center, LLC d/b/a Gadsden Regional Medical Center

Address: 1007 Goodyear Avenue
Gadsden, Alabama 35903

Telephone: (256) 494-4000

Contact: Corey Ewing, Chief Executive Officer

Publication of Notice: The notice, attached as **Exhibit A**, will be published in the Gadsden Times between fifteen (15) and twenty (20) days prior to the date of the SHCC hearing, in accordance with the publication rules for adjustment applications.

RECEIVED

Aug 21 2017

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

II. Narrative Statement – Provide a narrative statement explaining the nature of the request, with details of the plan adjustment desired. (If the request is for additional beds, indicate the number and type, i.e., Psychiatric, Rehabilitation, Pediatric, Nursing Home, etc.) The narrative should address availability, accessibility, cost, and quality of the health care in questions. (Ala. Admin. Code § 410-2-5-.05(2))

(A) Overview

Gadsden Regional Medical Center, LLC d/b/a Gadsden Regional Medical Center (“Gadsden Regional”) is a 346-bed general acute care hospital located in the city of Gadsden in Etowah County. Gadsden Regional offers the full spectrum of health care services, including adult and geriatric inpatient psychiatric care. Gadsden Regional is currently licensed for 34 adult inpatient psychiatric beds and 15 geriatric psychiatric beds. Due to growth in adult inpatient psychiatric occupancy and an unmet need for adult inpatient psychiatric services in the Etowah County area, Gadsden Regional is requesting that the Statewide Health Coordinating Council (the “SHCC”) adjust the Alabama State Plan to provide for twenty (20) additional adult inpatient psychiatric beds to treat patients ages 19 to 65 in Etowah County, Alabama.

(B) Availability

Gadsden Regional is the only hospital in Etowah County offering inpatient psychiatric services to patients ages 19 to 65 that accepts adult psychiatric patients on an emergent basis. Patient census at Gadsden Regional’s adult inpatient psychiatric program, a 34-bed secure area serving patients between the ages of 19 and 65, has steadily increased over the years. During the period from October 1, 2015 through September 30, 2016, the combined occupancy rate for Gadsden Regional’s adult inpatient psychiatric unit and geriatric inpatient psychiatric unit was

77.5%¹. In 2016, Gadsden Regional’s adult inpatient psychiatric program had an average occupancy rate of 83% and an average daily census of 28.14 patients. For the period from January 2017 through June 2017, Gadsden Regional’s adult inpatient psychiatric program had an occupancy rate of 84% and an average daily census of 28.71 patients. These rates are well above the desired occupancy level of 75% and are increasing.

While there are other providers of psychiatric services in Etowah County, Gadsden Regional is the only general acute care hospital with adult psychiatric service beds and the only provider that accepts adult psychiatric patients on an emergent basis. Riverview Regional Medical Center (“Riverview Regional”), also located in Gadsden, Alabama, is licensed for 18 inpatient psychiatric beds. However, the inpatient psychiatric care provided at Riverview Regional is for geriatric patients only. Mountain View Hospital is a specialized hospital in Etowah County. While Mountain View Hospital does utilize some beds for inpatient adult psychiatric care, it does not accept patients on an emergent basis, does not accept adult Medicaid patients, and primarily treats a different population base than those presenting at Gadsden Regional.

Gadsden Regional receives a high number of suicidal or mentally ill patients in its emergency department, and it is the only hospital capable of treating those adult emergent cases. Regardless of whether inpatient psychiatric care beds are available or not, Gadsden Regional must treat these patients and is often faced with holding these patients in its emergency department for periods of time when inpatient adult psychiatric care beds are not available. In 2016, 669 adult patients with suicidal traits presented at Gadsden Regional’s emergency department, and 584 patients with suicidal traits have presented to the emergency room in the first six months of 2017. In addition to suicidal patients, Gadsden Regional’s emergency department treated 1698 adult patients in 2016 and 872 adult patients in January through June 2017 who presented with some mental illness needing inpatient intervention. Due to the high volume of adult psychiatric patients, Gadsden Regional was on adult psychiatric patient diversion for 122 days in 2016.

When there is not an available adult inpatient psychiatric bed, Gadsden Regional must hold suicidal and mentally ill patients in the emergency department or on a med/surg unit until a psychiatric bed becomes available at another facility. Because of the lack of adult psychiatric care beds in Etowah County, most adult psychiatric patients transferred from Gadsden Regional are transferred out of county.

(C) Accessibility

Gadsden Regional is the only general acute care hospital in Etowah County that offers inpatient psychiatric services to patients ages 19 to 65 and is the only provider with an emergency department offering adult inpatient psychiatric care services. For patients who are not able to secure a bed at Gadsden Regional, the closest general acute care hospital offering adult inpatient psychiatric care is Regional Medical Center - Anniston, located approximately 40 miles away in Anniston, Alabama. Therefore, because of the shortage of inpatient adult psychiatric beds in Etowah County, patients dealing with an acute mental illness episode must travel a significant distance to access inpatient care, placing additional strain on the patient and patient’s family members. In the absence of a State Plan Adjustment for adult inpatient psychiatric beds, adult patients in Etowah County will experience serious problems in obtaining inpatient psychiatric care.

¹ 2016 Annual Report filed by Gadsden Regional Medical Center with SHPDA.

(D) Cost

Gadsden Regional currently has 34 adult inpatient psychiatric beds in operation. In the event that this Plan Adjustment is approved and Gadsden Regional is able to obtain a certificate of need to add the twenty inpatient psychiatric beds, the hospital plans to renovate existing inpatient space to accommodate the additional beds. Gadsden Regional will enlist the services of an architect to determine what renovations will be necessary to make the existing inpatient space suitable for an adult psychiatric unit.

(E) Quality of care

Gadsden Regional asks the SHCC to consider a State Plan Adjustment that will allow twenty (20) additional adult inpatient psychiatric beds in Etowah County, Alabama. These beds will be generally available to the citizens of Etowah County and the surrounding area.

Gadsden Regional has provided adult psychiatric care since 1978. The hospital is licensed by the Alabama Department of Public Health, certified to participate in the Medicare and Medicaid programs, and is accredited by the Joint Commission. Gadsden Regional has earned the Gold Seal of Approval from the Joint Commission by demonstrating compliance with the Joint Commission's national standards for health care quality and safety.

Gadsden Regional offers behavioral health services designed to treat emotional and psychiatric conditions, with the goal of providing a supportive environment to enable individuals to learn how to cope with the problems and pressures they face. The hospital offers a wide range of behavioral health treatment services for adult and geriatric patients. The multi-disciplinary treatment team, consisting of psychiatrists, nursing staff, social workers, counselors/therapists, and ancillary department staff – including physical or occupational therapists, respiratory therapists, pharmacy and dietary personnel – work with the patient and patient's family members to develop and implement the treatment plan. Gadsden Regional's behavioral health program focuses on providing acute psychiatric stabilization and treatment. Discharge planning is also considered to be essential to the psychiatric patient's plan of care.

The four psychiatrists who are on the medical staff at Gadsden Regional have expressed a willingness to provide care to the additional patients resulting from an addition of adult inpatient psychiatric beds.

III. Geographical Service Area – Describe the geographical area to be served. (Provide a 8 ½ " x 11 " map of the service area. The map should indicate the location of other like health care facilities in the area. (Ala. Admin. Code § 410-2-5-.05(3))

Maps of the service area are attached as Exhibit B. The requested State Plan Adjustment applies only to Etowah County.

IV. Population Projections for Etowah County – Provide population projections for the service area. In the case of beds for a specific age group, such as pediatric beds or nursing home beds, be sure to document the existence of the affected population. The applicant must include the source of all information provided. (Ala. Admin Code § 410-2-5-.05(4))

This Plan Adjustment will primarily serve the adult population of Etowah County. Etowah County is the twelfth most populous county in Alabama and, along with Rome, Georgia, is the largest city in the triangular area defined by the Interstate highways between Atlanta, Birmingham,

and Chattanooga. Detailed population estimates for Etowah County are set forth in the following chart:

2020 Population Estimates for Etowah County²				
	Total Population	Age 65 and over	White	Black & Other
Etowah County	103,401	19,911	84,298	19,103

Gadsden Regional also serves patients from the following counties: Blount, Cherokee, DeKalb, Marshall and St. Clair. The aggregate population of these counties served by Gadsden Regional is projected to total 460,649 in 2020.

V. Summary of Current Industries – Present a summary of industry currently existing that anticipates major expansion and new industries projected for the area. Include names of industries and estimated number of people projected to be employed. (Ala. Admin. Code § 410-2-5-.05(5))

According to the US Census Bureau, there were a total of 1,980 business locations in Etowah County in 2015.³ The US Census Bureau found that there were 4 agricultural industries, 9 utilities, 116 construction companies, 91 manufacturing companies, 86 wholesale companies, 405 retail companies, 44 transportation and warehousing companies, 153 finance and insurance companies, 124 professional, scientific, and technical service providers, and 316 health care and social assistance providers, among other categories of businesses. The health care industry in Etowah County employed 7,218 people in 2012.

VI. Evidence of Current Lack of Availability of Beds – If the application is to increase beds or services in a planning area, give evidence that those beds or services have not been available and/or accessible to the population of the area. Provide names of individuals denied services. (Ala. Admin. Code § 410-2-5-.05(6))

This application for a State Plan Adjustment is necessary to address the unmet need for inpatient psychiatric care for adults in Etowah County. The adult inpatient psychiatric beds in Etowah County are currently being operated above the desired occupancy level of 75%. In 2016, Gadsden Regional’s adult inpatient psychiatric program had an average occupancy rate of 83% and an average daily census of 28.14 patients. For the period from January 2017 through June 2017, Gadsden Regional’s adult inpatient psychiatric program had an 84% occupancy rate and a 28.71 average daily census.

Because of the shortage of beds, in 2016, Gadsden Regional was forced to go on adult psychiatric diversion for 122 days. Additionally, Gadsden Regional was forced to transfer 20 patients with suicidal characteristics or other mental disorder in 2016. Patients unable to secure an adult psychiatric bed at Gadsden Regional may be forced to travel up to 40 miles for inpatient

² The population statistics used represent the most recent statistics reported by the Center for Business and Economic research, The University of Alabama (“CBER”), as required by SHPDA rules.

³ U.S. Census Bureau, 2015 County Business Patterns, *available at* <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>.

psychiatric treatment at the nearest general acute care hospital offering adult psychiatric care services.

VII. Physicians Committed to Practice in the Area – Give the names and specialties of all physicians committed to practice in the area, their location, and if possible, their opinion of the proposed adjustment. (Ala. Admin. Code § 410-2-5-.05(7))

The following physicians providing inpatient psychiatric care in Etowah County through Gadsden Regional’s Adult Inpatient Program have expressed support for the addition of beds at the facility: Benjamin Carr, M.D., Muhammad Husain, M.D., Stephan Meadors, M.D. and Adam Pruett, M.D.

VIII. Additional Staffing Required – If additional staffing will be required to support the additional need, indicate the availability of such staffing. (Ala. Admin. Code § 410-2-5-.05(8))

Gadsden Regional utilizes a multi-disciplinary approach to patient care. The multi-disciplinary treatment team consists of, but is not limited to: psychiatrists, nursing staff, social workers, counselors/therapists, and ancillary department staff (rehabilitation services, respiratory, pharmacy, dietary) as necessary. Nursing care is directed and accomplished through the psychiatric nursing process, which includes: assessment, teaching/administrating, supervising, delegating and evaluating care and practice as well as implementation of nursing standards of care. The personnel necessary to operate additional adult inpatient psychiatric beds are already working at the hospital. However, if additional staffing is necessary, Gadsden Regional does not anticipate any issues in recruiting additional experienced psychiatric nurses and other providers.

IV. Impact of Plan Adjustment on Other Facilities – Address the impact this plan adjustment will have on other facilities in the area both in occupancy and manpower areas. (Ala. Admin. Code § 410-2-5-.05(9))

The proposed State Health Plan adjustment will not adversely impact any other provider of adult inpatient psychiatric care in Etowah County. As discussed previously, Riverview Regional, also located in Gadsden, Alabama, is licensed for 18 inpatient psychiatric beds. However, the inpatient psychiatric care provided at Riverview Regional Medical Center is for geriatric patients only. Mountain View Hospital is a specialized hospital in Etowah County. While Mountain View Hospital does utilize some beds for inpatient adult psychiatric care, it does not accept patients on an emergent basis, does not accept adult Medicaid patients, and primarily treats a different population base than those presenting at Gadsden Regional for psychiatric care.

V. Community Support – Give evidence of project support demonstrated by local community, civic and other organizations. (Testimony and/or comments regarding plan adjustment provided by community leaders, health care professionals, and other interested citizens. (Ala. Admin. Code § 410-2-5-.05(10))

This adjustment is supported by the community and the physicians and staff who practice at Gadsden Regional. At the public hearing on this adjustment, Gadsden Regional will provide testimony from community members, health care professionals, and the Gadsden Regional administration regarding the overwhelming support for this proposed adjustment to the Alabama State Health Plan.

VI. Additional Information – Provide any other information or data you so desire in justification of your plan adjustment request. (Ala. Admin. Code § 410-2-5-.05(11))

Alabama has the least access to mental health care in the country, second only to Nevada.⁴ Alabama also has a higher than average suicide rate. The most recent CDC data puts the suicide death rate in Alabama at 14.9, based on 750 suicide deaths in Alabama in 2015, and the suicide death rate for the United States at 13.3.⁵ Clearly, there is a need for greater access to adult psychiatric care in the state of Alabama. In seeking the proposed State Health Plan Adjustment, Gadsden Regional, an experienced provider of quality adult inpatient psychiatric care, is attempting to expand the access to such care in Etowah County and to address the partially unmet need in the area.

VII. Proposed Language of Requested State Health Plan Adjustment

The proposed language of the State Health Plan Adjustment is attached as **Exhibit C**.

⁴ Mental Health America, “The State of Mental Health in America, 2017”, available at <http://www.mentalhealthamerica.net/sites/default/files/2017%20MH%20in%20America%20Full.pdf> (included herein as **Exhibit D**).

⁵ CDC National Center for Health Statistics, Suicide Mortality by State (2015), available at <https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm> (included herein as **Exhibit E**).

List of Exhibits

Exhibit A: Newspaper Notice

Exhibit B: Map of Etowah County

Exhibit C: Proposed Language of Requested State Health Plan Adjustment

Exhibit D: Mental Health America Report: The State of Mental Health In America
2017

Exhibit E: CDC Statistics: Suicide Mortality by State, 2015

EXHIBIT A

**Notice of Application for State Health Plan Adjustment to be
published in the Gadsden Times**

NOTICE OF PROPOSED ADJUSTMENT TO ALABAMA STATE HEALTH PLAN

Gadsden Regional Medical Center, LLC d/b/a Gadsden Regional Medical Center has filed an application for an adjustment to the State Health Plan to allow the addition of twenty (20) additional adult inpatient psychiatric beds in Etowah County due to an identified need for inpatient psychiatric care beds to serve patients ages 19 to 65 in this county of the State.

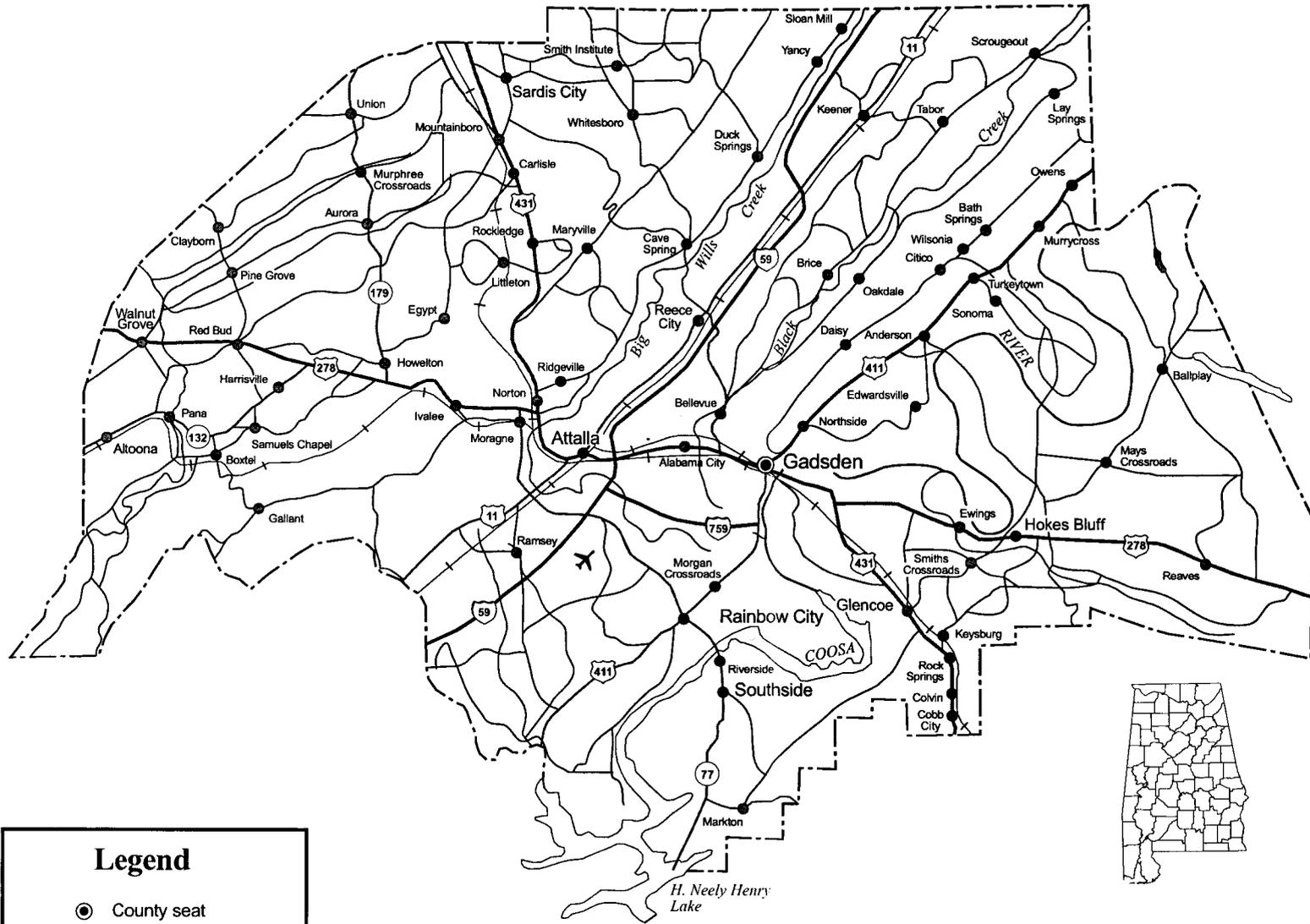
A public hearing on said application has been scheduled for [time] on [date] in the Old Archives Chamber, located on the 2nd Floor of the Alabama State Capitol, 600 Dexter Avenue, Montgomery, Alabama. Individuals seeking further information regarding the application may contact:

Debbie Compton, Records Coordinator
State Health Planning and Development Agency
100 North Union Street, Suite 870
P.O. Box 303025
Montgomery, Alabama 36130-3025
(334) 242-4105
Fax: (334) 242-4113

EXHIBIT B

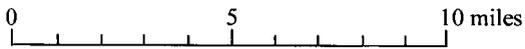
Map of Etowah County

ETOWAH COUNTY



Legend

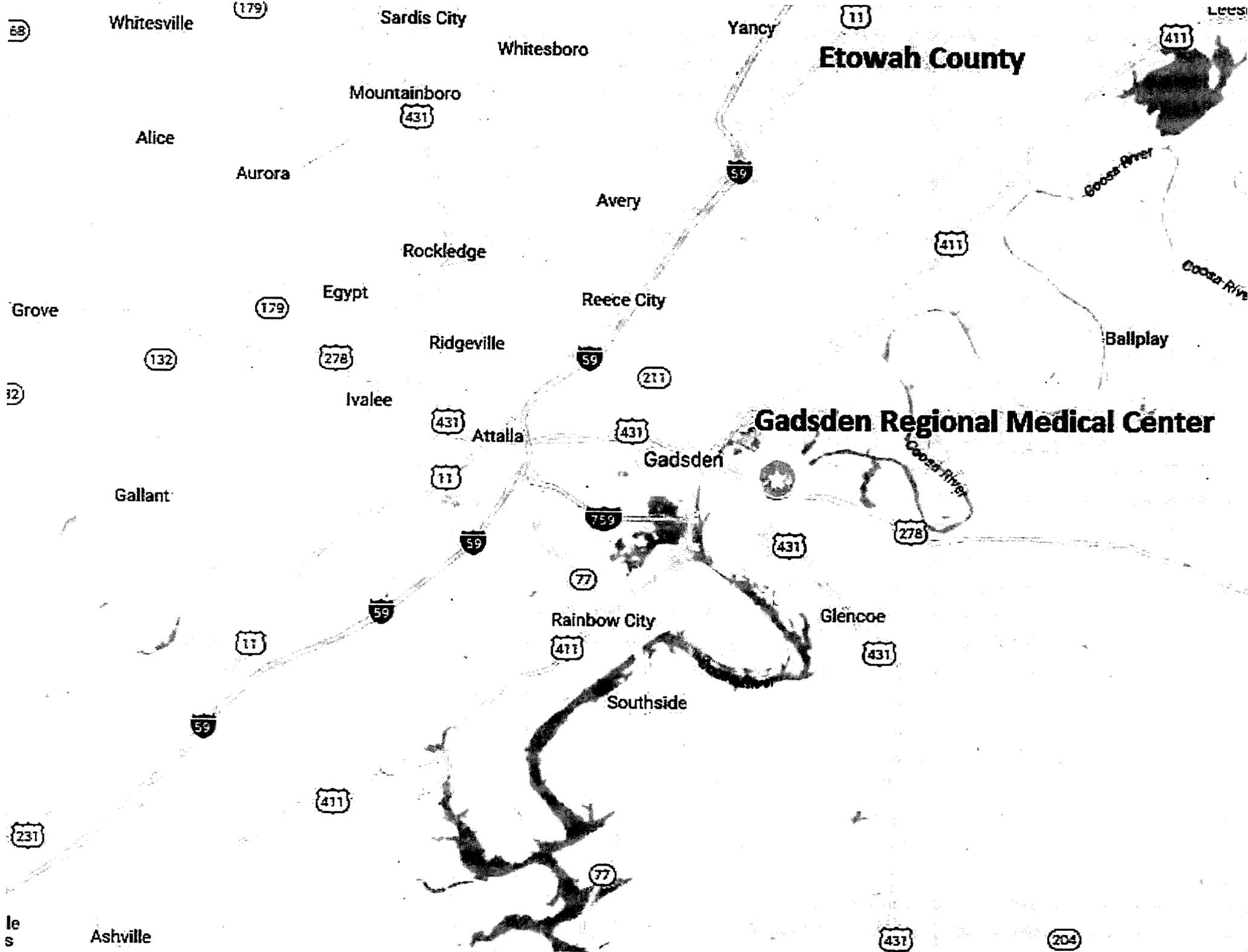
- County seat
- City, town or village
- Primary highway
- Secondary highway
- Other principal roads
- Route marker: Interstate; U.S.; State



Produced by the Dept. of Geography
College of Arts and Sciences
The University of Alabama

Population Key

BIRMINGHAM100,000 to 500,000
Tuscaloosa50,000 to 100,000
Gadsden25,000 to 50,000
Albertville5,000 to 25,000
Foley1,000 to 5,000
Brilliant500 to 1,000
Elktonup to 500



Whitesville

(179)

Sardis City

Whitesboro

Yancy

(11)

Etowah County

(411)

Lees

Mountainboro

(431)

Alice

Aurora

Avery

(59)

Coosa River

Rockledge

(411)

Egypt

(179)

Reece City

Coosa River

Grove

(132)

(278)

Ridgeville

(59)

(211)

Ballplay

(32)

Ivalee

(431)

Attalla

(431)

Gadsden Regional Medical Center

Gadsden

Coosa River

Gallant

(11)

(759)

(431)

(278)

(77)

Rainbow City

Glencoe

(59)

(11)

(59)

(431)

Southside

(411)

(411)

(77)

(231)

le
s

Ashville

(431)

(204)

EXHIBIT C

Proposed Language of Requested State Health Plan Adjustment

Gadsden Regional Medical Center proposes the adjustment below to the current Psychiatric Care Section of the Alabama State Health Plan.

NOTE: The current rule is in regular typeface. **The section of the current rule to be adjusted is in bold typeface. The proposed adjustment language is in bold typeface and underlined.**

410-2-4-.10 Psychiatric Care.

(1) Background

- (a) Since 1970, the total number of inpatient psychiatric beds per capita in the United States has declined dramatically (62%). Over this same period, state and county psychiatric hospital beds per capita have decreased even more precipitously (89%). It is noteworthy that no national data are available as yet on non-traditional acute care settings such as crisis residential programs for adults or crisis family care or treatment foster care for children. What seems clear from the national data is that there has been a decline in the supply of most types of beds for short-term inpatient psychiatric care with the most severe drops in publicly operated services. It is widely known that the share of health care expenditures allocated to mental health and substance abuse treatment declined from 1987 to 1997. In addition, analysis by the same researchers on a sample of the employer-based private insurance market found a decrease in the mental health and substance abuse spending share that they attribute to a lower probability of admission to inpatient care and shorter lengths of inpatient stay.

While each community experiences differences in mental health resources, there are some common themes that appear to have contributed to the changes in patterns of care. Changes in payment mechanisms (such as prospective payment), the emergence of managed care, and newer utilization guidelines that limit lengths of inpatient stays are some of the factors that account for these changes. Some communities have also been successful at building and maintaining robust outpatient treatment systems and community based acute and longer-term services that may reduce the need for short-term inpatient care and the misuse of emergency rooms. (President's New Freedom Commission on Mental Health Report -- 2003)

- (b) In looking at psychiatric acute care beds in Alabama, the numbers have also declined significantly. In 1969, the state of Alabama operated a total of 7,699 psychiatric beds, which has since been reduced to 1,232 by the year 2003. While much of the downsizing of beds was related to a court settlement, the actions are reflective of the national trend to decrease acute care beds.

(2) Methodology

- (a) In the early 90s, the Alabama Department of Mental Health and Mental Retardation developed a psychiatric bed need methodology based on research of other methodologies used across the country. This methodology was also revisited by the state, along with private providers, in 2003 and found to be still relevant when compared to other states and current practice.

- (b) Basically, the methodology adds the number of beds for private psychiatric hospitals (17.3/100,000) population and for non-federal general hospitals (19.8/100,000) population with separate inpatient psychiatric services to determine a total number of 37.1 beds per 100,000 population for private psychiatric inpatient care.
- (c) The number of beds per 100,000 population is then multiplied by the population (ages 5 and over) for the state to arrive at a total number of beds needed.
- (d) The number of existing beds, as documented by the official inventory of psychiatric beds authorized, is subtracted from the total number of beds calculated in (c) above. This gives a final number as to the net need which is interpreted as either a need for additional beds or an excess of beds in the state.

PSYCHIATRIC BED NEED FOR ALABAMA

Population 2005 (5 years & over)	Total Beds Needed (37.1/100,000 population)	Existing Beds	Net Need/Excess
4,338,379	1,610	1,232	378

(3) Planning Policies

- (a) Planning Policy. Conversion of existing hospital beds to psychiatric beds should be given priority over new construction when the conversion is significantly less costly and the existing structure can be adopted economically to meet licensure and certification requirements.
- (b) Planning Policy. In certificate of need decisions concerning psychiatric services, the extent to which an applicant proposes to serve all patients in an area should be considered. The problem of indigent care should be addressed by certificate of need applicants.

(4) Plan Adjustments.

The psychiatric bed need, as determined by the methodology, is subject to adjustments by the SHCC. The psychiatric bed need may be adjusted by the SHCC if an applicant can prove that the identified needs of a target population are not being met by the current bed need methodology. On August 5, 2016, the SHCC approved an adjustment adding eight (8) child and adolescent psychiatric care beds in Houston County due to the identified need for inpatient psychiatric care beds to serve patients 18 years of age and younger in this county of the State. On [____], The SHCC approved an adjustment adding twenty (20) adult inpatient psychiatric care beds in Etowah County due to the identified need for inpatient psychiatric care beds to serve patients ages 19 to 65 in this county of the State.

Author: Statewide Health Coordinating Council (SHCC)

Statutory Authority: § 22-21-260(4). Code of Alabama, 1975.

History: April 23, 1991. Amended: Filed June 19, 1996; effective July 25, 1996. Repealed and

New Rule: Filed October 18, 2004; effective November 22, 2004. Amended (SHP Year Only):

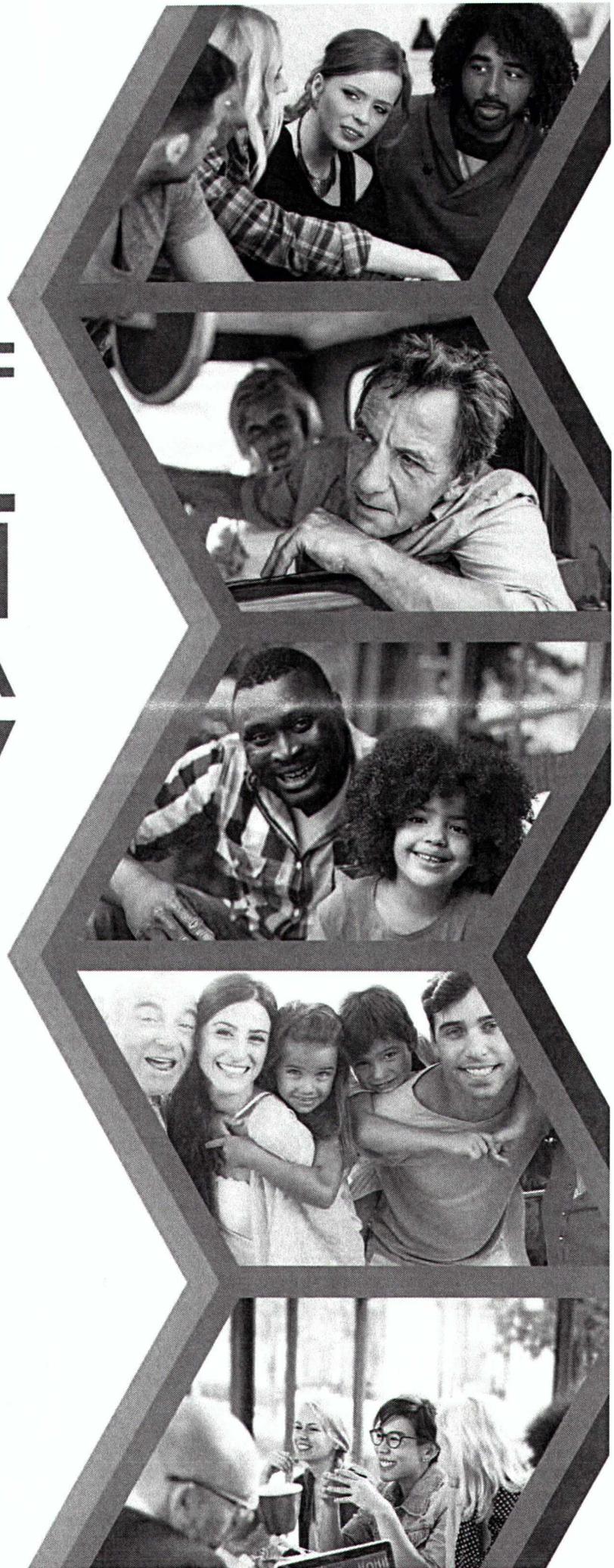
Filed December 2 2014; effective January 6, 2015; Adjusted August 17, 2016; Adjusted

[____], 2017.

EXHIBIT D

**Mental Health America Report:
The State of Mental Health in America 2017**

THE STATE OF MENTAL HEALTH IN AMERICA 2017



MHIA
Mental Health America
B4Stage4

Mental Health America (MHA), formerly the National Mental Health Association, was founded in 1909 and is the nation's leading community-based nonprofit dedicated to helping all Americans achieve wellness by living mentally healthier lives. Our work is driven by our commitment to promote mental health as a critical part of overall wellness, including prevention services for all, early identification and intervention for those at risk, integrated health, behavioral health and other services for those who need them, and recovery as the goal.

This report was researched, written and prepared by Theresa Nguyen and Kelly Davis.
Web based report by Jessica Kennedy and cover by Danielle Fritze.



500 Montgomery Street, Suite 820
Alexandria, VA 22314-1520
www.mentalhealthamerica.net
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Mental Health America is committed to promoting mental health as a critical part of overall wellness. We advocate for prevention services for all, early identification and intervention for those at risk, integrated health, behavioral health and other services for those who need them, and recovery as the goal. We believe that gathering and providing up-to-date data and information about disparities faced by individuals with mental health problems is a tool for change.

Our Report is a Collection of Data across all 50 states and the District of Columbia and seeks to answer the following questions:

- How many adults and youth have mental health issues?
- How many adults and youth have substance use issues?
- How many adults and youth have access to insurance?
- How many adults and youth have access to adequate insurance?
- How many adults and youth have access to mental health care?
- Which states have higher barriers to accessing mental health care?

Our Goal:

- To provide a snapshot of mental health status among youth and adults for policy and program planning, analysis, and evaluation;
- To track changes in prevalence of mental health issues and access to mental health care;
- To understand how changes in national data reflect the impact of legislation and policies; and
- To increase dialogue and improve outcomes for individuals and families with mental health needs.

Why Gather this Information?

- Using national survey data allows us to measure a community's mental health needs, access to care, and outcomes regardless of the differences between the states and their varied mental health policies.
- Rankings explore which states are more effective at addressing issues related to mental health and substance use.
- Analysis may reveal similarities and differences among states in order to begin assessing how federal and state mental health policies result in more or less access to care.

Key Facts and Findings

1 IN 5 ADULTS HAVE A MENTAL HEALTH CONDITION YOUTH MENTAL HEALTH IS WORSENING



**THAT'S
OVER 40 MILLION
AMERICANS**



RATES OF YOUTH DEPRESSION

8.5% 11.1%
IN 2011 IN 2014



.....
**EVEN WITH SEVERE DEPRESSION,
80% ARE LEFT WITH NO
OR INSUFFICIENT TREATMENT.**

MORE AMERICANS HAVE ACCESS TO SERVICES MOST AMERICANS LACK ACCESS TO CARE



**ACCESS TO INSURANCE
INCREASED**



**SO DID
ACCESS TO TREATMENT**

Healthcare reform has reduced the rates of uninsured adults with mental health conditions; **HOWEVER,**



19%

**REMAINED UNINSURED
IN STATES THAT
DID NOT
EXPAND MEDICAID.**



13%

**REMAINED UNINSURED
IN STATES THAT
DID
EXPAND MEDICAID.**



.....
56%
of American adults
with a mental illness
DID NOT
receive treatment
.....

Even in Vermont,
the state with the best access

43%

of adults with a mental illness
did not receive treatment.



THERE IS A SERIOUS MENTAL HEALTH WORKFORCE SHORTAGE

**In states with the lowest workforce, there's only
1 mental health professional
per 1,000 individuals**



This includes psychiatrists, psychologists, social workers, counselors and psychiatric nurses **COMBINED.**

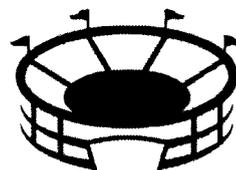
LESS ACCESS TO CARE MEANS MORE INCARCERATION

Arkansas, Mississippi, and Alabama



had the **least** access to care
and **highest** rates of imprisonment

There are over **57,000** people with mental health conditions
in prison and jail in those states alone
that's enough to fill Madison Square Garden



**3
times**

Ranking Overview and Guidelines

This chart book presents a collection of data that provides a baseline for answering some questions about how many people in America need and have access to mental health services. This report is a companion to the online interactive data on the MHA website (<http://www.mentalhealthamerica.net/issues/state-mental-health-america>). The data and table include state and national data and sharable infographics.

MHA Guidelines

Given the variability of data, MHA developed guidelines to identify mental health measures that are most appropriate for inclusion in our ranking. Indicators were chosen that met the following guidelines:

- Data that are publicly available and as new as possible to provide up-to-date results.
- Data that are available for all 50 states and the District of Columbia.
- Data for both adults and youth.
- Data that captured information regardless of varying utilization of the private and public mental health system.
- Data that could be collected over time to allow for analysis of future changes and trends.

Our 2017 Measures

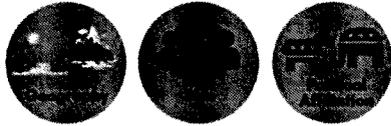
1. Adults with Any Mental Illness (AMI)
2. Adults with Dependence or Abuse of Illicit Drugs or Alcohol
3. Adults with Serious Thoughts of Suicide
4. Youth with At Least One Major Depressive Episode (MDE) in the Past Year
5. Youth with Dependence or Abuse of Illicit Drugs or Alcohol
6. Youth with Severe MDE
7. Adults with AMI who Did Not Receive Treatment
8. Adults with AMI Reporting Unmet Need
9. Adults with AMI who are Uninsured
10. Adults with Disability who Could Not See a Doctor Due to Costs
11. Youth with MDE who Did Not Receive Mental Health Services
12. Youth with Severe MDE who Received Some Consistent Treatment
13. Children with Private Insurance that Did Not Cover Mental or Emotional Problems
14. Students Identified with Emotional Disturbance for an Individualized Education Program
15. Mental Health Workforce Availability

A Complete Picture

While the above fifteen measures are not a complete picture of the mental health system, they do provide a strong foundation for understanding the prevalence of mental health concerns, as well as issues of access to insurance and treatment, particularly as that access varies among the states. MHA will continue to explore new measures that allow us to more accurately and comprehensively capture the needs of those with mental illness and their access to care.

Ranking

To better understand the rankings, it's important to compare similar states.



Factors to consider include geography, size, and political affiliation. For example, California and New York are similar. Both are large states with densely populated cities and tend to be Democratic leaning. They are less comparable to less populous or Republican leaning states like North Dakota, Alaska, or Wyoming. Keep in mind, both New York City and Los Angeles alone have more residents than North Dakota, South Dakota, Alaska, and Wyoming combined.



The rankings are based on the percentages or rates for each state. States with positive outcomes are ranked higher than states with poorer outcomes. The overall, adult, youth, prevalence and access rankings were analyzed by calculating a standardized score (Z score) for each measure, and ranking the sum of the standardized scores. For most measures, lower percentages equated to more positive outcomes (e.g. lower rates of substance use or those who are uninsured). There are two measures where high percentages equate to better outcomes. These include Youth with Severe MDE who Received Some Consistent Treatment, and Students Identified with Emotional Disturbance for an Individualized Education Program. Here, the calculated standardized score was multiplied by -1 to obtain a Reverse Z Score that was used in the sum. All measures were considered equally important, and no weights were given to any measure in the rankings.

Along with calculated rankings, each measure is ranked individually with an accompanying chart and table. The table provides the percentage and estimated population for each ranking. The estimated population number is weighted and calculated by the agency conducting the applicable federal survey. The ranking is based on the percentage or rate. Data are presented with 2 decimal places when available.

Due to limitations in sample size for year 2014, the measures for Youth with MDE who Did Not Receive Mental Health Services and Youth with Severe MDE who Received Some Consistent Treatment are from sample year through 2013.

Survey Limitations

Each survey has its own strengths and limitations. For example, strengths of both SAMHSA's National Survey of Drug Use and Health (NSDUH) and the CDC's Behavioral Risk Factor Surveillance System (BRFSS) are that they include national survey data with large sample sizes and utilized statistical modeling to provide weighted estimates of each state population. This means that the data is more representative of the general population. An example limitation of particular importance to the mental health community is that the NSDUH does not collect information from persons who are homeless and who do not stay at shelters, are active duty military personnel, or are institutionalized (i.e., in jails or hospitals). This limitation means that those individuals who have a mental illness who are also homeless or incarcerated are not represented in the data presented by the NSDUH. If the data did include individuals who were homeless and/or incarcerated, we would possibly see prevalence of behavioral health issues increase and access to treatment rates worsen. It is MHA's goal to continue to search for the best possible data in future reports. Additional information on the methodology and limitations of the surveys can be found online as outlined in the glossary.

Election Year: Mental Health and Politics

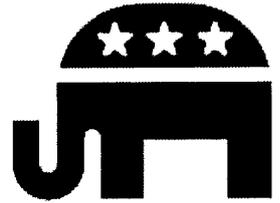
Mental health disorders cross party lines. Half of all Americans will experience a mental health condition in their lifetime. They affect us, our friends, family members, and other members of our communities regardless of where we stand politically.

When we do not support people we pay heavily, whether in healthcare, workforce, quality of life, or actual lives lost. Ensuring access to a variety of services and supports that enable Americans to stay in their communities and to contribute to society should be a nonpartisan issue.

More than anything else, where you live can determine your access to care. While federal policies and efforts can help steer the nation, state and local policies can make the ultimate difference in your access.

Using party affiliation data from Gallup, MHA combined its Access to Care Rankings with state party affiliation. The top ten states were almost evenly split among Democratic leaning, Republican leaning, and competitive states.

All states, regardless of political make up, can support access to care. Now more than ever voters need to tell officials at all levels of government to take action to address mental health in our communities.



Access to Care Rankings

- | | |
|--------------------------|--------------------|
| 1. Vermont | 27. Wyoming |
| 2. Massachusetts | 28. Hawaii |
| 3. Maine | 29. Ohio |
| 4. Connecticut | 30. Illinois |
| 5. Minnesota | 31. Kentucky |
| 6. New Hampshire | 32. Nebraska |
| 7. South Dakota | 33. Utah |
| 8. Rhode Island | 34. West Virginia |
| 9. Iowa | 35. Montana |
| 10. Alaska | 36. Missouri |
| 11. District of Columbia | 37. Indiana |
| 12. Pennsylvania | 38. Virginia |
| 13. Maryland | 39. Oklahoma |
| 14. Wisconsin | 40. Arizona |
| 15. Delaware | 41. Louisiana |
| 16. Colorado | 42. Idaho |
| 17. New Jersey | 43. Florida |
| 18. Michigan | 44. Arkansas |
| 19. New York | 45. South Carolina |
| 20. North Dakota | 46. Texas |
| 21. Oregon | 47. Georgia |
| 22. Kansas | 48. Tennessee |
| 23. New Mexico | 49. Mississippi |
| 24. Washington | 50. Alabama |
| 25. California | 51. Nevada |
| 26. North Carolina | |

■ Democratic Leaning ■ Competitive ■ Republican Leaning



ASK QUESTIONS. RAISE AWARENESS. USE YOUR VOTE.

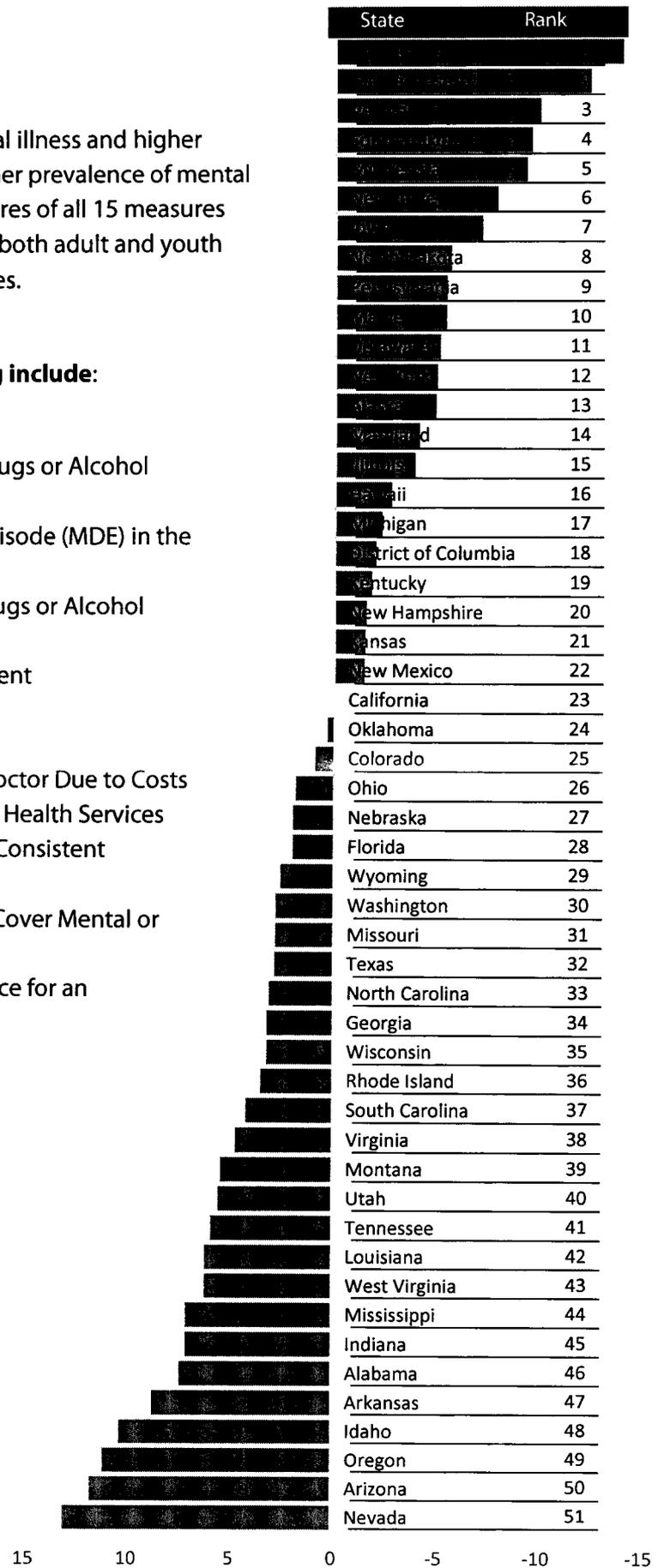
Overall Ranking

A high overall ranking indicates lower prevalence of mental illness and higher rates of access to care. A low overall ranking indicates higher prevalence of mental illness and lower rates of access to care. The combined scores of all 15 measures make up the overall ranking. The overall ranking includes both adult and youth measures as well as prevalence and access to care measures.

The 15 measures that make up the overall ranking include:

1. Adults with Any Mental Illness (AMI)
2. Adults with Dependence or Abuse of Illicit Drugs or Alcohol
3. Adults with Serious Thoughts of Suicide
4. Youth with At Least One Major Depressive Episode (MDE) in the Past Year
5. Youth with Dependence or Abuse of Illicit Drugs or Alcohol
6. Youth with Severe MDE
7. Adults with AMI who Did Not Receive Treatment
8. Adults with AMI Reporting Unmet Need
9. Adults with AMI who are Uninsured
10. Adults with Disability who Could Not See a Doctor Due to Costs
11. Youth with MDE who Did Not Receive Mental Health Services
12. Youth with Severe MDE who Received Some Consistent Treatment
13. Children with Private Insurance that Did Not Cover Mental or Emotional Problems
14. Students Identified with Emotional Disturbance for an Individualized Education Program
15. Mental Health Workforce Availability

The chart is a visual representation of the sum of the scores for each state. It provides an opportunity to see the difference between ranked states. For example, Connecticut (ranked 1) has a score that is higher than New Jersey (ranked 6), whereas North Dakota (ranked 8) is not very different from Alaska (ranked 13). California (ranked 23) has a score that is closest to the average.



Overall Ranking – 2011 vs 2014

Using past data, we ran the sum of scores for the overall ranking and the access to care ranking and compared those ranking to our most recently available rankings.

11 of the 15 measures included data from years 2009, 2010, and 2011.

- Students Identified with Emotional Disturbance for an Individualized Education Program is from 2012.
- Mental Health Workforce Availability is from 2013.
- Youth with Severe MDE who Received Some Consistent Treatment is the same time periods (2010-2014) for both ranking and therefore did not affect ranking change.
- Adults with Disability who Could Not See a Doctor Due to Costs is from 2012.

The connecting lines in the chart point to several changes among those states that have significant movement in ranking.

Wisconsin moved from 8th to 35th. Indiana moved from 19th to 45th. Oklahoma moved from 41st to 24th. And New Mexico jumped from 44th to 22nd.

Tables for the 2011 ranking can be found in the Appendix.

2011	State
1	Maine
2	Maryland
3	Vermont
4	North Dakota
5	Connecticut
6	Massachusetts
7	New York
8	Wisconsin
9	Nebraska
10	North Carolina
11	New Jersey
12	Minnesota
13	Iowa
14	South Dakota
15	Pennsylvania
16	Illinois
17	Colorado
18	Rhode Island
19	Indiana
20	Delaware
21	District of Columbia
22	Kentucky
23	Hawaii
24	Alaska
25	Ohio
26	Florida
27	Virginia
28	West Virginia
29	Kansas
30	Georgia
31	Utah
32	New Hampshire
33	California
34	Texas
35	Wyoming
36	Louisiana
37	Missouri
38	Michigan
39	Tennessee
40	Oregon
41	Oklahoma
42	Mississippi
43	Washington
44	New Mexico
45	South Carolina
46	Montana
47	Arkansas
48	Alabama
49	Idaho
50	Nevada
51	Arizona

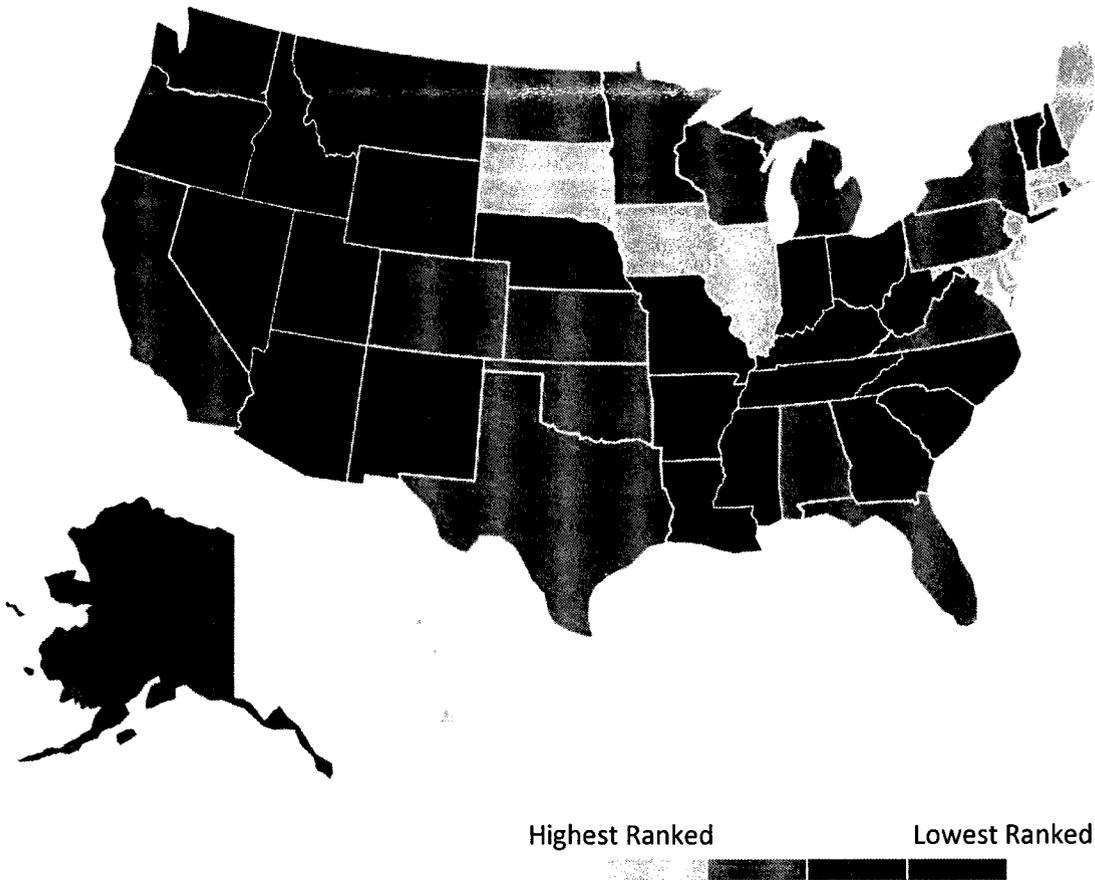
2014	State
1	Connecticut
2	Massachusetts
3	Vermont
4	South Dakota
5	Minnesota
6	New Jersey
7	Iowa
8	North Dakota
9	Pennsylvania
10	Maine
11	Delaware
12	New York
13	Alaska
14	Maryland
15	Illinois
16	Hawaii
17	Michigan
18	District of Columbia
19	Kentucky
20	New Hampshire
21	Kansas
22	New Mexico
23	California
24	Oklahoma
25	Colorado
26	Ohio
27	Nebraska
28	Florida
29	Wyoming
30	Washington
31	Missouri
32	Texas
33	North Carolina
34	Georgia
35	Wisconsin
36	Rhode Island
37	South Carolina
38	Virginia
39	Montana
40	Utah
41	Tennessee
42	Louisiana
43	West Virginia
44	Mississippi
45	Indiana
46	Alabama
47	Arkansas
48	Idaho
49	Oregon
50	Arizona
51	Nevada

Adult Rankings

States with high rankings have lower prevalence of mental illness and higher rates of access to care for adults. Lower rankings indicate that adults have higher prevalence of mental illness and lower rates of access to care.

The 7 measures that make up the Adult Ranking include:

1. Adults with Any Mental Illness (AMI)
2. Adults with Dependence or Abuse of Illicit Drugs or Alcohol
3. Adults with Serious Thoughts of Suicide
4. Adults with AMI who Did Not Receive Treatment
5. Adults with AMI Reporting Unmet Need
6. Adults with AMI who are Uninsured
7. Adults with Disability who Could Not See a Doctor Due to Costs.



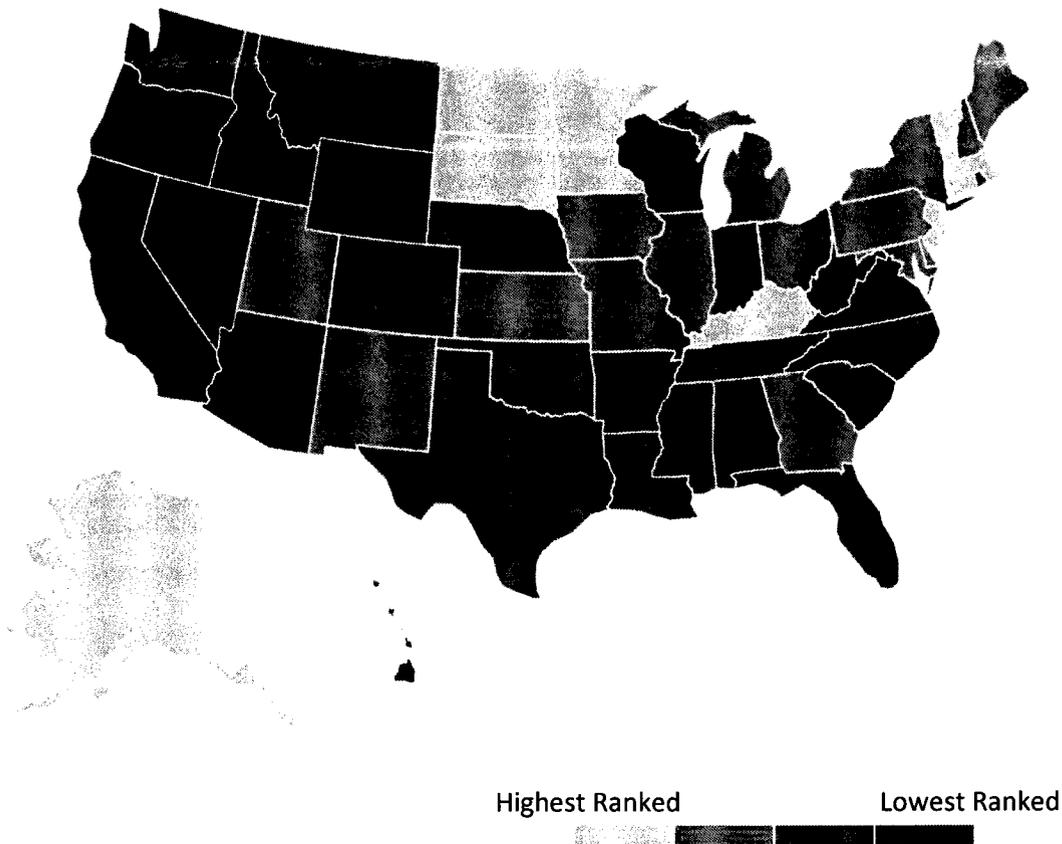
Rank	State
1	Connecticut
2	Massachusetts
3	Iowa
4	New Jersey
5	Hawaii
6	Maryland
7	Delaware
8	Maine
9	Illinois
10	South Dakota
11	Pennsylvania
12	Vermont
13	New York
14	North Dakota
15	California
16	Florida
17	Minnesota
18	Wisconsin
19	Texas
20	Virginia
21	Oklahoma
22	Alabama
23	Kansas
24	Michigan
25	Colorado
26	Wyoming
27	North Carolina
28	Arkansas
29	Alaska
30	New Hampshire
31	South Carolina
32	New Mexico
33	Kentucky
34	Rhode Island
35	Nebraska
36	Missouri
37	Ohio
38	Montana
39	Louisiana
40	Georgia
41	Washington
42	Arizona
43	West Virginia
44	District of Columbia
45	Tennessee
46	Mississippi
47	Indiana
48	Idaho
49	Oregon
50	Utah
51	Nevada

Youth Rankings

States with high rankings have lower prevalence of mental illness and higher rates of access to care for youth. Lower rankings indicate that youth have higher prevalence of mental illness and lower rates of access to care.

The 7 measures that make up the Youth Ranking include:

1. Youth with At Least One Major Depressive Episode (MDE) in the Past Year
2. Youth with Dependence or Abuse of Illicit Drugs or Alcohol
3. Youth with Severe MDE
4. Youth with MDE who Did Not Receive Mental Health Services
5. Youth with Severe MDE who Received Some Consistent Treatment
6. Children with Private Insurance that Did Not Cover Mental or Emotional Problems
7. Students Identified with Emotional Disturbance for an Individualized Education Program.



1	Minnesota
2	South Dakota
3	Connecticut
4	Vermont
5	Massachusetts
6	Alaska
7	North Dakota
8	District of Columbia
9	Kentucky
10	New Jersey
11	Iowa
12	Pennsylvania
13	New York
14	Michigan
15	New Hampshire
16	New Mexico
17	Delaware
18	Kansas
19	Illinois
20	Maine
21	Ohio
22	Georgia
23	Maryland
24	Missouri
25	Utah
26	Nebraska
27	Washington
28	West Virginia
29	Colorado
30	Tennessee
31	Mississippi
32	Hawaii
33	Oklahoma
34	Indiana
35	Texas
36	Louisiana
37	South Carolina
38	California
39	North Carolina
40	Rhode Island
41	Florida
42	Wyoming
43	Montana
44	Wisconsin
45	Virginia
46	Alabama
47	Idaho
48	Nevada
49	Oregon
50	Arizona
51	Arkansas

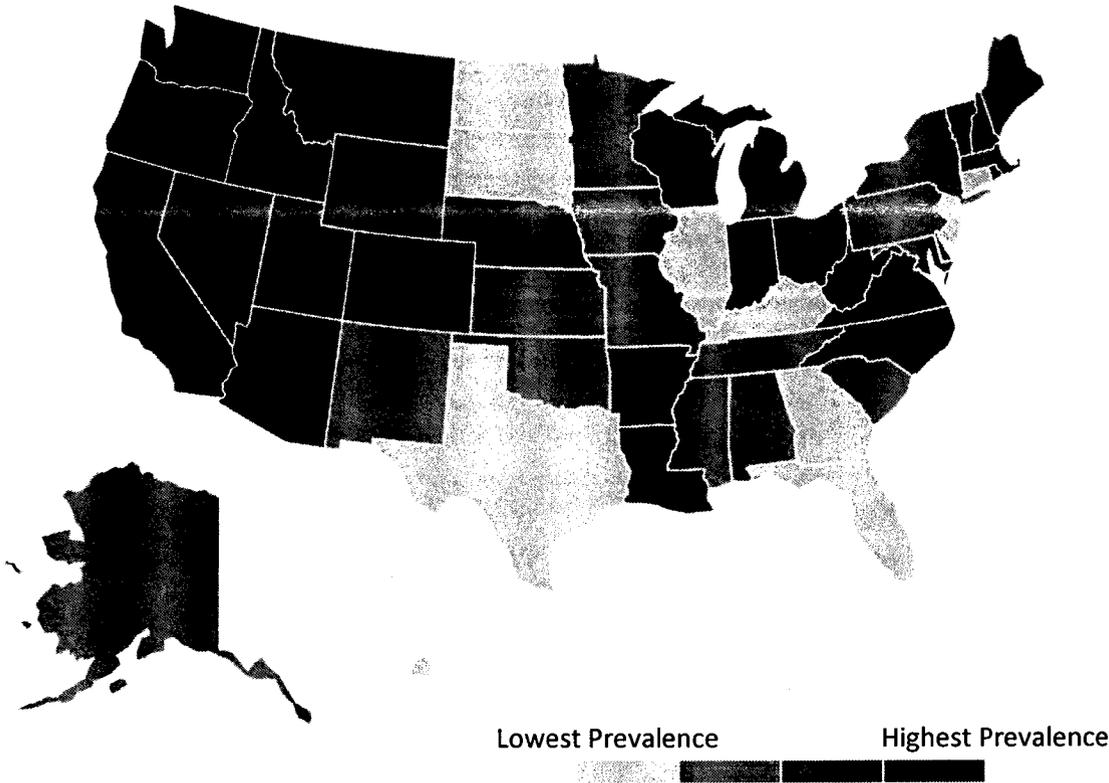
Prevalence of Mental Illness

The scores for the six prevalence make up the Prevalence Ranking.

The 6 measures that make up the Prevalence Ranking include:

1. Adults with Any Mental Illness (AMI)
2. Adults with Dependence or Abuse of Illicit Drugs or Alcohol
3. Adults with Serious Thoughts of Suicide
4. Youth with At Least One Major Depressive Episode (MDE) in the Past Year
5. Youth with Dependence or Abuse of Illicit Drugs or Alcohol
6. Youth with Severe MDE.

A high ranking on the Prevalence Ranking indicates a lower prevalence of mental health and substance use issues. States that rank 1-10 have lower rates of mental health and substance use problems compared to states that ranked 42-51.



States with the lowest prevalence:

1. Connecticut
2. Illinois
3. New Jersey
4. North Dakota
5. South Dakota

States with the highest prevalence:

47. New Hampshire
48. Wisconsin
49. Arizona
50. Rhode Island
51. Oregon

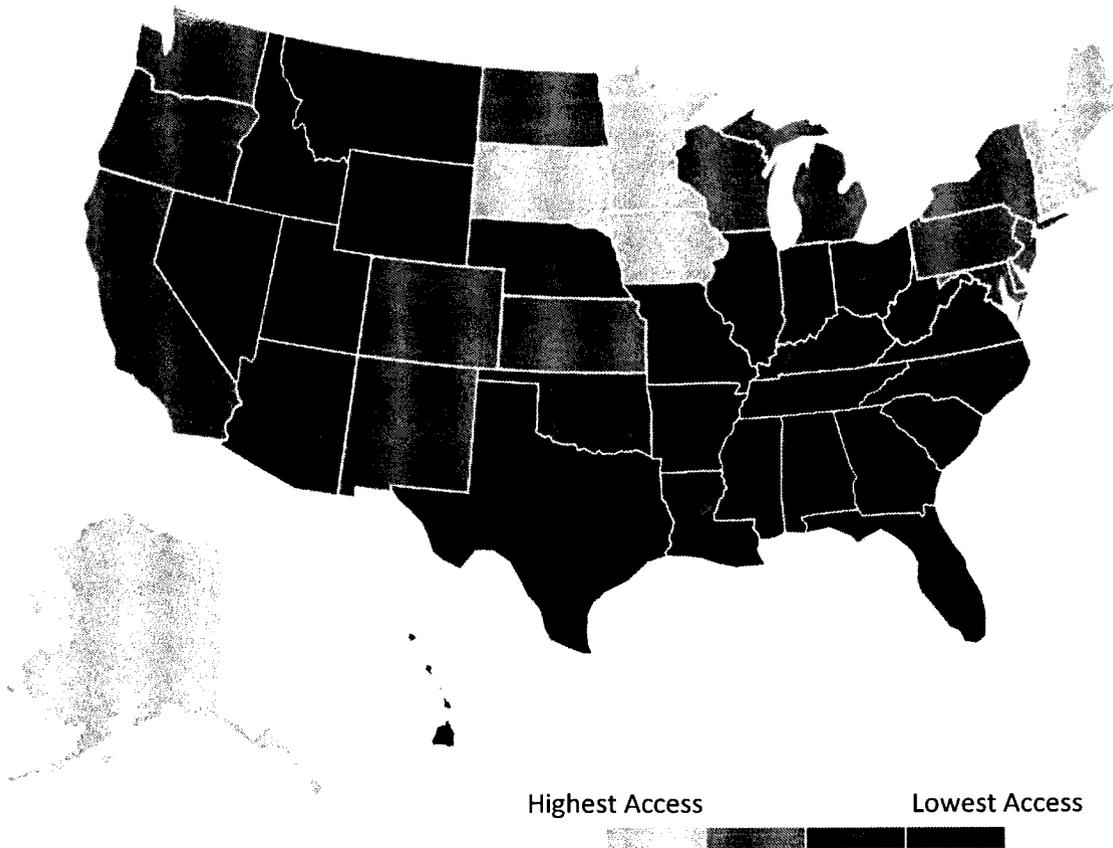
1	Connecticut
2	Illinois
3	New Jersey
4	North Dakota
5	South Dakota
6	Georgia
7	Texas
8	Florida
9	Kentucky
10	Hawaii
11	Oklahoma
12	Iowa
13	New York
14	South Carolina
15	Tennessee
16	Delaware
17	Pennsylvania
18	Minnesota
19	Mississippi
20	Alabama
21	Alaska
22	Maryland
23	Missouri
24	New Mexico
25	Kansas
26	California
27	Michigan
28	Massachusetts
29	Nebraska
30	Louisiana
31	Ohio
32	Virginia
33	District of Columbia
34	Wyoming
35	Montana
36	Nevada
37	Arkansas
38	Maine
39	Utah
40	North Carolina
41	West Virginia
42	Washington
43	Indiana
44	Colorado
45	Idaho
46	Vermont
47	New Hampshire
48	Wisconsin
49	Arizona
50	Rhode Island
51	Oregon

Access to Care Rankings

The Access Ranking indicates how much access to mental health care exists within a state. The access measures include access to insurance, access to treatment, quality and cost of insurance, access to special education, and workforce availability. A high Access Ranking indicates that a state provides relatively more access to insurance and mental health treatment.

The 9 measures that make up the Access Ranking include:

1. Adults with AMI who Did Not Receive Treatment
2. Adults with AMI Reporting Unmet Need
3. Adults with AMI who are Uninsured
4. Adults with Disability who Could Not See a Doctor Due to Costs
5. Youth with MDE who Did Not Receive Mental Health Services
6. Youth with Severe MDE who Received Some Consistent Treatment
7. Children with Private Insurance that Did Not Cover Mental or Emotional Problems
8. Students Identified with Emotional Disturbance for an Individualized Education Program
9. Mental Health Workforce Availability



1	Vermont
2	Massachusetts
3	Maine
4	Connecticut
5	Minnesota
6	New Hampshire
7	South Dakota
8	Rhode Island
9	Iowa
10	Alaska
11	District of Columbia
12	Pennsylvania
13	Maryland
14	Wisconsin
15	Delaware
16	Colorado
17	New Jersey
18	Michigan
19	New York
20	North Dakota
21	Oregon
22	Kansas
23	New Mexico
24	Washington
25	California
26	North Carolina
27	Wyoming
28	Hawaii
29	Ohio
30	Illinois
31	Kentucky
32	Nebraska
33	Utah
34	West Virginia
35	Montana
36	Missouri
37	Indiana
38	Virginia
39	Oklahoma
40	Arizona
41	Louisiana
42	Idaho
43	Florida
44	Arkansas
45	South Carolina
46	Texas
47	Georgia
48	Tennessee
49	Mississippi
50	Alabama
51	Nevada

Access to Care Ranking – 2011 vs 2014

State and local level policies have the biggest impact on access to mental health care. Changes in these rankings may reflect policy changes that support constituencies who suffer from mental health problems. For example, states who passed laws supporting implementation of mental health parity laws and the Affordable Care Act show improvements in access to insurance rates. Those states that took aggressive policy changes, such as the implementation of The Mental Health Services Act in California, resulted in significant changes in access to care. The connecting lines in the chart point to several changes among those states that have significant movement in ranking. A lack of movement at the top could indicate long term commitment towards better mental health policies, while lack of movement at the bottom indicates continued neglect of the mental health needs of constituencies. **States can compare policies among other better performing states of equivalent size, geography, culture, or political affiliation to identify potential policy changes to improve their numbers and rankings.**

**Uninsured Adults
with a Mental Illness**

19%
IN STATES THAT
DID NOT
EXPAND MEDICAID

vs.

13%
IN STATES THAT
DID
EXPAND MEDICAID

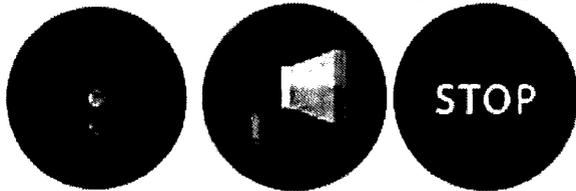
2011	State
1	Vermont
2	Maine
3	Massachusetts
4	South Dakota
5	Minnesota
6	New Hampshire
7	Nebraska
8	Connecticut
9	Rhode Island
10	North Dakota
11	New York
12	Maryland
13	Delaware
14	Wisconsin
15	Colorado
16	Pennsylvania
17	Iowa
18	Michigan
19	Kentucky
20	Oregon
21	District of Columbia
22	Indiana
23	Ohio
24	New Jersey
25	Washington
26	Alaska
27	North Carolina
28	Wyoming
29	Virginia
30	Hawaii
31	Illinois
32	Kansas
33	New Mexico
34	Missouri
35	West Virginia
36	Utah
37	Tennessee
38	Oklahoma
39	California
40	Montana
41	Idaho
42	Florida
43	Georgia
44	Arizona
45	Arkansas
46	South Carolina
47	Texas
48	Louisiana
49	Nevada
50	Mississippi
51	Alabama

2014	State
1	Vermont
2	Massachusetts
3	Maine
4	Connecticut
5	Minnesota
6	New Hampshire
7	South Dakota
8	Rhode Island
9	Iowa
10	Alaska
11	District of Columbia
12	Pennsylvania
13	Maryland
14	Wisconsin
15	Delaware
16	Colorado
17	New Jersey
18	Michigan
19	New York
20	North Dakota
21	Oregon
22	Kansas
23	New Mexico
24	Washington
25	California
26	North Carolina
27	Wyoming
28	Hawaii
29	Ohio
30	Illinois
31	Kentucky
32	Nebraska
33	Utah
34	West Virginia
35	Montana
36	Missouri
37	Indiana
38	Virginia
39	Oklahoma
40	Arizona
41	Louisiana
42	Idaho
43	Florida
44	Arkansas
45	South Carolina
46	Texas
47	Georgia
48	Tennessee
49	Mississippi
50	Alabama
51	Nevada

Access to Care Ranking versus Adult Incarceration Rates

1.2 MILLION individuals living with mental illness sit in jail and prison each year.

Often their involvement with the criminal justice system begins with low-level offenses like jaywalking, disorderly conduct, or trespassing.



In 2015, The Sentencing Project ranked the states based on the number of people incarcerated in state prison per 100,000 residents.¹ Comparing state-by-state rates of incarceration with the access to mental health care ranking shows a strong positive correlation between rates of adult who are in the criminal justice system and lack of access to mental health care ($r = .69$, $p = 0.00$).

The states with less access to mental health care have more adults who are in the criminal justice system.

Six out of 10 of the states with the least access to mental health care also have the highest rates of incarceration.

These states include:

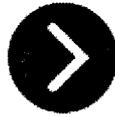
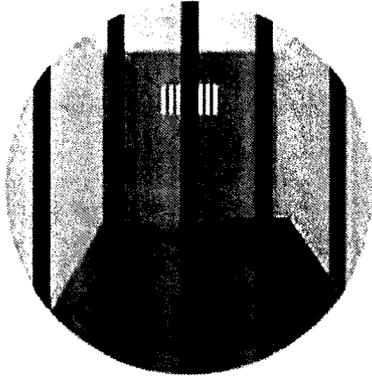
- Alabama
- Arkansas
- Mississippi
- Texas
- Georgia
- Florida

The chart shows the ranking of states based on the rate of adult incarceration (per 100,000 people). The access to care ranking is the corresponding sum of scores for each state. The ten states with the most access to care are highlighted in purple, and the ten states with the least amount of access to care are highlighted in red.

1	Maine	153	1.010101
2	Rhode Island	178	1.010101
3	Massachusetts	188	1.010101
4	Minnesota	194	1.010101
5	North Dakota	214	-2.1477
6	New Hampshire	219	1.010101
7	Utah	237	1.967375
8	Vermont	241	1.010101
9	New Jersey	241	-3.39434
10	Washington	254	-1.32436
11	Hawaii	257	-0.0282
12	New York	265	-2.75729
13	Iowa	282	1.010101
14	Nebraska	283	1.018337
15	Kansas	322	-1.91273
16	Connecticut	326	1.010101
17	New Mexico	329	-1.7386
18	Maryland	346	-4.01988
19	California	349	-0.58227
20	North Carolina	358	-0.51341
21	Montana	360	2.587972
22	Wisconsin	371	-3.78764
23	West Virginia	372	2.357443
24	Alaska	374	4.56163
25	Illinois	375	0.690505
26	Oregon	378	-2.02091
27	Colorado	383	-3.69017
28	Pennsylvania	394	-4.20215
29	Wyoming	408	-0.15832
30	South Dakota	421	1.30107
31	South Carolina	429	1.30107
32	Nevada	434	0.10107
33	Tennessee	437	7.915359
34	Michigan	437	-3.06855
35	Delaware	440	-3.702
36	Indiana	442	2.705804
37	Ohio	444	0.201136
38	Virginia	449	2.801135
39	Kentucky	474	0.966987
40	Idaho	489	5.010101
41	Florida	513	5.010101
42	Georgia	517	5.605383
43	Missouri	526	2.687519
44	Texas	584	6.008368
45	Arizona	593	3.509007
46	Mississippi	597	7.753902
47	Arkansas	599	5.76250
48	Alabama	633	7.916784
49	Oklahoma	700	2.975511
50	Louisiana	816	4.597961

¹ The Sentencing Project, State Rankings, <http://www.sentencingproject.org/the-facts/#rankings>

CARE NOT CORRECTIONS



MORE THAN HALF
of all Americans in prison
or jail have a mental illness.

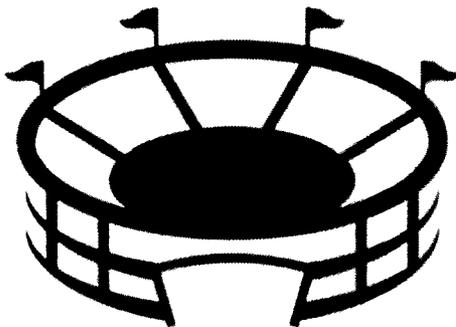
Arkansas, Mississippi, and Alabama



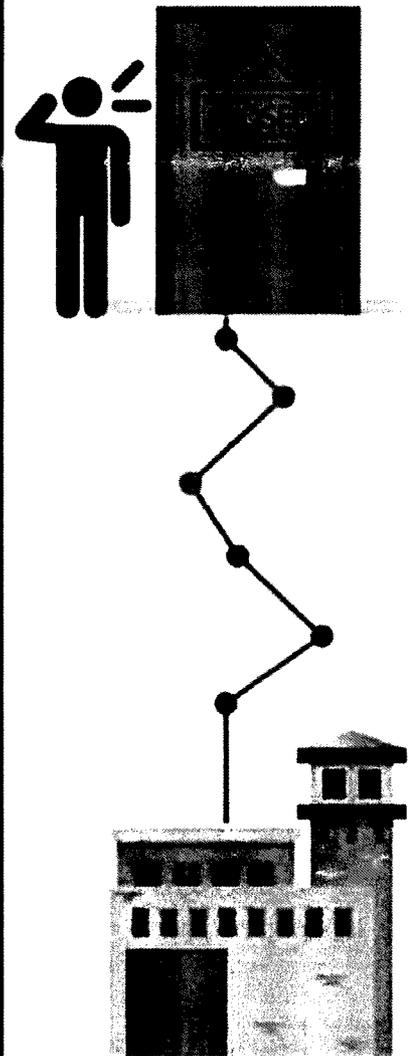
had the **least** access to care
and the **highest** rates of imprisonment.



There are over **57,000 people**
with mental health conditions
in prison and jail in those states alone—
that's enough to fill Madison Square Garden



3
times



Solutions to Incarceration

Invest in Real Diversion

There has been a rise in the use of diversion programs such as mental health courts or drug courts across the country. These courts work in collaboration with mental health and substance use treatment providers to help individuals who have mental health or substance use problems. In order to access the treatment available in mental health or drug courts, a person must first plead guilty to a crime and be subject to incarceration. Evaluation of mental health and drug courts have shown questionable efficacy and significant challenges. A much better option is to explore the use of pre-booking diversion. People with mental health problems come into contact with police for factors related to their mental health problems. These factors should not be a reason for incarceration. When possible, individuals who do come in contact with police should be diverted to other options like treatment or peer run crisis respite models and never sent to the police station for booking.

Invest in Services

If there is a correlation between access to mental health care and incarceration the next important step is to research how systemic changes in access to mental health care can cause a reduction in incarceration. Treatment such as Assertive Community Treatment and Multisystemic Therapy already have strong evidence for reducing days of incarceration. Investing in mental health and substance use services for all people will reduce the likelihood that individuals will ever face incarceration in their lifetime.

Ensure Continuity of Care

When people enter into the criminal justice system, their access to treatment changes. Many will lose insurance benefits and services. For those who begin receiving services while incarcerated, many lose access, sometimes immediately, when they return to the community. This can be particularly dangerous for people who suddenly lose access to prescribed medications. To ensure the best possible outcomes for individuals, which includes keeping them out of jails and prisons, it is essential that we create systems that support people as they transition both in and out of incarceration. People should receive appropriate supports while incarcerated and have a plan that connects them to community-based services and with adequate insurance coverage prior to returning to the community.

Start Early

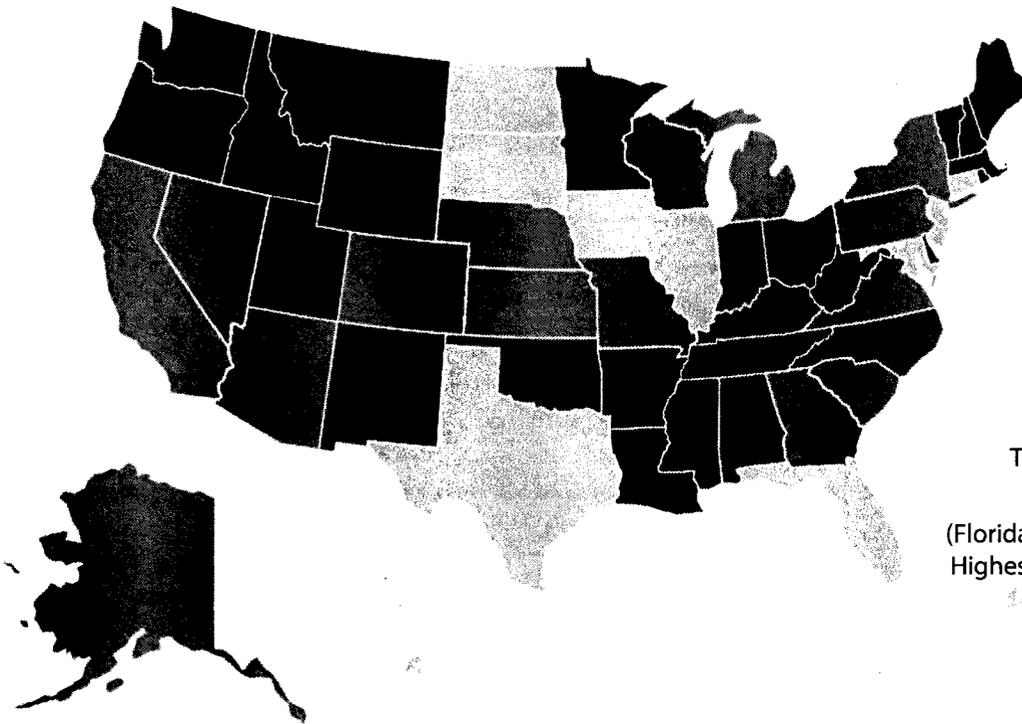
To prevent incarceration, we must begin early and support students in schools. Students with disabilities are more than twice as likely to be suspended.² Students who are suspended or expelled are almost 3 times as likely to be involved with the juvenile justice system within the next year.³ Ultimately, students who have been in the juvenile justice system are more likely to end up in the criminal justice system. Lack of supports in schools, which often lead to suspension or expulsion, also results in students with disabilities having the lowest graduation rate of any group at 63%— about 20% lower than the national average.⁴ Dropping out of school is another factor that puts individuals at high risk for incarceration. The research and experiences of many people show the number points at which we can intervene and keep kids in schools. Things like Positive Behavioral Intervention and Supports, screening, and community based resources can keep kids connected and in their communities. In order to have the best outcomes both for individuals and for society, we must provide students supports where they are—in school.

² US Department of Ed OCR, (March 2014) <http://ocrdata.ed.gov/Downloads/CRDC-School-Discipline-Snapshot.pdf>

³ Justice Center Council of State Governments, (July 2011) https://csjjusticecenter.org/wp-content/uploads/2012/08/Breaking_Schools_Rules_Report_Final.pdf

⁴ US Department of Ed, (Dec 2015) <http://www.ed.gov/news/press-releases/us-high-school-graduation-rate-hits-new-record-high-0>

Adult Prevalence of Mental Illness - Adults with Any Mental Illness (AMI)



18.29% of adults struggle with mental health problems annually.

This equals to 43.7 million Americans.

The state prevalence of mental illness ranges from:

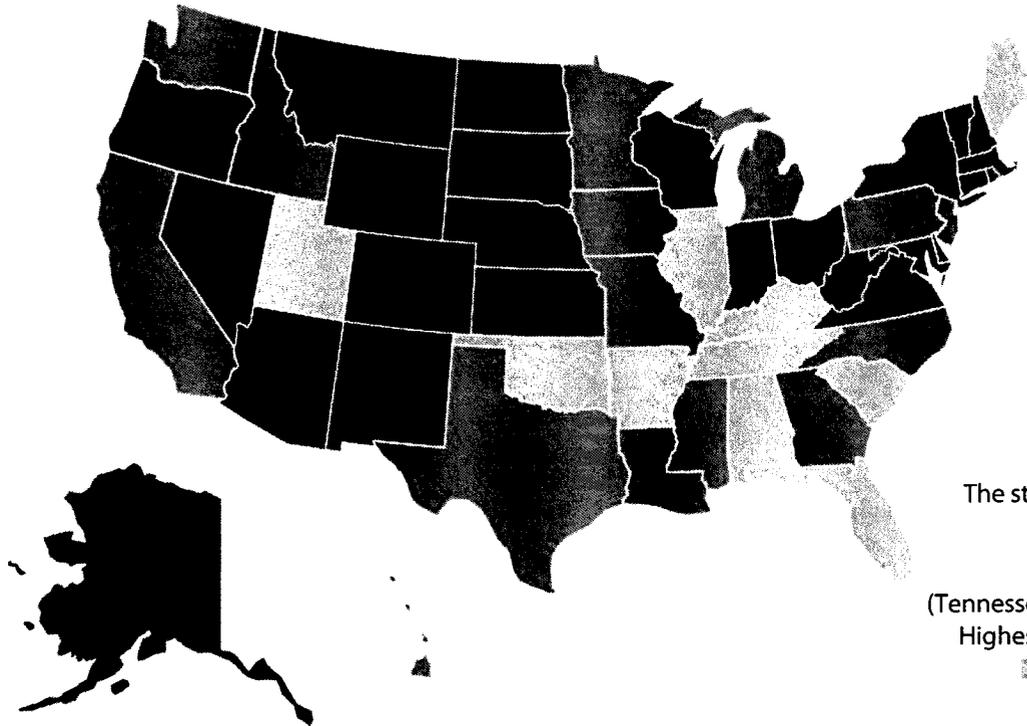
(Florida) 16.03% Highest Ranked 22.66% (Oregon) Lowest Ranked

According to SAMHSA, "Any Mental Illness" (AMI) is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Any mental illness includes persons who have mild mental illness, moderate mental illness, and serious mental illness.

Rank	State	%	#
1	Florida	16.03	2,463,000
2	North Dakota	16.12	89,000
3	New Jersey	16.27	1,106,000
4	Maryland	16.30	735,000
5	Illinois	16.37	1,587,000
6	Connecticut	16.44	454,000
7	South Dakota	16.78	104,000
8	Iowa	16.83	392,000
9	Texas	16.88	3,229,000
10	Hawaii	17.04	178,000
11	Pennsylvania	17.52	1,731,000
12	Kansas	17.56	371,000
13	South Carolina	17.59	636,000
14	New York	17.63	2,684,000
15	Colorado	17.87	710,000
16	Virginia	18.08	1,124,000
17	Alaska	18.12	94,000
18	California	18.14	5,241,000
19	Nebraska	18.20	251,000
20	Wisconsin	18.44	807,000
21	Nevada	18.52	392,000
22	Georgia	18.57	1,365,000
23	Arizona	18.59	920,000
24	Missouri	18.95	862,000
25	Michigan	19.05	1,441,000
26	Oklahoma	19.05	540,000

Rank	State	%	#
27	Delaware	19.06	136,000
28	Wyoming	19.14	83,000
29	Mississippi	19.29	422,000
30	District of Columbia	19.32	102,000
31	North Carolina	19.33	1,429,000
32	Alabama	19.51	712,000
33	Minnesota	19.65	806,000
34	Montana	19.76	154,000
35	Washington	19.76	1,049,000
36	Louisiana	19.83	678,000
37	Arkansas	20.00	441,000
38	New Mexico	20.01	309,000
39	Kentucky	20.08	663,000
40	Massachusetts	20.11	1,056,000
41	Indiana	20.25	993,000
42	Ohio	20.26	1,777,000
43	Tennessee	20.41	1,005,000
44	Vermont	20.46	102,000
45	Maine	20.55	217,000
46	Idaho	20.81	244,000
47	New Hampshire	20.86	217,000
48	Utah	20.87	417,000
49	West Virginia	21.15	305,000
50	Rhode Island	21.60	178,000
51	Oregon	22.66	692,000
	National	18.29	43,697,000

Adults with Dependence or Abuse of Illicit Drug or Alcohol



8.47% of adults in America report having a substance use or alcohol problem.

The state prevalence of adult alcohol and substance use ranges from:

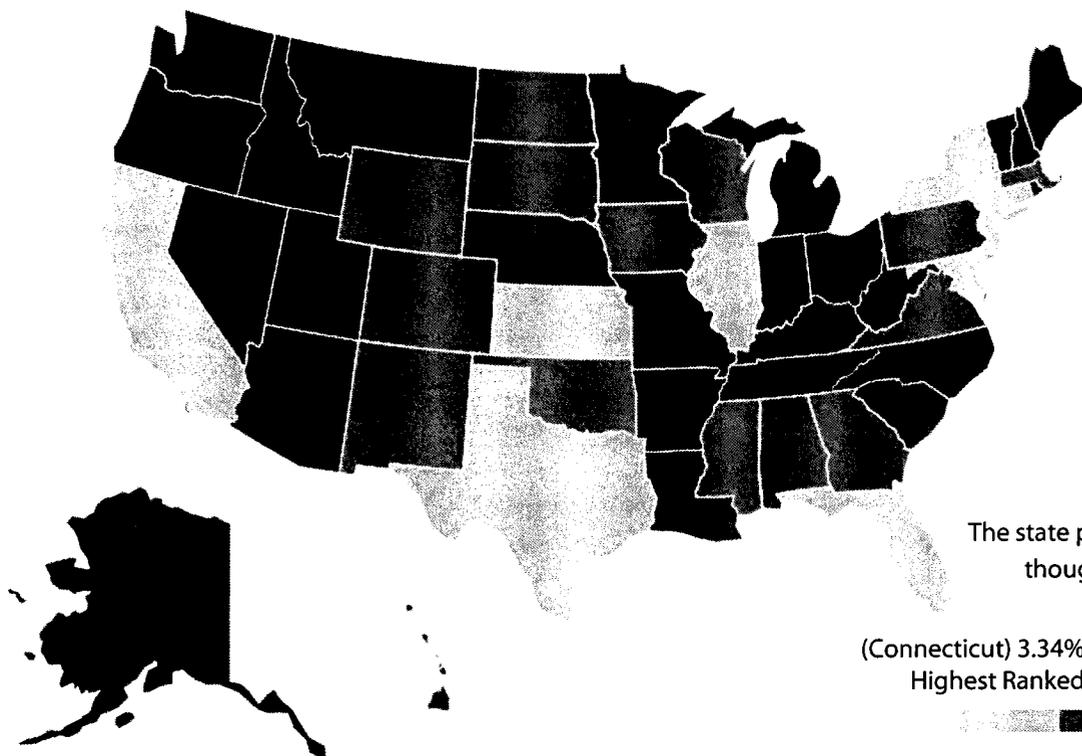
(Tennessee) 7.18% Highest Ranked 12.51% (DC) Lowest Ranked

Rank	State	%	#
1	Tennessee	7.18	354,000
2	Arkansas	7.23	159,000
3	Utah	7.33	146,000
4	Alabama	7.55	276,000
5	Kentucky	7.70	254,000
6	Maine	7.92	83,000
7	South Carolina	7.92	287,000
8	Illinois	7.95	771,000
9	Oklahoma	7.98	226,000
10	Florida	7.99	1,227,000
11	Mississippi	7.99	175,000
12	Georgia	8.01	589,000
13	New Jersey	8.01	544,000
14	Texas	8.03	1,536,000
15	Michigan	8.06	609,000
16	Iowa	8.10	189,000
17	Missouri	8.26	376,000
18	Minnesota	8.35	343,000
19	North Carolina	8.42	623,000
20	Louisiana	8.44	289,000
21	Hawaii	8.51	89,000
22	California	8.57	2,475,000
23	Washington	8.60	456,000
24	Idaho	8.61	101,000
25	Pennsylvania	8.64	853,000
26	Virginia	8.66	538,000

Rank	State	%	#
27	Delaware	8.70	62,000
28	New York	8.74	1,331,000
29	Connecticut	8.82	244,000
30	Maryland	8.82	398,000
31	Nevada	8.86	187,000
32	West Virginia	8.86	128,000
33	Indiana	8.90	436,000
34	Ohio	8.94	784,000
35	Massachusetts	8.96	471,000
36	North Dakota	9.11	50,000
37	New Mexico	9.12	141,000
38	Wyoming	9.13	40,000
39	Kansas	9.19	194,000
40	South Dakota	9.23	58,000
41	Oregon	9.38	287,000
42	Montana	9.49	74,000
43	Nebraska	9.56	132,000
44	Vermont	9.71	48,000
45	Alaska	9.74	51,000
46	Wisconsin	9.77	427,000
47	Colorado	9.78	389,000
48	New Hampshire	9.83	102,000
49	Arizona	9.87	489,000
50	Rhode Island	10.42	86,000
51	District of Columbia	12.51	66,000
	National	8.47	20,245,000

SAMHSA reports that the term "Illicit Drugs" includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006.

Adults with Serious Thoughts of Suicide



The percentage of adults reporting serious thoughts of suicide is 3.94%. The estimated number of adults with serious suicidal thoughts equals 9.4 million individuals.

The state prevalence of adult with serious thoughts of suicide range from:

(Connecticut) 3.34% Highest Ranked 4.85% (Utah) Lowest Ranked

Rank	State	%	#
1	Connecticut	3.34	92,000
2	Florida	3.44	529,000
3	Texas	3.44	658,000
4	Maryland	3.48	157,000
5	New Jersey	3.60	245,000
6	Illinois	3.66	355,000
7	New York	3.71	565,000
8	California	3.78	1,093,000
9	Delaware	3.79	27,000
10	Kansas	3.83	81,000
11	Wyoming	3.83	17,000
12	Wisconsin	3.88	170,000
13	North Dakota	3.89	21,000
14	Virginia	3.89	242,000
15	Oklahoma	3.90	111,000
16	District of Columbia	3.91	21,000
17	South Dakota	3.91	24,000
18	Massachusetts	3.96	208,000
19	New Mexico	3.96	61,000
20	Colorado	3.97	158,000
21	Alabama	3.98	145,000
22	Georgia	3.99	293,000
23	Pennsylvania	4.01	396,000
24	Mississippi	4.03	88,000
25	Iowa	4.05	94,000
26	Nebraska	4.05	56,000

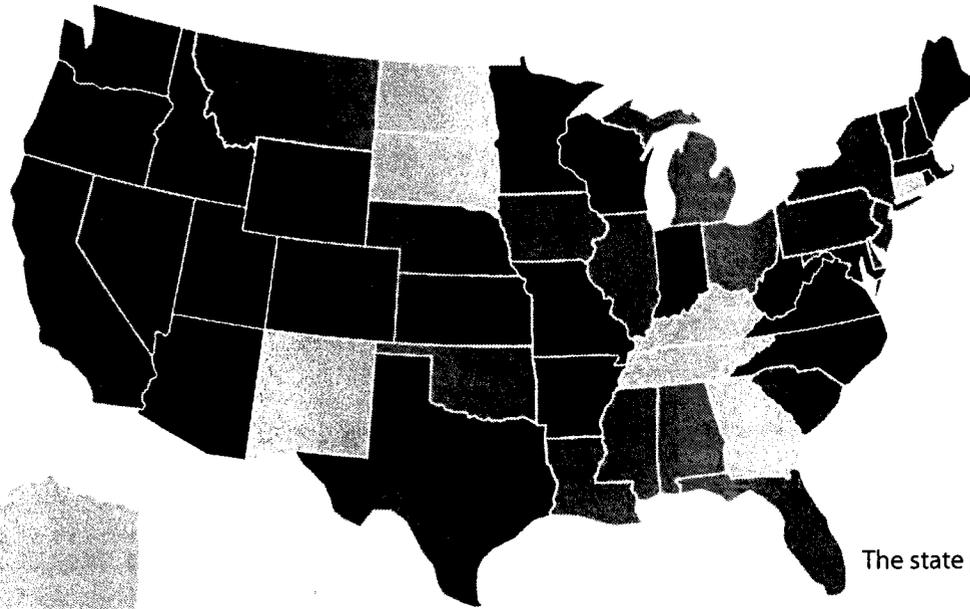
Rank	State	%	#
27	Hawaii	4.11	43,000
28	New Hampshire	4.12	43,000
29	Indiana	4.13	203,000
30	South Carolina	4.15	150,000
31	West Virginia	4.18	60,000
32	Missouri	4.20	191,000
33	Alaska	4.21	22,000
34	Louisiana	4.21	144,000
35	Rhode Island	4.21	35,000
36	Minnesota	4.22	173,000
37	Arizona	4.23	210,000
38	Washington	4.26	226,000
39	Maine	4.29	45,000
40	Kentucky	4.31	143,000
41	Nevada	4.37	92,000
42	Tennessee	4.38	216,000
43	Ohio	4.39	385,000
44	North Carolina	4.46	330,000
45	Idaho	4.50	53,000
46	Michigan	4.50	340,000
47	Oregon	4.52	138,000
48	Montana	4.56	36,000
49	Arkansas	4.58	101,000
50	Vermont	4.67	23,000
51	Utah	4.85	97,000
	National	3.94	9,406,000

Youth Prevalence of Mental Illness

Youth with At Least One Major Depressive Episode (MDE) in the Past Year

11.01% of youth (age 12-17) report suffering from at least one major depressive episode (MDE) in the past year. Major Depression is marked by significant and pervasive feelings of sadness that are associated with suicidal thoughts and impair a young person's ability to concentrate or engage in normal activities.

Data indicate a significant increase in the number of depressed youth across the country over time.



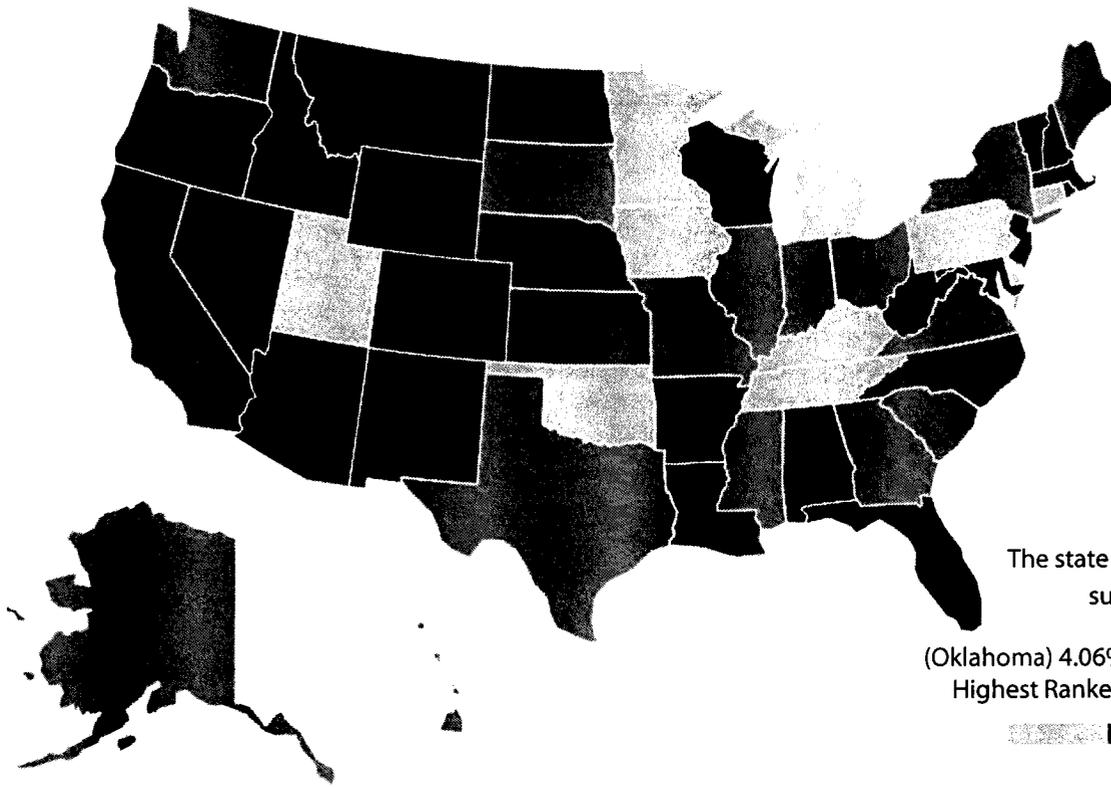
The state prevalence of youth with MDE ranges from:

(District of Columbia) 8.69% Highest Ranked 14.62% (Oregon) Lowest Ranked

Rank	State	%	#
1	District of Columbia	8.69	3,000
2	South Dakota	8.95	6,000
3	Hawaii	9.32	9,000
4	Kentucky	9.34	32,000
5	North Dakota	9.68	5,000
6	Connecticut	9.70	28,000
7	New Mexico	9.79	16,000
8	Georgia	9.80	82,000
9	Tennessee	9.91	50,000
10	Alaska	9.92	6,000
11	South Carolina	9.95	36,000
12	Louisiana	10.06	37,000
13	Illinois	10.17	105,000
14	Montana	10.21	8,000
15	New Jersey	10.22	72,000
16	Oklahoma	10.29	32,000
17	Ohio	10.33	95,000
18	Iowa	10.35	25,000
19	Delaware	10.44	7,000
20	New York	10.46	151,000
21	Florida	10.50	146,000
22	Michigan	10.55	84,000
23	Mississippi	10.59	26,000
24	Pennsylvania	10.73	101,000
25	Alabama	10.74	41,000
26	Missouri	10.78	51,000

Rank	State	%	#
27	West Virginia	10.92	14,000
28	Nebraska	10.97	16,000
29	Minnesota	10.98	47,000
30	Vermont	11.01	5,000
31	Massachusetts	11.11	54,000
32	Texas	11.25	262,000
33	Maryland	11.33	52,000
34	Kansas	11.34	27,000
35	North Carolina	11.44	88,000
36	California	11.53	355,000
37	Idaho	11.55	17,000
38	Nevada	11.64	26,000
39	Colorado	11.68	48,000
40	Wyoming	11.68	5,000
41	Arkansas	11.95	28,000
42	New Hampshire	12.00	12,000
43	Virginia	12.02	75,000
44	Maine	12.04	11,000
45	Washington	12.05	64,000
46	Indiana	12.19	66,000
47	Wisconsin	12.30	55,000
48	Utah	12.47	35,000
49	Rhode Island	12.86	10,000
50	Arizona	13.23	72,000
51	Oregon	14.62	43,000
	National	11.01	2,739,000

Youth with Dependence or Abuse of Illicit Drugs or Alcohol



5.13% of youth in America report having a substance use or alcohol problem.

Substance use is going down throughout the country over time.

The state prevalence of youth alcohol and substance use ranges from:

(Oklahoma) 4.06%
Highest Ranked

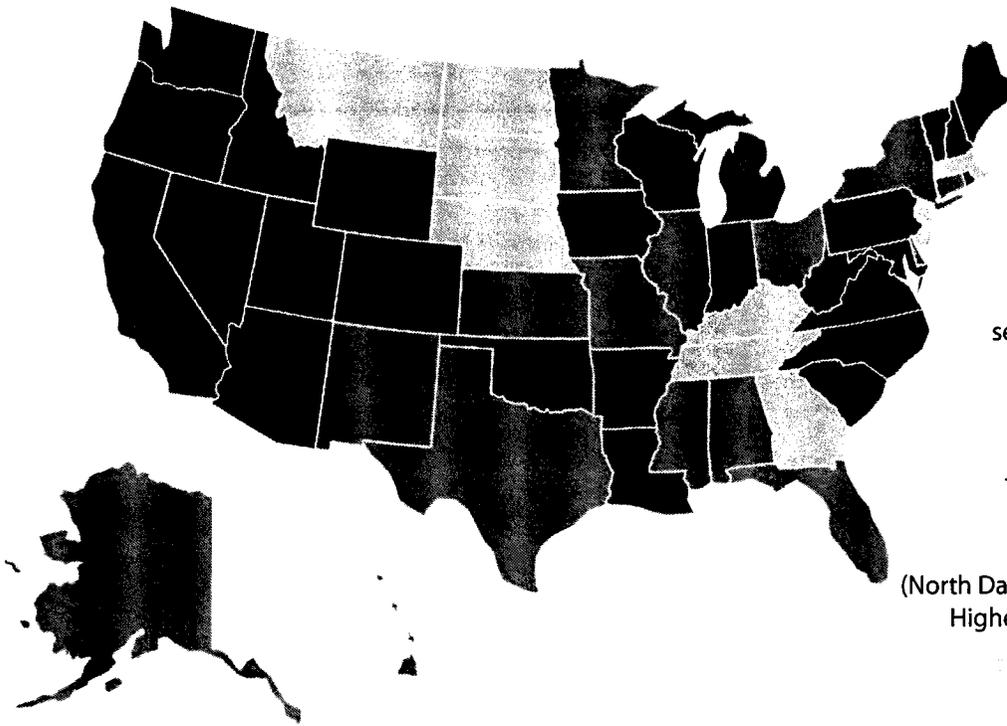
6.44% (Colorado)
Lowest Ranked



Rank	State	%	#
1	Oklahoma	4.06	13,000
2	Minnesota	4.17	18,000
3	Kentucky	4.28	15,000
4	Iowa	4.50	11,000
5	Utah	4.55	13,000
6	Delaware	4.63	3,000
7	Pennsylvania	4.66	44,000
8	Connecticut	4.67	13,000
9	Tennessee	4.67	24,000
10	Michigan	4.70	38,000
11	Virginia	4.71	29,000
12	Illinois	4.73	49,000
13	Georgia	4.76	40,000
14	Alaska	4.80	3,000
15	Missouri	4.87	23,000
16	Ohio	4.87	45,000
17	Maine	4.88	5,000
18	New York	4.90	71,000
19	Mississippi	4.93	12,000
20	Texas	4.93	115,000
21	South Carolina	4.94	18,000
22	Hawaii	4.97	5,000
23	South Dakota	4.99	3,000
24	Washington	5.06	27,000
25	Indiana	5.09	28,000
26	Alabama	5.13	20,000

Rank	State	%	#
27	Massachusetts	5.13	25,000
28	New Jersey	5.14	36,000
29	North Carolina	5.20	40,000
30	North Dakota	5.20	3,000
31	Kansas	5.25	12,000
32	New Mexico	5.27	9,000
33	Nevada	5.39	12,000
34	California	5.43	167,000
35	Nebraska	5.51	8,000
36	Rhode Island	5.52	4,000
37	Louisiana	5.56	20,000
38	Idaho	5.59	8,000
39	Maryland	5.61	26,000
40	Montana	5.61	4,000
41	District of Columbia	5.63	2,000
42	West Virginia	5.65	7,000
43	Arkansas	5.67	13,000
44	Florida	5.77	80,000
45	Wyoming	5.79	3,000
46	Vermont	5.83	3,000
47	Arizona	6.05	33,000
48	Oregon	6.29	18,000
49	New Hampshire	6.34	6,000
50	Wisconsin	6.36	28,000
51	Colorado	6.44	26,000
	National	5.13	1,276,000

Youth with Severe Major Depressive Episode



7.4% of youth (or 1.8 million youth) experienced severe depression. These youth experienced very serious interference in school, home and in relationships.

States with highest rates (bottom 10 states) have almost **TWICE as many** severely depressed youth than states with the lowest rates (top 10 states).

The state prevalence of youth with Severe MDE ranges from:

(North Dakota) 5.2%
Highest Ranked

10.7% (Oregon)
Lowest Ranked

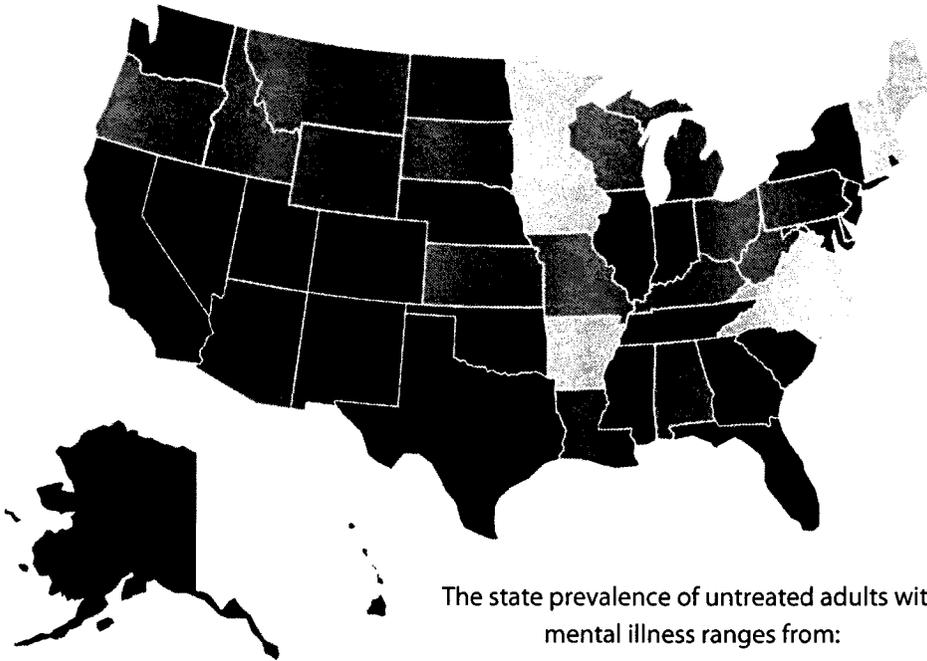
According to SAMHSA, youth who experience a major depressive episode in the last year with severe role impairment (Youth with Severe MDE) reported the maximum level of interference over four role domains including: chores at home, school or work, family relationships, and social life.

Rank	State	%	#
1	North Dakota	5.2	3,000
2	Georgia	5.4	43,000
3	District of Columbia	5.5	2,000
4	Kentucky	5.8	19,000
5	Montana	5.8	4,000
6	Nebraska	5.9	8,000
7	South Dakota	5.9	4,000
8	New Jersey	6.0	42,000
9	Tennessee	6.0	29,000
10	Massachusetts	6.1	29,000
11	Alaska	6.2	4,000
12	Minnesota	6.3	26,000
13	Connecticut	6.4	18,000
14	Hawaii	6.4	6,000
15	New Mexico	6.4	10,000
16	Illinois	6.7	68,000
17	New York	6.7	95,000
18	Ohio	6.9	63,000
19	Delaware	7.0	5,000
20	Florida	7.0	95,000
21	Mississippi	7.0	17,000
22	Texas	7.1	161,000
23	Alabama	7.2	27,000
24	Missouri	7.2	34,000
25	Kansas	7.3	17,000
26	Louisiana	7.3	26,000

Rank	State	%	#
27	New Hampshire	7.3	7,000
28	Pennsylvania	7.3	67,000
29	South Carolina	7.4	26,000
30	Arkansas	7.5	17,000
31	California	7.5	227,000
32	Oklahoma	7.5	23,000
33	West Virginia	7.5	10,000
34	Wyoming	7.5	3,000
35	Nevada	7.6	16,000
36	Michigan	7.7	60,000
37	Utah	7.7	21,000
38	Vermont	7.8	3,000
39	Colorado	8.0	31,000
40	Iowa	8.0	19,000
41	Idaho	8.2	11,000
42	North Carolina	8.7	64,000
43	Maryland	8.8	39,000
44	Indiana	9.0	47,000
45	Maine	9.0	8,000
46	Washington	9.2	48,000
47	Virginia	9.9	59,000
48	Rhode Island	10.0	7,000
49	Arizona	10.2	54,000
50	Wisconsin	10.6	47,000
51	Oregon	10.7	30,000
	National	7.4	1,801,000

Adult Access to Care

Adults with AMI who Did Not Receive Treatment



The state prevalence of untreated adults with mental illness ranges from:

(Vermont) 43.1%
Highest Ranked

67.5% (Nevada)
Lowest Ranked

56.5% of adults with a mental illness received no treatment. Lack of access to treatment is slowly improving. In 2011, 59% of adults with a mental health problem did not receive any mental health treatment.

Reasons for not receiving treatment can be individual or systemic.

It takes time for people to recognize that the struggles they are experiencing are symptoms of a mental health problem. 84% of the time between when a person first experiences symptoms and first engages in treatment is spent not recognizing the symptoms of mental illness.⁵

Providing people with accessible and easy screening tools and encouraging primary care physicians to screen and ask about mental health problems are necessary in reducing untreated mental illness.

Rank	State	%	#
1	Vermont	43.1	43,000
2	Maine	44.7	106,000
3	Iowa	45.4	175,000
4	Massachusetts	45.7	466,000
5	Minnesota	46.0	341,000
6	North Carolina	48.6	649,000
7	New Hampshire	49.0	108,000
8	Connecticut	50.4	237,000
9	Arkansas	50.8	222,000
10	Virginia	51.3	570,000
11	Missouri	51.4	433,000
12	Delaware	52.0	71,000
13	Kentucky	52.0	334,000
14	Pennsylvania	52.4	904,000
15	Oregon	52.5	384,000
16	Wyoming	52.7	45,000
17	Michigan	52.9	789,000
18	South Dakota	53.2	50,000
19	Idaho	53.3	131,000
20	Kansas	53.3	188,000
21	Wisconsin	53.4	418,000
22	Alabama	53.6	382,000
23	Ohio	53.7	951,000
24	West Virginia	53.9	175,000
25	Montana	54.2	81,000
26	Illinois	54.5	849,000

Rank	State	%	#
27	Rhode Island	54.6	101,000
28	District of Columbia	55.2	59,000
29	South Carolina	55.4	346,000
30	Utah	55.7	249,000
31	Nebraska	55.8	138,000
32	New Jersey	56.3	562,000
33	Tennessee	56.5	563,000
34	New Mexico	56.7	178,000
35	Indiana	57.2	566,000
36	Maryland	57.2	412,000
37	North Dakota	58.0	46,000
38	Oklahoma	58.3	345,000
39	Washington	58.6	635,000
40	Louisiana	58.9	406,000
41	Arizona	59.3	541,000
42	Texas	59.7	1,963,000
43	New York	60.3	1,645,000
44	Mississippi	60.5	253,000
45	Alaska	61.3	59,000
46	Georgia	61.6	839,000
47	Colorado	61.7	421,000
48	California	62.3	3,272,000
49	Florida	62.3	1,559,000
50	Hawaii	66.0	126,000
51	Nevada	67.5	257,000
	National	56.5	24,644,000

⁵ Korczak, D. J., & Goldstein, B. I. (2009). Childhood onset major depressive disorder: course of illness and psychiatric comorbidity in a community sample. *The Journal of pediatrics*, 155(1), 118-123.

Adults with AMI Reporting Unmet Need

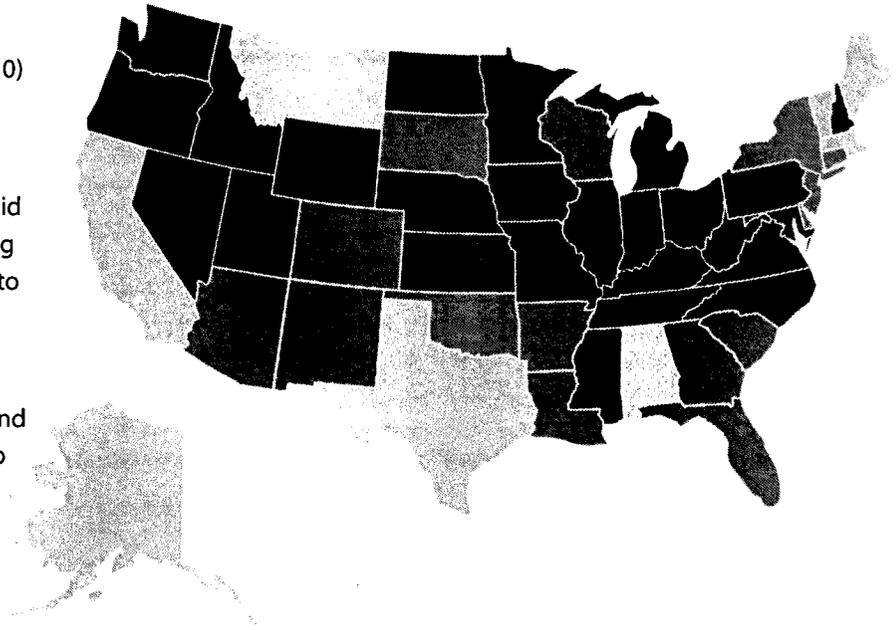
One out of five (20.3%) adults with a mental illness report they are not able to get the treatment they need.

States with the highest levels of unmet need (bottom 10) are 1.6 times more likely to have people report unmet need.

Unlike the number of people with mental illness who did not receive treatment, the individuals who are reporting unmet need are seeking treatment and facing barriers to getting the help they need.

Once a person recognizes that they may have a mental health problem, finding support (especially the right kind of support) is often difficult. Several systemic barriers to accessing care include:

- 1) Lack of insurance or inadequate insurance
- 2) Lack of available treatment providers
- 3) Lack of available treatment types (inpatient treatment, individual therapy, intensive community services)
- 4) Insufficient finances to cover costs – including, copays, uncovered treatment types, or when providers do not take insurance.



The state prevalence of adults with AMI reporting unmet treatment needs ranges from:

(Hawaii) 13.6%
Highest Ranked

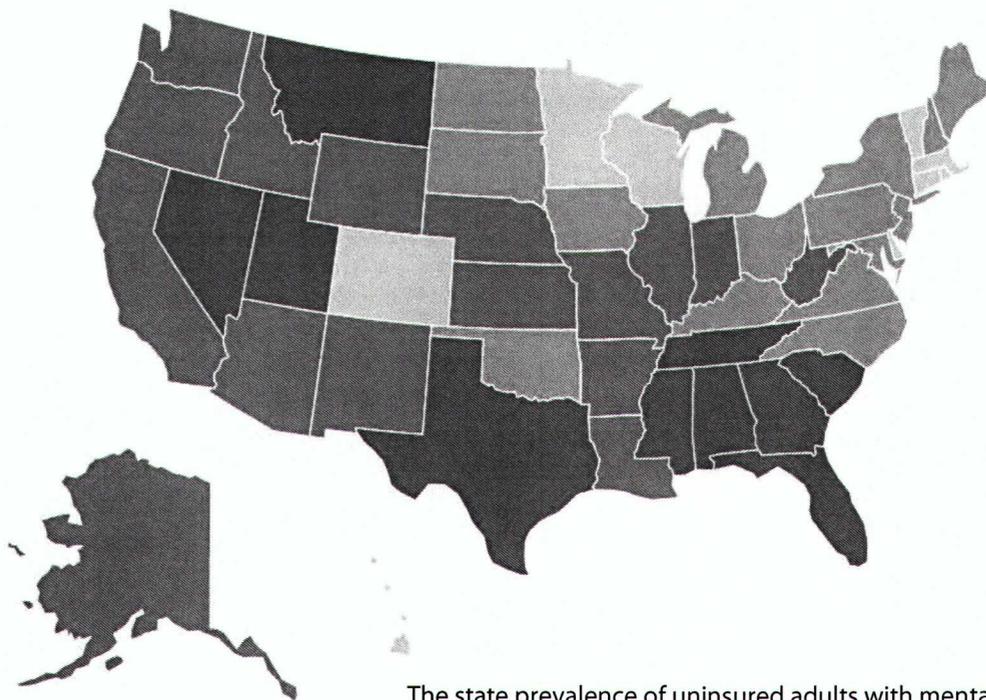
25.9% (Missouri)
Lowest Ranked



Rank	State	%	#
1	Hawaii	13.6	26,000
2	California	17.2	900,000
3	Montana	17.2	26,000
4	Alaska	17.3	17,000
5	Vermont	17.6	18,000
6	Maine	17.8	42,000
7	Rhode Island	18.1	33,000
8	Texas	18.3	603,000
9	Massachusetts	18.6	190,000
10	Alabama	18.7	133,000
11	Arkansas	18.9	83,000
12	Florida	19.0	476,000
13	Arizona	19.1	177,000
14	New York	19.1	522,000
15	New Jersey	19.3	193,000
16	Wisconsin	19.4	152,000
17	Delaware	19.5	26,000
18	Georgia	19.5	266,000
19	New Mexico	19.5	61,000
20	Oklahoma	19.5	115,000
21	Louisiana	19.7	136,000
22	South Carolina	19.8	124,000
23	Connecticut	20.1	93,000
24	South Dakota	20.6	19,000
25	Colorado	20.7	140,000
26	Michigan	20.7	310,000

Rank	State	%	#
27	Pennsylvania	20.9	361,000
28	New Hampshire	21.0	46,000
29	Ohio	21.3	377,000
30	Wyoming	21.4	18,000
31	Maryland	21.5	155,000
32	North Dakota	21.6	17,000
33	Iowa	21.7	84,000
34	North Carolina	21.8	292,000
35	Tennessee	21.8	219,000
36	Illinois	22.2	347,000
37	Mississippi	22.2	93,000
38	Kansas	22.7	80,000
39	Virginia	22.8	254,000
40	West Virginia	22.8	74,000
41	Washington	22.9	247,000
42	Nevada	23.0	88,000
43	Nebraska	23.3	58,000
44	Oregon	23.5	170,000
45	Indiana	24.0	233,000
46	Minnesota	24.1	179,000
47	Kentucky	24.4	157,000
48	Idaho	24.7	61,000
49	District of Columbia	25.6	27,000
50	Utah	25.6	114,000
51	Missouri	25.9	218,000
	National	20.3	8,850,000

Adults with AMI who are Uninsured



The state prevalence of uninsured adults with mental illness ranges from:
 (Massachusetts) 2.7% Highest Ranked 28.2% (Nevada) Lowest Ranked



17% (over 7.5 million) of adults with a mental illness remain uninsured.

With a national focus on health care access, the uninsured rate is improving.

In 2011, 19% of adults with a mental illness were uninsured.

Alabama, Louisiana, Oklahoma, and New Mexico had the largest increase in access to mental health coverage among adults.

Unfortunately, having insurance coverage does not mean access to needed treatment.

56.5% of adults with mental illness received no treatment in the past year. For those seeking treatment, 20.3% continue to report unmet treatment needs.

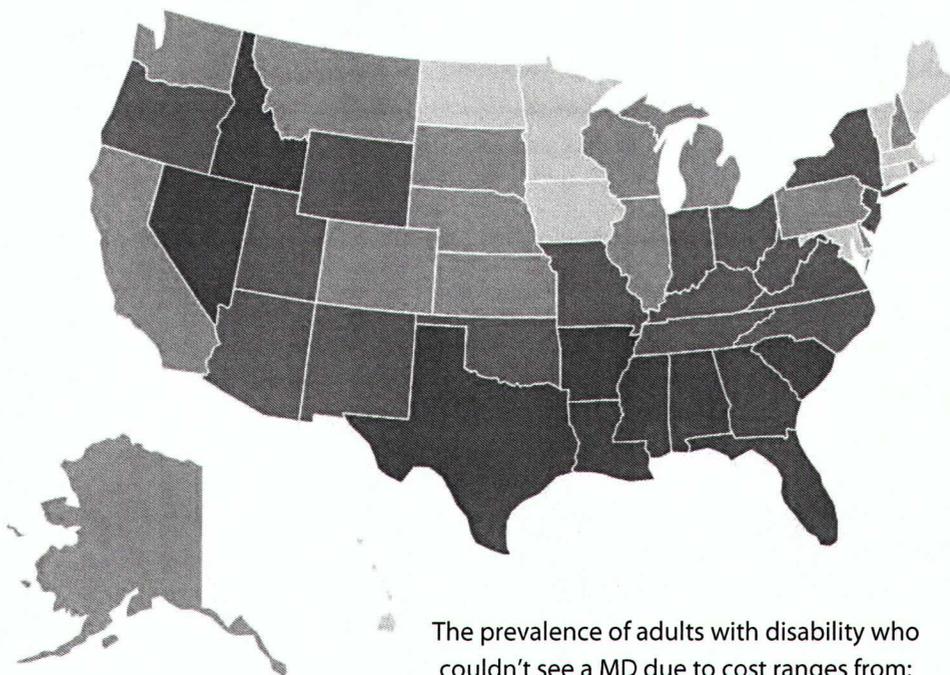
Rank	State	%	#
1	Massachusetts	2.7	28,000
2	District of Columbia	4.1	4,000
3	Vermont	6.0	6,000
4	Hawaii	7.1	13,000
5	Connecticut	9.2	43,000
6	Minnesota	9.9	74,000
7	Delaware	10.7	14,000
8	Rhode Island	10.7	20,000
9	Wisconsin	10.9	86,000
10	Colorado	11.2	76,000
11	New York	11.3	308,000
12	Iowa	11.7	45,000
13	Pennsylvania	11.8	204,000
14	New Jersey	12.2	122,000
15	South Dakota	12.8	12,000
16	New Hampshire	13.1	29,000
17	Maryland	13.3	96,000
18	Maine	14.3	34,000
19	North Dakota	14.6	12,000
20	Ohio	14.7	260,000
21	North Carolina	15.1	202,000
22	Kentucky	15.2	98,000
23	Virginia	15.4	171,000
24	Michigan	15.5	232,000
25	Oklahoma	16.2	97,000
26	New Mexico	16.3	51,000

Rank	State	%	#
27	Illinois	16.5	259,000
28	California	17.0	892,000
29	Alaska	17.1	17,000
30	Kansas	17.4	62,000
31	West Virginia	17.5	57,000
32	Nebraska	18.1	45,000
33	Oregon	18.2	133,000
34	Louisiana	18.3	126,000
35	Missouri	18.6	157,000
36	Washington	18.6	202,000
37	Arizona	18.8	174,000
38	Indiana	19.1	189,000
39	Idaho	19.4	48,000
40	Arkansas	19.7	86,000
41	Wyoming	19.7	17,000
42	Alabama	20.8	148,000
43	Utah	21.4	96,000
44	Montana	21.9	33,000
45	Florida	23.6	594,000
46	Georgia	24.1	329,000
47	Mississippi	24.1	101,000
48	Texas	24.5	807,000
49	South Carolina	25.9	162,000
50	Tennessee	27.0	272,000
51	Nevada	28.2	108,000
	National	17.0	7,451,000

Adults with Disability who Could Not See a Doctor Due to Costs

22.94% of adults with a disability were not able to see a doctor due to costs. The inability to pay for treatment, due to high treatment costs and/or inadequate insurance coverage remains a barrier for those individuals despite being insured.

People with mental health problems have 2.5 to 7 times greater odds of facing barriers to medical care. Fifty percent of adults who were untreated didn't receive treatment because of costs. These barriers include not having access to a primary care physician, not being able to get needed medical care, not having access to needed medication, and delayed medical treatment because of costs.⁷



The prevalence of adults with disability who couldn't see a MD due to cost ranges from:

(Vermont) 13.99%
Highest Ranked

32.11% (Georgia)
Lowest Ranked



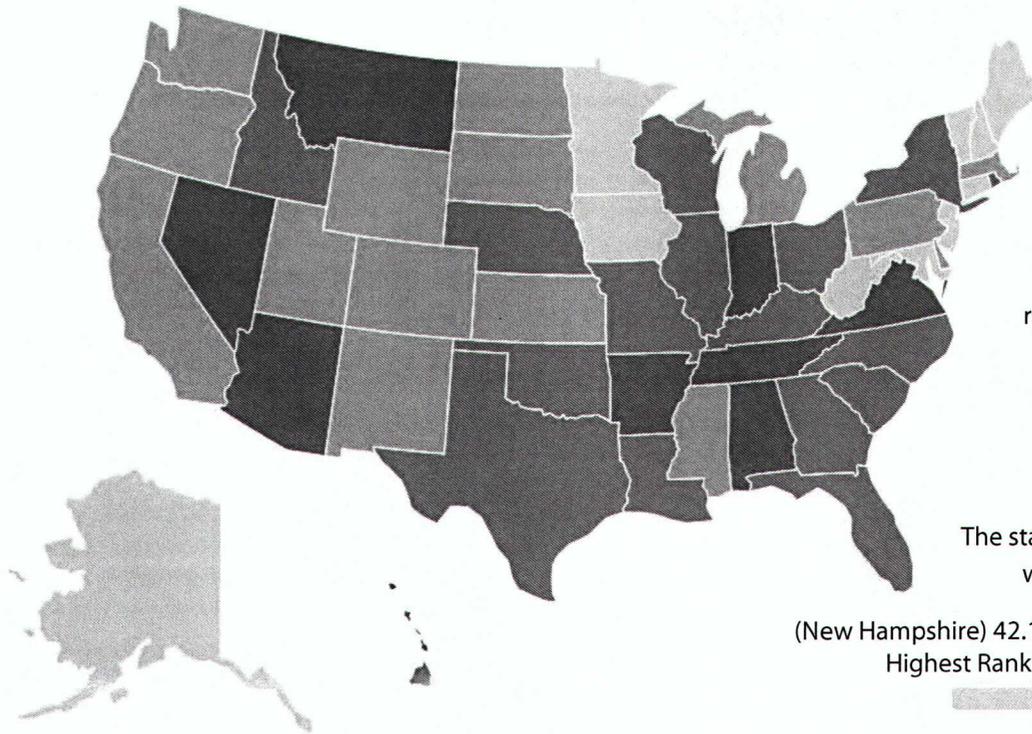
Rank	State	%	#
1	Vermont	13.99	14,799
2	Hawaii	14.60	23,566
3	Maryland	15.02	116,770
4	Massachusetts	15.48	172,984
5	Iowa	15.80	70,141
6	North Dakota	16.05	14,444
7	Minnesota	16.55	115,052
8	Connecticut	16.97	90,187
9	Maine	17.23	43,660
10	District of Columbia	17.58	14,515
11	South Dakota	17.58	21,739
12	Delaware	17.93	26,927
13	Pennsylvania	18.39	392,862
14	California	18.42	989,739
15	Washington	19.07	240,252
16	Colorado	19.32	150,376
17	Alaska	19.57	20,460
18	Kansas	19.57	83,025
19	Wisconsin	20.14	173,642
20	Nebraska	21.15	53,481
21	Montana	21.17	38,420
22	Illinois	21.33	356,842
23	Michigan	21.34	360,242
24	Rhode Island	21.38	34,684
25	New Hampshire	21.78	43,729
26	New York	21.98	622,253

Rank	State	%	#
27	Oregon	22.12	168,274
28	Wyoming	22.85	19,831
29	Missouri	22.98	242,560
30	New Jersey	23.01	247,481
31	Virginia	23.48	274,837
32	West Virginia	23.61	99,442
33	Oklahoma	23.95	178,701
34	Ohio	24.13	473,801
35	Arizona	24.75	258,773
36	Utah	24.92	89,128
37	Indiana	25.42	271,816
38	North Carolina	25.75	410,691
39	Tennessee	25.75	325,617
40	New Mexico	26.11	91,104
41	Kentucky	26.38	239,331
42	Alabama	26.41	268,038
43	Nevada	26.70	112,781
44	Florida	26.88	903,046
45	Texas	27.56	884,311
46	Louisiana	27.81	216,683
47	Arkansas	28.73	167,867
48	South Carolina	29.06	256,709
49	Idaho	29.14	69,095
50	Mississippi	32.07	170,709
51	Georgia	32.11	474,869
	National	22.94	11,330,000

⁷ Bradford, Kim, Braxton, and others, "Access to medical care among persons with psychotic and major affective disorders," *Psychiatric Services* 59(8), pp. 847-852, 2008 (AHRQ grant HS13353).

Youth Access to Care

Youth with MDE who Did Not Receive Mental Health Services



64.1% of youth with major depression do not receive any mental health treatment.

That means that **6 out of 10** young people who have depression and who are most at risk of suicidal thoughts, difficulty in school, and difficulty in relationships with others do not get the treatment needed to support them.

The state prevalence of untreated youth with depression ranges from:

(New Hampshire) 42.1%
Highest Ranked

77.0% (Arkansas)
Lowest Ranked



Rank	State	%	#
1	New Hampshire	42.1	4,000
2	Iowa	42.5	9,000
3	Vermont	44.9	2,000
4	Connecticut	47.2	12,000
5	Alaska	48.1	2,000
6	Maine	49.4	6,000
7	Minnesota	51.2	15,000
8	West Virginia	51.6	6,000
9	Maryland	53.3	29,000
10	New Jersey	54.0	30,000
11	Washington	54.2	33,000
12	Kansas	56.6	15,000
13	Colorado	58.4	23,000
14	Massachusetts	58.8	21,000
15	South Dakota	58.9	3,000
16	Pennsylvania	59.4	51,000
17	Wyoming	60.6	3,000
18	Utah	61.1	19,000
19	Michigan	61.3	50,000
20	Oregon	62.0	26,000
21	New Mexico	62.2	11,000
22	Mississippi	62.5	13,000
23	California	63.0	199,000
24	Delaware	63.1	4,000
25	North Dakota	63.4	2,000
26	Ohio	64.0	56,000

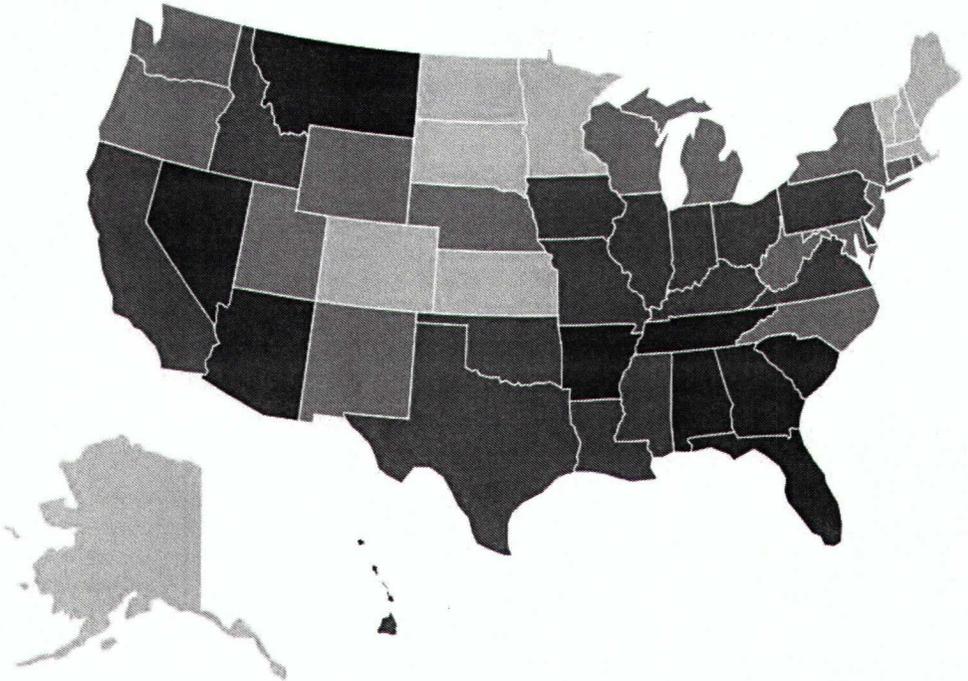
Rank	State	%	#
27	New York	64.3	76,000
28	Georgia	64.5	37,000
29	Idaho	64.6	10,000
30	Illinois	64.8	61,000
31	North Carolina	65.7	50,000
32	Kentucky	66.7	19,000
33	Rhode Island	67.1	6,000
34	Texas	67.3	159,000
35	Louisiana	67.4	23,000
36	Missouri	67.8	30,000
37	South Carolina	68.6	22,000
38	Florida	68.8	89,000
39	Wisconsin	68.9	40,000
40	Nebraska	69.2	7,000
41	Oklahoma	69.6	17,000
42	Arizona	69.7	43,000
43	Montana	70.8	4,000
44	Hawaii	70.9	7,000
45	Indiana	71.1	37,000
46	Nevada	71.6	13,000
47	Alabama	72.5	29,000
48	District of Columbia	73.1	1,000
49	Virginia	76.4	56,000
50	Tennessee	76.5	34,000
51	Arkansas	77.0	16,000
	National	64.1	1,531,000

Youth with Severe MDE who Received Some Consistent Treatment

Nationally, only 21.7% of youth with severe depression receive some consistent treatment (7-25+ visits in a year).

15.7% received only 1-6 visits of treatment in the year.

Even among youth with severe major depression, 62.6% did not receive any mental health treatment.



The state prevalence of youth with severe depression who received some outpatient treatment ranges from:

(South Dakota) 39.5 %
Highest Ranked

9.4 % (Nevada)
Lowest Ranked

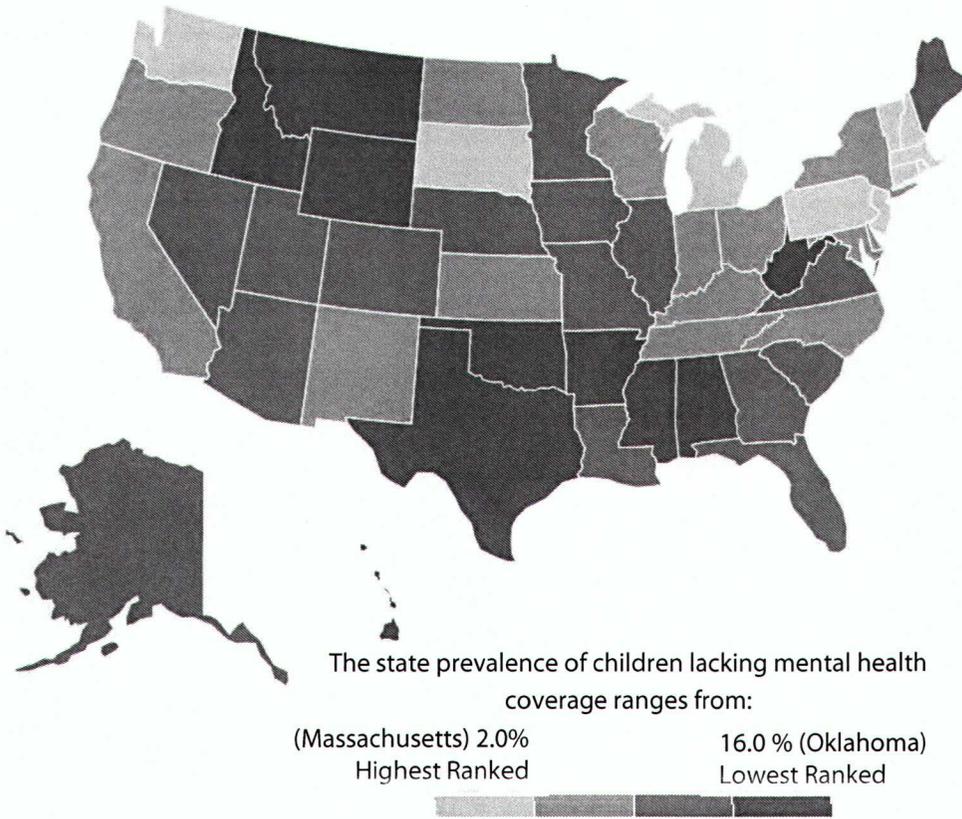


Yellow/Red maps are used where high percentages are associated with positive outcomes and low percentages are associated with poorer outcomes.

Rank	State	%	#
1	South Dakota	39.5	2,000
2	Vermont	38.0	1,000
3	Minnesota	37.4	8,000
4	Colorado	35.4	9,000
5	Alaska	35.1	1,000
6	New Hampshire	32.7	2,000
7	Massachusetts	32.4	8,000
8	North Dakota	31.6	1,000
9	Maine	30.0	2,000
10	Kansas	29.6	5,000
11	Utah	29.0	4,000
12	Nebraska	27.6	2,000
13	Wyoming	27.3	1,000
14	Oregon	26.8	6,000
15	Washington	26.7	10,000
16	West Virginia	26.5	2,000
17	New Jersey	26.4	9,000
18	Maryland	26.3	8,000
19	New Mexico	26.3	3,000
20	Michigan	26.2	15,000
21	New York	25.9	20,000
22	North Carolina	24.2	12,000
23	Connecticut	24.0	4,000
24	Rhode Island	23.7	1,000
25	Wisconsin	23.4	7,000
26	Delaware	22.7	1,000

Rank	State	%	#
27	Louisiana	22.5	5,000
28	Pennsylvania	21.7	12,000
29	Kentucky	21.5	4,000
30	Missouri	21.3	7,000
31	Mississippi	21.2	3,000
32	Indiana	21.0	6,000
33	Texas	21.0	29,000
34	California	20.1	37,000
35	Iowa	20.1	3,000
36	Idaho	19.5	2,000
37	Ohio	19.1	10,000
38	Hawaii	19.0	1,000
39	Illinois	18.1	11,000
40	Virginia	16.9	8,000
41	Oklahoma	16.8	3,000
42	Arizona	16.7	6,000
43	Arkansas	16.0	2,000
44	District of Columbia	15.9	< 1,000
45	Florida	15.9	13,000
46	South Carolina	14.6	3,000
47	Georgia	13.1	6,000
48	Montana	12.8	< 1,000
49	Tennessee	12.3	3,000
50	Alabama	10.8	2,000
51	Nevada	9.4	1,000
	National	21.7	322,000

Children with Private Insurance that Did Not Cover Mental or Emotional Problems



Rank	State	%	#
1	Massachusetts	2.0	6,000
2	Connecticut	2.7	4,000
3	South Dakota	3.5	1,000
4	New Jersey	4.9	20,000
5	Washington	5.3	14,000
6	Michigan	5.4	23,000
7	Rhode Island	5.4	2,000
8	New Hampshire	5.5	4,000
9	Pennsylvania	5.5	28,000
10	Vermont	5.5	1,000
11	District of Columbia	5.6	1,000
12	Kentucky	5.8	10,000
13	Maryland	5.8	15,000
14	Kansas	5.9	7,000
15	Delaware	6.1	2,000
16	Oregon	6.2	8,000
17	North Dakota	6.5	2,000
18	Wisconsin	6.5	16,000
19	Indiana	6.7	20,000
20	New York	6.8	49,000
21	New Mexico	7.1	4,000
22	Ohio	7.6	37,000
23	California	7.7	104,000
24	Tennessee	7.7	18,000
25	North Carolina	7.8	23,000
26	Colorado	7.9	17,000
27	Utah	7.9	14,000
28	Arizona	8.1	20,000
29	Missouri	8.2	20,000
30	Virginia	8.3	25,000
31	Alaska	8.7	2,000
32	Minnesota	8.8	23,000
33	Illinois	8.9	44,000
34	Iowa	9.1	13,000
35	Florida	9.5	51,000
36	Nebraska	9.5	7,000
37	Louisiana	10.0	15,000
38	Georgia	10.1	30,000
39	Maine	10.2	5,000
40	Nevada	10.3	10,000
41	South Carolina	10.8	14,000
42	Alabama	11.0	17,000
43	Texas	11.4	99,000
44	West Virginia	12.5	7,000
45	Montana	12.8	4,000
46	Wyoming	12.8	3,000
47	Idaho	12.9	8,000
48	Arkansas	13.9	13,000
49	Mississippi	14.7	11,000
50	Hawaii	15.8	6,000
51	Oklahoma	16.0	18,000
	National	7.90	914,000

Children and youth are more likely to have insurance coverage compared to adults.

7.9% of youth had private health insurance that did not cover mental or emotional problems nationally.

Kansas, Louisiana, Arizona, and South Carolina saw the largest increase in access to mental health coverage among children.

Reduction in uncovered mental health care among those states are:

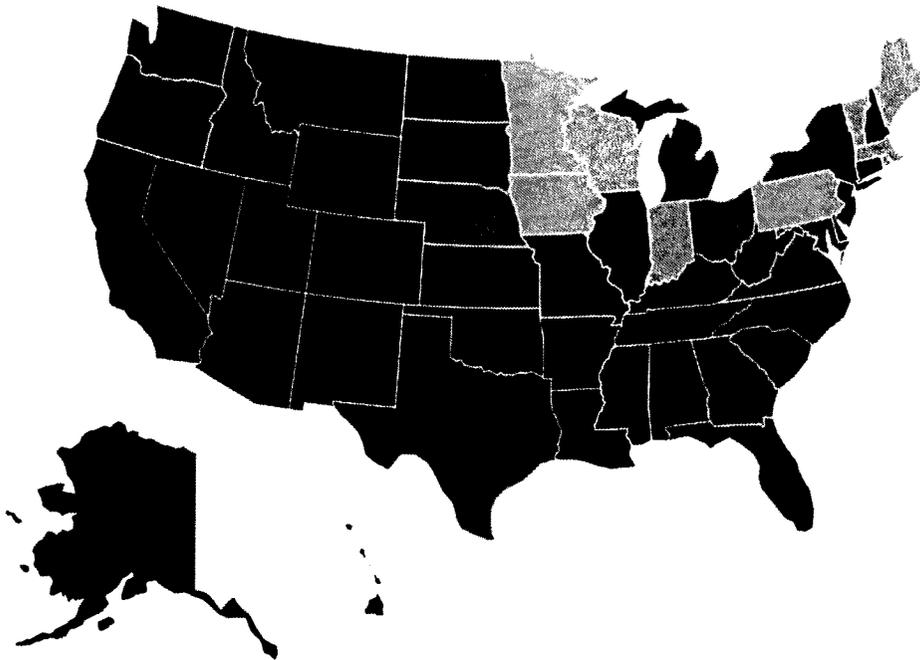
- Kansas – 11.3% in 2011 to 5.9% in 2014
- Louisiana – 14.7% in 2011 to 10.0% in 2014
- Arizona – 12.5% in 2011 to 8.1% in 2014
- South Carolina – 14.9% in 2011 to 10.8% in 2014

Like adults, having insurance coverage does not mean access to needed treatment.

The percentage of youth with severe depression who received insufficient treatment (less than 6 sessions of treatment) in each of the above states are:

- Kansas – 70.4%
- Louisiana – 77.5%
- Arizona – 83.3%
- South Carolina – 85.4%

Students Identified with Emotional Disturbance for an Individualized Education Program



The state rate of students identified as having an emotional disturbance for an IEP ranges from:

(Vermont) 26.35
Highest Ranked

1.82 (Arkansas)
Lowest Ranked

.771% of students are identified as having an Emotional Disturbance (ED) for an Individualized Education Program (IEP).

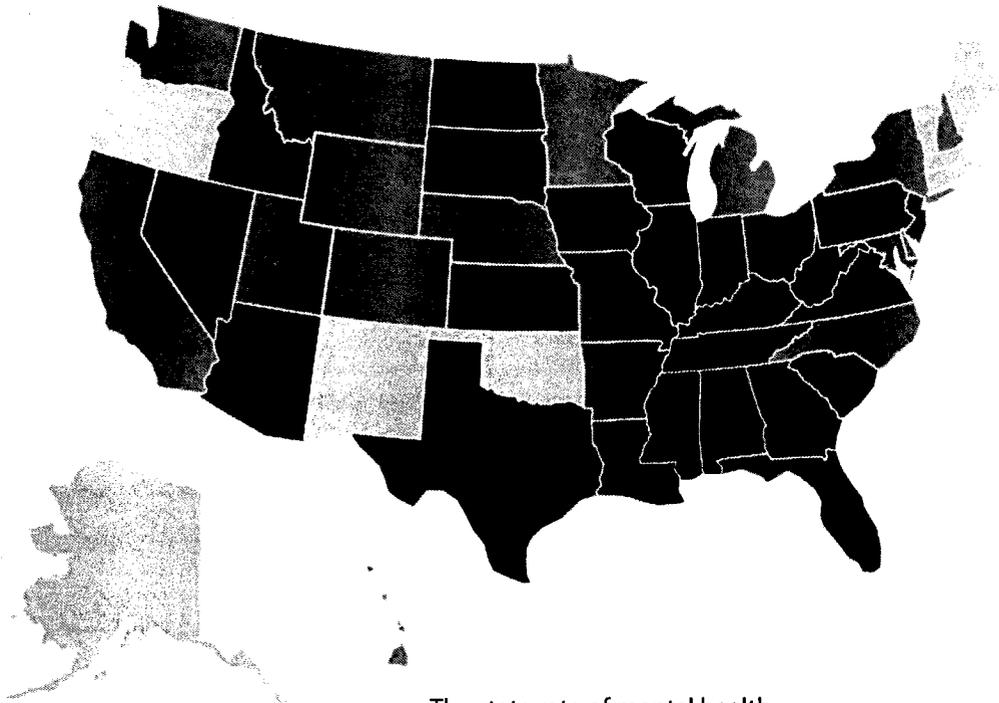
The term "Emotional Disturbance" is used to define youth with a mental illness for purposes of an IEP. Often times youth with emotional or mental health problems are identified as having other issues rather than an emotional or mental health problem. In such cases, it is unclear whether their mental health problems are taken into consideration in planning for appropriate educational modifications and accommodations in their IEP.

The rate for this measure is shown as a rate per 1,000 students. The calculation was made this way for ease of reading. Unfortunately, doing so hides the fact that the percentages are significantly lower. If states were doing a better job of identifying whether youth had emotional difficulties that could be better supported through an IEP – the rates would be closer to 8% instead of .8 percent.

Yellow/Red maps are used where high percentages are associated with positive outcomes and low percentages are associated with poorer outcomes.

Rank	State	Rate Per 1K Students	#
1	Vermont	26.35	2,024
2	Minnesota	18.88	14,553
3	Massachusetts	17.16	14,719
4	District of Columbia	16.95	1,002
5	Wisconsin	15.98	12,083
6	Pennsylvania	14.19	22,946
7	Rhode Island	13.37	1,728
8	Maine	13.31	2,203
9	Indiana	13.31	12,671
10	Iowa	12.92	5,604
11	New Hampshire	12.47	2,136
12	Connecticut	10.98	5,391
13	Illinois	10.61	19,529
14	New York	10.16	25,205
15	Ohio	9.85	15,411
16	South Dakota	9.52	1,106
17	North Dakota	9.23	859
18	Oregon	8.73	4,577
19	Maryland	8.38	6,445
20	Michigan	8.18	11,475
21	Virginia	8.11	9,281
22	Nebraska	7.99	2,150
23	Mississippi	7.95	3,550
24	Georgia	7.86	12,122
25	Missouri	7.81	6,380
26	Arizona	7.51	7,563
27	Colorado	7.46	5,802
28	Kentucky	7.44	4,446
29	Florida	7.03	17,260
30	Oklahoma	7.01	4,097
31	New Jersey	6.46	8,031
32	New Mexico	6.32	1,920
33	Delaware	6.22	745
34	Texas	5.75	25,941
35	Hawaii	5.71	957
36	Montana	5.68	742
37	Alaska	5.66	662
38	West Virginia	5.45	1,330
39	Kansas	5.31	2,330
40	Idaho	5.15	1,385
41	Washington	4.69	4,524
42	Nevada	4.50	1,856
43	California	4.21	24,106
44	North Carolina	4.06	5,592
45	South Carolina	3.93	2,603
46	Tennessee	3.61	3,210
47	Utah	3.32	1,866
48	Louisiana	2.75	1,718
49	Alabama	1.93	1,308
50	Arkansas	1.82	792
51	Wyoming	0	0
	National	7.71	345,936

Mental Health Workforce Availability



The state rate of mental health workforce ranges from:

(Massachusetts) 200:01 Highest Ranked 1,200:1 (Alabama) Lowest Ranked

Nationally, there is one mental health provider for every 529 individuals. The term “mental health provider” includes: psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and advanced practice nurses specializing in mental health care.

The workforce shortage among specialized mental health professionals – such as child psychiatrists or forensic specialists—is even higher. There are an estimated 8,300 child psychiatrists across the country compared to over 15 million youths with mental health conditions.⁸

Over 4,000 areas across the US are considered mental health professional shortage areas, leaving people to travel hours or across state lines to access services.⁹

To make matters worse, low reimbursement rates combined with a limited number of providers and high demand for help means that many providers do not accept insurance, forcing families and individuals to pay high out-of-pocket fees or go without care.

Peer support specialists, workforce development programs, telehealth, or primary care models like Collaborative Care are possible solutions to the significant mental health workforce gap in the states.

Rank	State	Rate
1	Massachusetts	200:1
2	District of Columbia	230:1
3	Maine	240:1
4	Vermont	260:1
5	Oklahoma	270:1
6	Oregon	270:1
7	New Mexico	280:1
8	Rhode Island	280:1
9	Alaska	300:1
10	Connecticut	300:1
11	Wyoming	330:1
12	Colorado	350:1
13	California	360:1
14	Washington	380:1
15	New Hampshire	390:1
16	Utah	390:1
17	Montana	400:1
18	Nebraska	410:1
19	New York	420:1
20	Delaware	440:1
21	North Carolina	440:1
22	Hawaii	450:1
23	Michigan	450:1
24	Maryland	470:1
25	Minnesota	490:1
26	Arkansas	520:1
27	Idaho	520:1
28	Kansas	550:1
29	Illinois	560:1
30	Kentucky	560:1
31	Nevada	570:1
32	New Jersey	570:1
33	Pennsylvania	580:1
34	Wisconsin	590:1
35	Missouri	600:1
36	North Dakota	610:1
37	South Dakota	630:1
38	Ohio	640:1
39	South Carolina	650:1
40	Virginia	680:1
41	Florida	690:1
42	Indiana	710:1
43	Tennessee	750:1
44	Arizona	800:1
45	Louisiana	810:1
46	Iowa	830:1
47	Mississippi	830:1
48	Georgia	850:1
49	West Virginia	910:1
50	Texas	990:1
51	Alabama	1,200:1
	National	529:1

⁸ American Academy of Child & Adolescent Psychiatry, Workforce Issues http://www.aacap.org/aacap/resources_for_primary_care/Workforce_Issues.aspx

⁹ Health Resources & Services Administration, Shortage Designation: Health <http://www.hrsa.gov/shortage>

Appendix

2010-2011

Adults with Any Mental Illness

Rank	State	%	#
1	Texas	15.68	2,832,000
2	New Jersey	16.03	1,066,000
3	Illinois	16.05	1,535,000
4	Florida	16.15	2,365,000
5	California	16.34	4,527,000
6	North Carolina	16.42	1,168,000
7	Nevada	16.48	332,000
8	Connecticut	16.58	450,000
9	North Dakota	16.83	86,000
10	Maine	17.01	177,000
11	Georgia	17.1	1,208,000
12	Hawaii	17.18	174,000
13	Minnesota	17.32	691,000
14	Kansas	17.36	361,000
15	Maryland	17.51	764,000
16	Wisconsin	17.53	753,000
17	Pennsylvania	17.54	1,712,000
18	Colorado	17.58	661,000
19	Nebraska	17.69	239,000
20	Virginia	17.8	1,067,000
21	Massachusetts	17.86	908,000
22	South Dakota	17.87	107,000
23	Wyoming	17.99	76,000
24	Delaware	18.19	124,000
25	Rhode Island	18.22	148,000
26	South Carolina	18.43	641,000
27	New Mexico	18.44	280,000
28	Louisiana	18.57	619,000
29	New York	18.72	2,787,000
30	Iowa	18.84	431,000
31	Vermont	19.11	94,000
32	New Hampshire	19.19	196,000
33	Alaska	19.23	97,000
34	District of Columbia	19.28	96,000
35	Missouri	19.38	868,000
36	Montana	19.48	148,000
37	Indiana	19.49	937,000
38	Kentucky	19.52	634,000
39	Mississippi	19.52	420,000
40	Michigan	19.73	1,471,000
41	Arizona	19.76	932,000
42	Ohio	20.25	1,754,000
43	Oklahoma	20.26	559,000
44	West Virginia	20.52	296,000
45	Oregon	20.61	609,000
46	Arkansas	20.63	447,000
47	Tennessee	21.4	1,024,000
48	Washington	21.54	1,099,000
49	Alabama	21.72	779,000
50	Utah	22.02	417,000
51	Idaho	22.78	257,000
	National	17.9	41,423,000

2010-2011

Adults with Dependence or Abuse of Illicit Drugs or Alcohol

Rank	State	%	#
1	Utah	6.37	123,000
2	Kentucky	6.47	210,000
3	Alabama	6.75	240,000
4	Maine	6.86	71,000
5	Maryland	6.90	299,000
6	Arkansas	6.94	150,000
7	Georgia	6.97	496,000
8	North Carolina	7.07	499,000
9	West Virginia	7.22	103,000
10	Mississippi	7.26	156,000
11	Missouri	7.36	330,000
12	Florida	7.62	1,106,000
13	Louisiana	7.66	255,000
14	Delaware	8.05	55,000
15	Texas	8.13	1,462,000
16	South Carolina	8.19	283,000
17	Nebraska	8.24	111,000
18	New Jersey	8.28	548,000
19	Virginia	8.33	496,000
20	Tennessee	8.35	400,000
21	Wyoming	8.48	35,000
22	Kansas	8.52	177,000
23	New York	8.55	1,276,000
24	Illinois	8.59	823,000
25	Indiana	8.60	412,000
26	New Hampshire	8.68	89,000
27	Hawaii	8.72	86,000
28	Michigan	8.76	655,000
29	Iowa	8.83	202,000
30	Wisconsin	8.83	380,000
31	Washington	8.85	452,000
32	Pennsylvania	9.06	881,000
33	Ohio	9.09	788,000
34	New Mexico	9.15	137,000
35	Oklahoma	9.15	251,000
36	Connecticut	9.17	247,000
37	California	9.21	2,538,000
38	Minnesota	9.28	371,000
39	Idaho	9.41	106,000
40	Alaska	9.44	48,000
41	North Dakota	9.69	49,000
42	Oregon	9.94	294,000
43	Vermont	10.04	50,000
44	Colorado	10.11	382,000
45	South Dakota	10.13	61,000
46	Massachusetts	10.34	528,000
47	Montana	10.35	78,000
48	Arizona	10.53	506,000
49	Nevada	10.78	214,000
50	Rhode Island	11.00	90,000
51	District of Columbia	13.08	65,000
	National	8.51	19,661,000

**2010-2011
Adults with
Serious
Thoughts of
Suicide**

Rank	State	%	#
1	Texas	2.94	529,000
2	Illinois	3.33	319,000
3	Florida	3.36	487,000
4	Georgia	3.4	242,000
5	New Jersey	3.44	228,000
6	California	3.49	961,000
7	Hawaii	3.55	35,000
8	Nevada	3.57	71,000
9	Colorado	3.59	136,000
10	Maryland	3.6	156,000
11	Connecticut	3.62	98,000
12	North Dakota	3.62	18,000
13	North Carolina	3.63	257,000
14	Louisiana	3.7	123,000
15	New York	3.72	556,000
16	Tennessee	3.74	179,000
17	Iowa	3.76	86,000
18	New Mexico	3.79	57,000
19	South Carolina	3.8	131,000
20	Nebraska	3.85	52,000
21	Mississippi	3.88	83,000
22	Wyoming	3.88	16,000
23	Kansas	3.93	82,000
24	Massachusetts	3.95	202,000
25	Minnesota	3.98	159,000
26	Pennsylvania	4	389,000
27	Virginia	4	238,000
28	Maine	4.02	42,000
29	District of Columbia	4.03	20,000
30	Oregon	4.06	120,000
31	Ohio	4.11	357,000
32	Arizona	4.13	199,000
33	Kentucky	4.13	134,000
34	Missouri	4.13	185,000
35	Rhode Island	4.13	34,000
36	Wisconsin	4.13	178,000
37	West Virginia	4.14	59,000
38	South Dakota	4.15	25,000
39	Alabama	4.16	148,000
40	Arkansas	4.22	91,000
41	Montana	4.23	32,000
42	Indiana	4.28	205,000
43	Delaware	4.32	29,000
44	Washington	4.37	223,000
45	Idaho	4.43	50,000
46	Alaska	4.46	22,000
47	Michigan	4.49	336,000
48	Utah	4.55	87,000
49	Oklahoma	4.61	126,000
50	New Hampshire	4.74	49,000
51	Vermont	4.83	24,000
	National	3.75	8,662,000

**2010-2011
Youth with
At Least One
Major
Depressive
Episode
(MDE) in the
Past Year**

Rank	State	%	#
1	District of Columbia	6.46	2,000
2	Indiana	7.14	38,000
3	Louisiana	7.21	26,000
4	New York	7.22	108,000
5	Mississippi	7.3	18,000
6	North Carolina	7.37	54,000
7	North Dakota	7.4	4,000
8	Alaska	7.42	4,000
9	Vermont	7.47	3,000
10	Wisconsin	7.49	33,000
11	Maryland	7.55	34,000
12	Iowa	7.58	18,000
13	Alabama	7.62	29,000
14	New Jersey	7.73	54,000
15	Connecticut	7.78	22,000
16	Texas	7.94	174,000
17	Montana	7.97	6,000
18	Hawaii	7.99	8,000
19	Rhode Island	8.07	6,000
20	Florida	8.11	110,000
21	Ohio	8.12	75,000
22	South Carolina	8.13	29,000
23	Oklahoma	8.17	24,000
24	Illinois	8.19	87,000
25	Colorado	8.2	32,000
26	Pennsylvania	8.22	79,000
27	California	8.24	258,000
28	Tennessee	8.27	41,000
29	Utah	8.36	22,000
30	Idaho	8.37	11,000
31	West Virginia	8.39	11,000
32	Maine	8.44	8,000
33	Arkansas	8.5	20,000
34	Kansas	8.5	20,000
35	Nebraska	8.5	12,000
36	Virginia	8.55	52,000
37	Georgia	8.58	70,000
38	Missouri	8.61	41,000
39	Nevada	8.61	18,000
40	Oregon	8.63	25,000
41	Washington	8.82	46,000
42	Massachusetts	8.83	44,000
43	Arizona	8.84	47,000
44	Minnesota	8.85	37,000
45	South Dakota	8.87	6,000
46	Kentucky	8.88	30,000
47	New Mexico	8.99	15,000
48	Wyoming	9.18	4,000
49	Delaware	9.35	6,000
50	New Hampshire	9.49	10,000
51	Michigan	9.61	78,000
	National	8.15	2,010,000

**2010-2011
Youth with
Dependence
or Abuse of
Illicit Drugs or
Alcohol**

Rank	State	%	#
1	Maryland	5.62	26,000
2	Utah	5.63	15,000
3	Louisiana	5.64	21,000
4	Mississippi	5.74	14,000
5	Indiana	5.85	31,000
6	Maine	5.93	6,000
7	Alabama	5.95	23,000
8	Arkansas	6.02	14,000
9	West Virginia	6.09	8,000
10	Kentucky	6.22	21,000
11	Nebraska	6.23	9,000
12	Georgia	6.33	52,000
13	Illinois	6.42	68,000
14	Wisconsin	6.48	29,000
15	Oklahoma	6.49	19,000
16	Texas	6.50	142,000
17	Delaware	6.59	4,000
18	Florida	6.63	90,000
19	North Carolina	6.67	49,000
20	District of Columbia	6.71	2,000
21	Ohio	6.71	62,000
22	New York	6.77	101,000
23	North Dakota	6.78	3,000
24	South Carolina	6.82	24,000
25	Tennessee	6.84	34,000
26	Wyoming	6.89	3,000
27	Virginia	6.96	42,000
28	Pennsylvania	6.98	67,000
29	Missouri	6.99	33,000
30	Michigan	7.15	58,000
31	Iowa	7.17	17,000
32	Kansas	7.17	17,000
33	Washington	7.17	37,000
34	Connecticut	7.30	21,000
35	Idaho	7.34	10,000
36	Rhode Island	7.35	6,000
37	New Jersey	7.54	53,000
38	Minnesota	7.61	32,000
39	Alaska	7.70	5,000
40	Hawaii	7.74	7,000
41	Nevada	7.82	17,000
42	Oregon	8.02	23,000
43	Colorado	8.14	32,000
44	South Dakota	8.44	5,000
45	Arizona	8.52	46,000
46	California	8.79	275,000
47	New Hampshire	8.94	9,000
48	Vermont	9.00	4,000
49	Massachusetts	9.01	44,000
50	New Mexico	9.33	15,000
51	Montana	9.94	7,000
	National	7.11	1,752,000

**2009-2011
Youth with
Severe MDE**

Rank	State	%	#
1	New Jersey	4.0	27,000
2	Alaska	4.3	2,000
3	Alabama	4.4	16,000
4	District of Columbia	4.4	1,000
5	Louisiana	4.5	16,000
6	Maryland	4.6	21,000
7	Utah	4.7	12,000
8	Wisconsin	4.7	20,000
9	Vermont	4.9	2,000
10	Mississippi	5.0	12,000
11	North Carolina	5.1	36,000
12	Illinois	5.2	54,000
13	New York	5.2	77,000
14	North Dakota	5.3	2,000
15	Indiana	5.4	28,000
16	Connecticut	5.5	16,000
17	Hawaii	5.5	5,000
18	California	5.6	171,000
19	West Virginia	5.6	7,000
20	Oklahoma	5.7	17,000
21	Texas	5.7	121,000
22	Georgia	5.8	46,000
23	Iowa	5.8	14,000
24	Montana	5.8	4,000
25	Nevada	5.8	12,000
26	Ohio	5.8	53,000
27	Pennsylvania	5.8	54,000
28	Florida	5.9	78,000
29	Massachusetts	5.9	28,000
30	Minnesota	5.9	24,000
31	Rhode Island	5.9	5,000
32	South Carolina	5.9	20,000
33	Colorado	6.0	23,000
34	Kansas	6.0	13,000
35	Arizona	6.1	32,000
36	Maine	6.2	6,000
37	Nebraska	6.2	9,000
38	Michigan	6.4	52,000
39	Tennessee	6.4	31,000
40	Kentucky	6.5	21,000
41	Virginia	6.5	39,000
42	Arkansas	6.8	16,000
43	Delaware	6.8	5,000
44	Idaho	7.2	9,000
45	Missouri	7.2	34,000
46	New Mexico	7.2	12,000
47	Washington	7.5	39,000
48	Oregon	7.6	21,000
49	Wyoming	7.6	3,000
50	South Dakota	7.9	5,000
51	New Hampshire	8.2	8,000
	National	5.7	1,380,000

**2009-2011
Adults with
AMI who Did
Not Receive
Treatment**

Rank	State	%	#
1	Vermont	44.6	45,000
2	Rhode Island	46.9	81,000
3	Maine	47.0	85,000
4	West Virginia	47.9	145,000
5	Massachusetts	48.8	443,000
6	Kansas	49.0	159,000
7	Montana	50.8	79,000
8	Nebraska	52.5	120,000
9	South Dakota	52.5	51,000
10	Virginia	52.8	541,000
11	Washington	52.9	592,000
12	Pennsylvania	53.8	910,000
13	South Carolina	53.8	347,000
14	Idaho	54.0	145,000
15	Ohio	54.2	933,000
16	North Dakota	54.6	42,000
17	Iowa	54.7	236,000
18	Colorado	54.9	377,000
19	New Mexico	54.9	146,000
20	Kentucky	55.4	357,000
21	Oregon	55.5	334,000
22	Missouri	56.1	485,000
23	Tennessee	56.5	629,000
24	Indiana	56.6	536,000
25	Minnesota	56.6	399,000
26	New Hampshire	56.7	115,000
27	Maryland	57.2	431,000
28	Utah	57.3	266,000
29	Connecticut	57.9	246,000
30	Arkansas	58.0	259,000
31	Delaware	58.1	71,000
32	Illinois	58.3	882,000
33	North Carolina	58.6	674,000
34	Arizona	58.7	531,000
35	Georgia	59.0	651,000
36	Alabama	59.2	449,000
37	Michigan	59.5	870,000
38	Wisconsin	59.7	475,000
39	Oklahoma	60.0	351,000
40	New York	60.8	1,700,000
41	Wyoming	60.8	49,000
42	Florida	63.4	1,497,000
43	California	64.4	2,956,000
44	District of Columbia	64.6	61,000
45	Texas	64.6	1,762,000
46	Louisiana	65.2	382,000
47	Alaska	66.7	65,000
48	Mississippi	67.0	270,000
49	Nevada	67.8	241,000
50	New Jersey	68.2	677,000
51	Hawaii	73.2	128,000
	National	58.9	24,278,000

**2009-2011
Adults with
AMI
Reporting
Unmet Need**

Rank	State	%	#
1	Hawaii	14.3	25,000
2	New Jersey	15.2	151,000
3	Maine	15.6	28,000
4	Delaware	16.3	20,000
5	Nebraska	16.3	37,000
6	Tennessee	16.4	183,000
7	North Dakota	16.9	13,000
8	South Dakota	16.9	17,000
9	New York	17.1	478,000
10	Wyoming	17.2	14,000
11	Iowa	18.1	78,000
12	Oklahoma	18.2	107,000
13	Kentucky	18.5	120,000
14	Georgia	19.5	217,000
15	Maryland	19.6	148,000
16	Florida	20.0	473,000
17	Ohio	20.4	351,000
18	Texas	20.4	559,000
19	Massachusetts	20.6	185,000
20	Mississippi	20.6	84,000
21	Alabama	20.9	158,000
22	California	21.0	965,000
23	Pennsylvania	21.0	355,000
24	North Carolina	21.5	247,000
25	Wisconsin	21.5	171,000
26	South Carolina	21.7	141,000
27	Virginia	21.8	219,000
28	Illinois	22.0	333,000
29	Alaska	22.4	22,000
30	Nevada	22.4	80,000
31	Colorado	22.6	155,000
32	Idaho	22.8	61,000
33	Indiana	23.1	219,000
34	Michigan	23.1	338,000
35	Utah	23.1	107,000
36	Louisiana	23.4	136,000
37	Vermont	23.5	24,000
38	New Hampshire	23.8	48,000
39	District of Columbia	24.2	23,000
40	Montana	24.2	38,000
41	Connecticut	24.7	106,000
42	Minnesota	25.4	181,000
43	New Mexico	25.4	67,000
44	Oregon	25.5	153,000
45	West Virginia	25.9	79,000
46	Washington	26.4	296,000
47	Rhode Island	26.5	46,000
48	Missouri	26.8	232,000
49	Arkansas	27.5	122,000
50	Arizona	29.6	267,000
51	Kansas	29.9	96,000
	National	21.3	8,771,000

**2009-2011
Adults with
AMI who are
Uninsured**

Rank	State	%	#
1	Massachusetts	6.0	54,000
2	Hawaii	9.6	17,000
3	Vermont	9.7	10,000
4	District of Columbia	10.3	10,000
5	Wisconsin	10.8	86,000
6	Delaware	11.0	14,000
7	North Dakota	11.0	8,000
8	New York	11.2	313,000
9	South Dakota	11.4	11,000
10	Connecticut	11.8	51,000
11	Rhode Island	12.4	22,000
12	Maryland	12.5	95,000
13	Pennsylvania	12.7	214,000
14	Maine	12.8	23,000
15	Minnesota	13.4	95,000
16	Iowa	14.0	61,000
17	Washington	14.5	163,000
18	New Hampshire	15.2	31,000
19	Kentucky	15.8	102,000
20	Colorado	16.0	110,000
21	New Jersey	16.0	159,000
22	Virginia	16.9	174,000
23	Kansas	17.1	55,000
24	Nebraska	17.1	39,000
25	North Carolina	17.5	201,000
26	Michigan	18.0	264,000
27	Ohio	18.2	314,000
28	Montana	18.3	29,000
29	Georgia	18.5	206,000
30	Illinois	19.0	288,000
31	Tennessee	19.6	219,000
32	Missouri	19.8	171,000
33	Indiana	20.5	195,000
34	Alaska	20.9	20,000
35	South Carolina	21.6	140,000
36	Utah	22.1	103,000
37	West Virginia	22.3	68,000
38	Wyoming	22.4	18,000
39	California	22.6	1,038,000
40	Arizona	23.4	212,000
41	Oregon	23.6	142,000
42	New Mexico	23.7	64,000
43	Florida	24.3	578,000
44	Arkansas	24.5	111,000
45	Oklahoma	24.6	144,000
46	Nevada	25.7	92,000
47	Texas	25.7	704,000
48	Idaho	26.7	72,000
49	Mississippi	26.8	109,000
50	Louisiana	26.9	157,000
51	Alabama	29.9	227,000
	National	18.9	7,801,000

2012

**Adults with
Disability
who Could
Not See a
Doctor Due
to Costs**

Rank	State	%	#
1	Maine	1.77	4,272
2	Massachusetts	15.12	137,336
3	Hawaii	16.14	28,222
4	Vermont	16.84	16,385
5	North Dakota	16.95	14,680
6	Minnesota	17.63	113,664
7	Iowa	19.60	83,888
8	Nebraska	19.98	50,829
9	Connecticut	20.03	102,495
10	South Dakota	20.36	25,335
11	Delaware	20.99	26,071
12	Maryland	21.29	157,149
13	District of Columbia	22.37	20,930
14	Michigan	22.85	382,780
15	New Hampshire	23.10	50,491
16	California	23.24	1,205,897
17	Pennsylvania	23.28	462,070
18	Illinois	23.52	435,658
19	Rhode Island	23.56	38,544
20	Wisconsin	23.57	193,813
21	New Jersey	23.59	237,789
22	Ohio	24.68	431,750
23	Alaska	24.73	27,365
24	New York	24.77	714,469
25	Montana	24.90	44,728
26	Washington	24.95	311,453
27	Kansas	24.95	108,469
28	Virginia	25.21	292,089
29	West Virginia	25.69	108,011
30	Missouri	25.71	278,454
31	Wyoming	25.96	21,268
32	Idaho	26.61	74,180
33	New Mexico	26.82	94,494
34	Utah	26.85	99,490
35	Colorado	27.53	203,280
36	Indiana	27.93	290,107
37	Oklahoma	28.21	207,405
38	Louisiana	28.52	227,636
39	North Carolina	28.99	423,409
40	Tennessee	29.50	329,515
41	Arizona	29.53	301,088
42	Oregon	29.59	231,548
43	Nevada	29.74	117,297
44	Kentucky	30.10	259,287
45	Texas	30.71	1,034,441
46	Alabama	31.66	324,525
47	South Carolina	31.75	262,079
48	Arkansas	31.86	175,751
49	Florida	32.18	1,082,470
50	Georgia	34.72	503,603
51	Mississippi	35.79	195,848
	National	26.35	12,730,000

**2010-2011
Youth with
MDE who
Did Not
Receive
Mental
Health
Services**

Rank	State	%	#
1	Connecticut	45.7	9,000
2	South Dakota	46.8	3,000
3	Nebraska	46.9	6,000
4	New Hampshire	47.5	6,000
5	Vermont	49.1	1,000
6	Colorado	49.5	14,000
7	Alaska	50.8	2,000
8	Maine	50.8	4,000
9	Wisconsin	52.8	15,000
10	Rhode Island	55.4	3,000
11	Arizona	56.2	27,000
12	North Carolina	56.3	26,000
13	Kentucky	56.4	16,000
14	Indiana	57.5	16,000
15	Maryland	57.8	20,000
16	Minnesota	57.8	22,000
17	New York	57.9	57,000
18	Michigan	58.8	48,000
19	Oregon	59.4	15,000
20	Wyoming	59.5	3,000
21	Virginia	59.8	32,000
22	Massachusetts	61	27,000
23	Delaware	61.1	4,000
24	Missouri	62.7	28,000
25	North Dakota	63.3	2,000
26	Pennsylvania	64.7	50,000
27	Arkansas	64.8	14,000
28	Kansas	65	12,000
29	Idaho	65.4	7,000
30	Ohio	66.1	49,000
31	Iowa	66.2	10,000
32	Louisiana	66.6	17,000
33	Hawaii	66.8	5,000
34	Oklahoma	68.3	15,000
35	West Virginia	68.4	7,000
36	Washington	69.1	30,000
37	New Mexico	69.2	12,000
38	Florida	69.3	74,000
39	Tennessee	69.6	27,000
40	California	70.9	176,000
41	Utah	71.6	17,000
42	Illinois	72.2	61,000
43	Mississippi	72.5	12,000
44	District of Columbia	73.5	1,000
45	Texas	73.5	124,000
46	Montana	73.9	4,000
47	New Jersey	76.3	34,000
48	Alabama	76.4	23,000
49	Georgia	77.9	64,000
50	Nevada	82.1	18,000
51	South Carolina	83.1	25,000
	National	66	1,295,000

**2010-2014
Youth with
Severe MDE
who
Received
Some
Consistent
Treatment**

Rank	State	%	#
1	South Dakota	39.5	2,000
2	Vermont	38	1,000
3	Minnesota	37.4	8,000
4	Colorado	35.4	9,000
5	Alaska	35.1	1,000
6	New Hampshire	32.7	2,000
7	Massachusetts	32.4	8,000
8	North Dakota	31.6	1,000
9	Maine	30	2,000
10	Kansas	29.6	5,000
11	Utah	29	4,000
12	Nebraska	27.6	2,000
13	Wyoming	27.3	1,000
14	Oregon	26.8	6,000
15	Washington	26.7	10,000
16	West Virginia	26.5	2,000
17	New Jersey	26.4	9,000
18	Maryland	26.3	8,000
19	New Mexico	26.3	3,000
20	Michigan	26.2	15,000
21	New York	25.9	20,000
22	North Carolina	24.2	12,000
23	Connecticut	24	4,000
24	Rhode Island	23.7	1,000
25	Wisconsin	23.4	7,000
26	Delaware	22.7	1,000
27	Louisiana	22.5	5,000
28	Pennsylvania	21.7	12,000
29	Kentucky	21.5	4,000
30	Missouri	21.3	7,000
31	Mississippi	21.2	3,000
32	Indiana	21	6,000
33	Texas	21	29,000
34	California	20.1	37,000
35	Iowa	20.1	3,000
36	Idaho	19.5	2,000
37	Ohio	19.1	10,000
38	Hawaii	19	1,000
39	Illinois	18.1	11,000
40	Virginia	16.9	8,000
41	Oklahoma	16.8	3,000
42	Arizona	16.7	6,000
43	Arkansas	16	2,000
44	District of Columbia	15.9	< 1000
45	Florida	15.9	13,000
46	South Carolina	14.6	3,000
47	Georgia	13.1	6,000
48	Montana	12.8	< 1000
49	Tennessee	12.3	3,000
50	Alabama	10.8	2,000
51	Nevada	9.4	1,000
	National	21.7	322,000

2009-2011

Children with Private Insurance that Did Not Cover Mental or Emotional Problems

Rate Per 1,000 Students

Rank	State	Rate	#
1	Massachusetts	2.9	9,000
2	New Hampshire	4.0	2,000
3	Connecticut	4.3	7,000
4	Oregon	4.3	7,000
5	New Jersey	4.9	19,000
6	South Dakota	5.0	2,000
7	Maryland	5.1	14,000
8	Minnesota	5.5	14,000
9	Wisconsin	5.5	16,000
10	Missouri	5.6	13,000
11	Vermont	5.6	1,000
12	West Virginia	5.6	3,000
13	Ohio	5.9	30,000
14	Indiana	6.4	18,000
15	Iowa	6.4	8,000
16	Tennessee	6.4	15,000
17	New York	6.8	51,000
18	Pennsylvania	6.9	37,000
19	Maine	7.0	4,000
20	Georgia	7.3	27,000
21	Michigan	7.5	33,000
22	Delaware	7.7	3,000
23	North Carolina	7.9	25,000
24	Illinois	8.1	42,000
25	North Dakota	8.1	2,000
26	Washington	8.2	21,000
27	California	8.8	119,000
28	Kentucky	8.8	13,000
29	Rhode Island	8.9	4,000
30	Virginia	8.9	27,000
31	Nebraska	9.2	7,000
32	Colorado	9.3	18,000
33	District of Columbia	9.3	1,000
34	Florida	9.6	57,000
35	New Mexico	9.6	5,000
36	Nevada	9.9	12,000
37	Montana	10.5	4,000
38	Idaho	10.9	6,000
39	Utah	10.9	17,000
40	Texas	11.0	91,000
41	Kansas	11.3	12,000
42	Alaska	12.4	3,000
43	Arizona	12.5	29,000
44	Arkansas	12.5	11,000
45	Alabama	12.6	21,000
46	Oklahoma	12.6	16,000
47	Wyoming	14.0	3,000
48	Louisiana	14.7	19,000
49	South Carolina	14.9	21,000
50	Hawaii	17.3	6,000
51	Mississippi	18.1	13,000
	National	8.1	957,000

2012

Students Identified with Emotional Disturbance for an IEP

Rank	State	%	#
1	Vermont	24.65	1,930
2	District of Columbia	23.38	1,326
3	Minnesota	19.41	14,774
4	Massachusetts	16.51	14,154
5	Wisconsin	16.44	12,427
6	Rhode Island	15.48	2,024
7	Pennsylvania	14.03	22,858
8	Indiana	13.71	13,070
9	Maine	13.71	2,335
10	Iowa	13.35	5,725
11	New Hampshire	12.40	2,192
12	New York	11.22	27,566
13	Illinois	10.87	20,192
14	Connecticut	10.47	5,230
15	South Dakota	9.95	1,131
16	Ohio	9.88	15,601
17	Maryland	9.09	6,915
18	Georgia	9.05	13,629
19	North Dakota	8.98	788
20	Michigan	8.75	12,498
21	Oregon	8.71	4,524
22	Colorado	8.55	6,467
23	Virginia	8.34	9,432
24	Florida	8.13	19,584
25	Kentucky	7.87	4,734
26	Wyoming	7.85	641
27	Arizona	7.79	7,687
28	Missouri	7.63	6,231
29	Mississippi	7.52	3,354
30	Oklahoma	7.51	4,290
31	Nebraska	7.40	1,957
32	New Jersey	6.82	8,377
33	New Mexico	6.74	2,041
34	Hawaii	6.47	1,063
35	Delaware	6.34	745
36	West Virginia	6.00	1,479
37	Texas	5.84	25,510
38	Kansas	5.75	2,474
39	Alaska	5.69	671
40	Montana	5.51	712
41	Idaho	5.44	1,395
42	Washington	4.76	4,551
43	Nevada	4.68	1,881
44	South Carolina	4.55	2,946
45	California	4.36	24,981
46	North Carolina	4.36	5,911
47	Utah	4.21	2,263
48	Tennessee	3.69	3,295
49	Louisiana	2.84	1,756
50	Alabama	1.95	1,322
51	Arkansas	1.74	750
	National	8.08	359,389

**2013
Mental
Health
Workforce
Availability**

Rank	State	Rate
1	Massachusetts	248:1
2	Delaware	293:1
3	Vermont	329:1
4	Maine	342:1
5	Rhode Island	361:1
6	New Mexico	376:1
7	Oregon	410:1
8	Oklahoma	426:1
9	Alaska	450:1
10	Connecticut	455:1
11	New Hampshire	493:1
12	New York	510:1
13	Wyoming	510:1
14	Washington	533:1
15	Nebraska	560:1
16	Colorado	570:1
17	Utah	587:1
18	Hawaii	597:1
19	California	623:1
20	Michigan	661:1
21	Maryland	666:1
22	District of Columbia	675:1
23	Arkansas	696:1
24	North Carolina	696:1
25	Minnesota	748:1
26	Montana	752:1
27	New Jersey	809:1
28	Pennsylvania	837:1
29	Idaho	839:1
30	Illinois	844:1
31	Kentucky	852:1
32	Kansas	861:1
33	South Dakota	871:1
34	Florida	890:1
35	Indiana	890:1
36	Missouri	947:1
37	Tennessee	974:1
38	South Carolina	995:1
39	Virginia	998:1
40	Nevada	1,015:1
41	Ohio	1,023:1
42	Wisconsin	1,024:1
43	North Dakota	1,033:1
44	Iowa	1,144:1
45	Arizona	1,145:1
46	Mississippi	1,183:1
47	Louisiana	1,272:1
48	West Virginia	1,291:1
49	Georgia	1,440:1
50	Texas	1,757:1
51	Alabama	1,827:1
	National	791:1

Glossary

Indicator	Description of Measure	Source
Adults with Any Mental Illness (AMI)	<p>Any mental illness (AMI) is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder, as assessed by the Mental Health Surveillance Study (MHSS) Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition—Research Version—Axis I Disorders (DSM-IV), which is based on the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). AMIYR_U, is an indicator for Any Mental Illness (AMI) based on the 2012 revised predicted probability of SMI. (SMIPP_U). If SMIPP_U is greater than or equal to a specified cutoff point (0.0192519810) then AMIYR_U=1, and if SMIPP_U is less than the cutoff point then AMIYR_U=0. This indicator based on the 2012 model is not comparable with the indicator based on the 2008 model. AMI is defined as having Serious, Moderate, or Mild Mental Illness. Specific details about this variable can be found in the Recoded Mental Health Module Variable Documentation Appendix.</p> <p>For details, see 2014 National Survey on Drug Use and Health METHODOLOGICAL SUMMARY AND DEFINITIONS at http://www.samhsa.gov/data/sites/default/files/NSDUH-MethodSummDefs2014/NSDUH-MethodSummDefs2014.htm Data survey years 2010-2011 and 2013-2014.</p>	<p>SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, http://www.samhsa.gov/data/population-data-nsduh/reports?tab=38</p>
Adults with AMI Reporting Unmet Need	<p>Adults with AMI reporting unmet need is calculated from variable AMHTXND2 and AMIYR_U. AMIYR_U is defined as above in Adults with AMI. AMHTXND2, is defined as feeling a perceived need for mental health treatment/counseling that was not received. This is often referred to as "unmet need." Data survey years 2009-2011 and 2012-2014.</p>	<p>SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.</p>
Adults with AMI Who are Uninsured	<p>Adults with AMI who are uninsured is calculated from variable IRINSUR4 and AMIYR_U. AMIYR_U is defined as above in Adults with AMI. A respondent is classified as NOT having any health insurance (IRINSUR4=2) if they meet EVERY one of the following conditions. (1) Not Covered by private insurance (IRPRVHLT=2) (2) Not Covered by Medicare (IRMEDICR=2) (3) Not Covered by Medicaid/CHIPCOV (IRMCDCHP=2) (4) Not Covered by Champus, ChampVA, VA, or Military (IRCHMPUS=2) (5) Not Covered by other health insurance (IROTHHLT=2). Data survey years 2009-2011 and 2012-2014.</p>	<p>SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.</p>
Adults with AMI who Did Not Receive Treatment	<p>Adults with AMI who did not receive treatment is calculated from variable AMHTXRC3 and AMIYR_U. AMIYR_U is defined as above in Adults with AMI. A respondent is classified as not receiving treatment if they responded NO to receiving any mental health treatment in the past year which is coded as AMHTXRC3. AMHTXRC3 is defined as having received inpatient treatment/counseling or outpatient treatment/counseling or having used prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use. Respondents with unknown treatment/counseling information were excluded. Data survey years 2009-2011 and 2012-2014.</p>	<p>SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.</p>

Indicator	Description of Measure	Source
Adult Dependence or Abuse of Illicit Drugs or Alcohol	Dependence or abuse is based on definitions found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006. Data survey years 2010-2011 and 2013-2014.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, http://www.samhsa.gov/data/population-data-nsduh/reports?tab=38
Adults with Disability Who Could Not See a Doctor Due to Costs	Disability questions were added to the Behavioral Risk Factor Surveillance System (BRFSS) core questionnaire in 2004. Disability was determined using the following BRFSS question: "Are you limited in any way in any activities because of physical, mental or emotional problems?" (QLACTLM2). Respondents were defined as having a disability if they answered "Yes" to this question. Respondents were also asked: "Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?" (MEDCOST). The measure was calculated based on individuals who answered Yes to MEDCOST among those who answered Yes to QLACTLM2. Data survey year 2012 & 2014.	Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2012, 2014. http://www.cdc.gov/brfss/annual_data/annual_2014.html Downloaded and calculated on 8/24/16.
Adults with Serious Thoughts of Suicide	Adults aged 18 or older were asked whether they had seriously thought about, made any plans, or attempted to kill themselves at any time during the past 12 months, or if they had received medical attention from a health professional or stayed overnight in a hospital in the past 12 months because of a suicide attempt. Data survey years 2010-2011 and 2013-2014.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, http://www.samhsa.gov/data/population-data-nsduh/reports?tab=38
Children with Private Insurance that Did Not Cover Mental or Emotional Problems	Children with private insurance that did not cover mental or emotional problems is defined as any child age 0-17 responding YES to HLTINMNT. HLTINMNT is defined as: "Does [SAMPLE MEMBER POSS] private health insurance include coverage for treatment for mental or emotional problems?" Data survey years 2009-2011 and 2012-2014.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

Indicator	Description of Measure	Source
Mental Health Workforce Availability	<p>Mental health workforce availability is the ratio of the county population to the number of mental health providers including psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health care. In 2015, marriage and family therapists and mental health providers that treat alcohol and other drug abuse were added to this measure.</p> <p>Survey data year 2013 & 2015.</p>	<p>County Health Rankings & Roadmaps. http://www.countyhealthrankings.org/app/north-dakota/2015/measure/factors/62/description.</p> <p>This data comes from the National Provider Identification data file, which has some limitations. Providers who transmit electronic health records are required to obtain an identification number, but very small providers may not obtain a number. While providers have the option of deactivating their identification number, some mental health professionals included in this list may no longer be practicing or accepting new clients.</p>
Students Identified with Emotional Disturbance for Individualized Education Program	<p>Percent of Children Identified as having a Emotional Disturbance among enrolled students Grade 1-12 and Ungraded. This measure was calculated from data provided by IDEA Part B Child Count and Educational Environments, Common Core of Data. Under IDEA regulation, Emotional Disturbance is identified as a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance: (A) An inability to learn that cannot be explained by intellectual, sensory, or health factors. (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers. (C) Inappropriate types of behavior or feelings under normal circumstances. (D) A general pervasive mood of unhappiness or depression. (E) A tendency to develop physical symptoms or fears associated with personal or school problems. Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance under paragraph (c)(4)(i) of this section. Data year 2012 & 2014.</p>	<p>IDEA Data Center, 2012 and 2014 - IDEA Section 618, State Level Data Files, Child Count and Educational Environments. http://www2.ed.gov/programs/osepidea/618-data/state-level-data-files/index.html#bccee.</p> <p>US Department of Education, National Center for Education Statistics, Common Core of Data. http://nces.ed.gov/ccd/stnfi.s.asp Downloaded and calculated on 8/31/2016.</p>

Indicator	Description of Measure	Source
Youth with At Least One Past Year Major Depressive Episode (MDE)	Among youth age 12-17, major depressive episode (MDE) is defined as in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. For details, see Section B of the "2011-2012 NSDUH: Guide to State Tables and Summary of Small Area Estimation Methodology" at http://www.samhsa.gov/data/population-data-nsduh/reports?tab=33 . Data survey years 2010-2011 and 2013-2014.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011, 2012, and 2013. http://www.samhsa.gov/data/sites/default/files/NSDUHSateEst2012-2013-p1/ChangeTabs/NSDUHsaeshortTermCHG2013.htm
Youth with Dependence or Abuse of Illicit Drugs or Alcohol	Among youth age 12-17, dependence or abuse is based on definitions found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006. Data survey years 2010-2011 and 2013-2014.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, http://www.samhsa.gov/data/sites/default/files/NSDUHSateEst2012-2013-p1/ChangeTabs/NSDUHsaeshortTermCHG2013.htm
Youth With MDE who Did Not Receive Mental Health Services	Youth with Past Year MDE who Did Not Receive Treatment is defined as those who apply to having Past Year MDE as defined above ("Youth with At Least One Past Year Major Depressive Episode") and respond NO to ANYSMH. ANYSMH indicates whether a youth reported receiving specialty mental health services in the past year from any of 7 specific inpatient/residential or outpatient specialty sources for problems with behavior or emotions that were not caused by alcohol or drugs. This variable was created based on the following 7 source of treatment variables: stayed overnight in a hospital (YHOSP), stayed in a residential treatment facility (YRESID), spent time in foster care (YFOST), spent time in a day treatment facility (YDAYTRT), received treatment from a mental health clinic (YCLIN), from a private therapist (YTHER), and from an in-home therapist (YHOME). Youths who reported a positive response (source variable=1) to one or more of the 7 questions were included in the yes category regardless of how many of the 7 questions they answered. Youths who did not report a positive response, but answered all 7 of the questions were included in the no category. Youths who did not report a positive response and did not answer all the questions, and adults were included in the unknown/18+ category. Data survey years 2009-2011 and 2012-2014.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health

Indicator	Description of Measure	Source
Youth with Severe MDE	<p>Youth with severe MDE is defined as having had MDE in the past year were then asked questions from the SDS to measure the level of functional impairment in major life activities reported to be caused by the MDE in the past 12 months (Leon, Olfson, Portera, Farber, & Sheehan, 1997). The SDS measures mental health-related impairment in four major life activities or role domains. The following variable, YSDSOVRL, is assigned the maximum level of interference over the four role domains of SDS: chores at home (YSDSHOME), school or work (YSDSWRK), family relationships (YSDSREL), and social life (YDSSSOC). Each module consists of four questions that are assessed on a 0 to 10 visual analog scale with categories of "none" (0), "mild" (1-3), "moderate" (4-6), "severe" (7-9), and "very severe" (10). The four SDS role domain variables were recoded so that no interference = 1, mild = 2, moderate = 3, severe = 4, and very severe = 5. A maximum level of interference over all four domains was then defined as YSDSOVRL. A maximum impairment score (YSDSOVRL) is defined as the single highest severity level of role impairment across all four SDS role domains. Ratings greater than or equal to 7 on the scale YSDSOVRL=4, 5 were considered severe impairment.</p> <p>"Youth with Severe MDE" is defined as the following variable MDEIMPY. MDEIMPY is derived from the maximum severity level of MDE role impairment (YSDSOVRL) and is restricted to adolescents with past year MDE (YMDEYR). Youth met criteria for MDEIMPY if they answered YES to YSDSOVRL and YES to YMDEYR. Data survey years 2009-2011 and 2012-2014.</p>	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health
Youth with Severe MDE who Received Some Consistent Treatment	<p>The following variable calculated as how many youth who answered YES to MDEIMPY from "Youth with severe MDE" defined above and SPOUTVST. The variable SPOUTVST, indicates how many times a specialty outpatient mental health service was visited in the past year. The number of visits is calculated by adding the number of visits to a day treatment facility (YUDYTXNM), mental health clinic (YUMHCRNM), private therapist (YUTPSTNM), and an in-home therapist (YUIHTPNM). A value of 6 (No Visits) was assigned whenever a respondent said they had used none of the services (YUDYTXNR, YUMHCRYR, YUTPSTYR, YUIHTPYR all equal 2). A value of missing was assigned when the response to whether received treatment or number of visits was unknown for any of the 4 locations (any of YUDYTXNR, YUMHCRYR, YUTPSTYR, YUIHTPYR=85, 94, 97, 98 OR any of YUDYTXNM, YUMHCRNM, YUTPSTNM, YUIHTPNM=985, 994, 997, 998), unless sum of the visits for services with non-missing information was greater than or equal to 25, in which case a value of 5 (25 or more visits) was assigned. A missing value was also assigned for respondents aged 18 or older. The variable SPOUTVST was recoded for visit distribution as 0 Visits, 1-6 Visits, and 7-25+ Visits. Data survey years 2010-2014.</p>	<p>Substance Abuse and Mental Health Services Administration. Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health: 4-Year R-DAS. https://www.icpsr.umich.edu/content/SAMHDA/index.html." https://www.icpsr.umich.edu/content/SAMHDA/index.html. Downloaded and calculated on 7/21/2015. *Note Regarding SAMHDA R-DAS Below</p>

Citations for Infographics

Statistic	Source
Medicaid Expansion States	Data Based on States that had coverage under Medicaid expansion effective January 1, 2014. Kaiser Family Foundation, Status of State Action of the Medicaid Expansion Decision, 2016 http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/
State Political Party Identification	Gallup, Red States Outnumber Blue States for First Time in Gallup Tracking, February 3, 2016 http://www.gallup.com/poll/188969/red-states-outnumber-blue-first-time-gallup-tracking.aspx .
1.2 Million Individuals with Mental Illness in Jails and Prisons	U.S. Bureau of Justice, Mental Health Problems of Prison and Jail Inmates, September 2006.
More than half Americans in jail or prison have a mental illness	U.S. Bureau of Justice, Mental Health Problems of Prison and Jail Inmates, September 2006.
Prison Population of Arkansas, Mississippi, and Alabama	The Sentencing Project, Detailed State Data, http://www.sentencingproject.org/the-facts/#detail?state1Option=U.S.%20Total&state2Option=0

EXHIBIT E

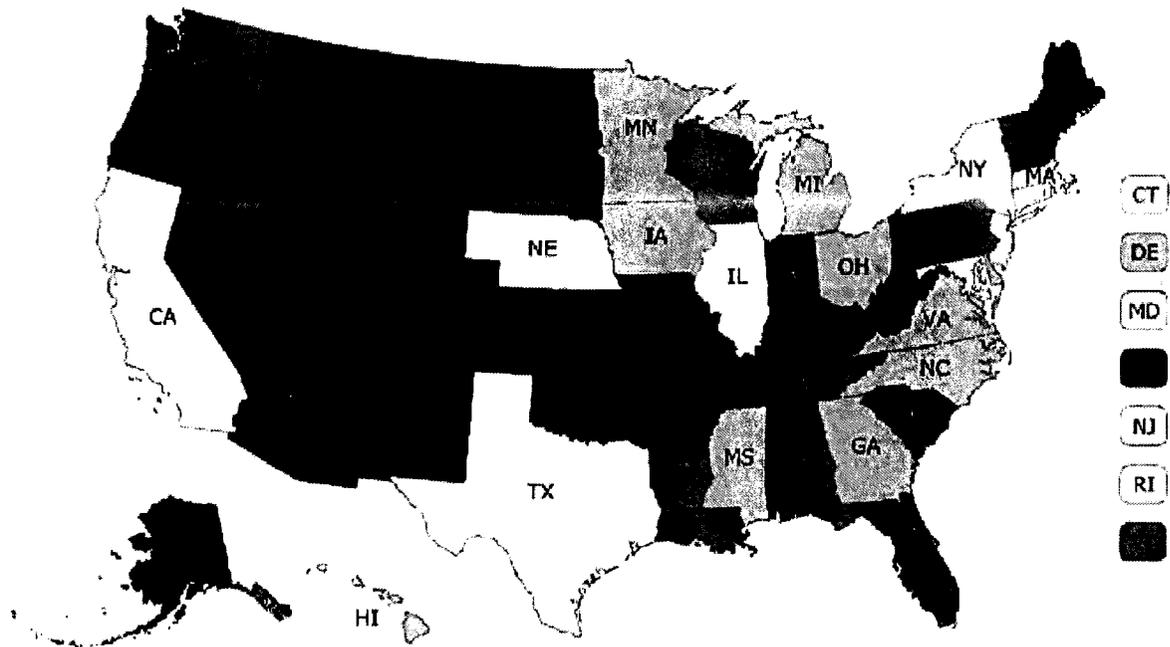
**CDC Statistics:
Suicide Mortality by State, 2015**



Suicide Mortality by State

2015 2014 2005

Suicide Mortality by State: 2015



Age-Adjusted Death Rates¹

United States 13.3

- 7.8 - 12.5
- 12.6 - 14
- 14 - 15.7
- 16 - 18.4
- 19.1 - 28

Data Table

Location ^	Suicide Death Rate (Click for Rankings)	Deaths (Click for Rankings)
<input type="checkbox"/> Alabama	14.9	750
<input type="checkbox"/> Alaska	26.9	201
<input type="checkbox"/> Arizona	18.2	1,276
<input type="checkbox"/> Arkansas	19.1	577
<input type="checkbox"/> California	10.3	4,167
<input type="checkbox"/> Colorado	19.5	1,093
<input type="checkbox"/> Connecticut	9.9	384
<input type="checkbox"/> Delaware	12.6	122
<input type="checkbox"/> Florida	14.4	3,205
<input type="checkbox"/> Georgia	12.7	1,317
<input type="checkbox"/> Hawaii	13.5	201
<input type="checkbox"/> Idaho	22.1	359
<input type="checkbox"/> Illinois	10.3	1,363
<input type="checkbox"/> Indiana	14.4	960
<input type="checkbox"/> Iowa	13.9	433
<input type="checkbox"/> Kansas	16.3	477
<input type="checkbox"/> Kentucky	17.1	776
<input type="checkbox"/> Louisiana	15.2	722
<input type="checkbox"/> Maine	16.0	235
<input type="checkbox"/> Maryland	8.8	553
<input type="checkbox"/> Massachusetts	8.9	642
<input type="checkbox"/> Michigan	13.8	1,410
<input type="checkbox"/> Minnesota	13.2	730
<input type="checkbox"/> Mississippi	14.0	431
<input type="checkbox"/> Missouri	17.1	1,052
<input type="checkbox"/> Montana	25.3	272
<input type="checkbox"/> Nebraska	11.7	223
<input type="checkbox"/> Nevada	18.4	558
<input type="checkbox"/> New Hampshire	16.5	228

Location ^	Suicide Death Rate (Click for Rankings)	Deaths (Click for Rankings)
<input type="checkbox"/> New Jersey	8.3	789
<input type="checkbox"/> New Mexico	23.7	500
<input type="checkbox"/> New York	7.8	1,652
<input type="checkbox"/> North Carolina	13.4	1,406
<input type="checkbox"/> North Dakota	17.5	124
<input type="checkbox"/> Ohio	13.9	1,650
<input type="checkbox"/> Oklahoma	20.3	790
<input type="checkbox"/> Oregon	17.8	762
<input type="checkbox"/> Pennsylvania	14.0	1,894
<input type="checkbox"/> Rhode Island	11.2	127
<input type="checkbox"/> South Carolina	14.8	742
<input type="checkbox"/> South Dakota	20.4	173
<input type="checkbox"/> Tennessee	15.7	1,068
<input type="checkbox"/> Texas	12.5	3,403
<input type="checkbox"/> Utah	22.4	630
<input type="checkbox"/> Vermont	14.8	103
<input type="checkbox"/> Virginia	12.7	1,118
<input type="checkbox"/> Washington	15.4	1,137
<input type="checkbox"/> West Virginia	17.4	340
<input type="checkbox"/> Wisconsin	14.7	877
<input type="checkbox"/> Wyoming	28.0	157

[Download Data \(csv\) >](#)

¹The number of deaths per 100,000 total population.

Source: <http://wonder.cdc.gov> (<http://wonder.cdc.gov>)

States are categorized from highest rate to lowest rate. Although adjusted for differences in age-distribution and population size, rankings by state do not take into account other state specific population characteristics that may affect the level of mortality. When the number of deaths is small, rankings by state may be unreliable due to instability in death rates.

Related Sites

Health Statistics Blog (<http://nchstats.com/>)

CDC Online Newsroom (<http://www.cdc.gov/media/>)

FastStats (<http://www.cdc.gov/nchs/fastats/>)

NCHS Publications and Products (<http://www.cdc.gov/nchs/products.htm>)

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