# State-Level Spending on Mental Health Services & Substance Abuse Treatment 1997 – 2005

# State-Level Spending

# on

# Mental Health Services

# and

# Substance Abuse Treatment

# 1997-2005

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
Center for Substance Abuse Treatment

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# Executive Summary

In 2005, mental health (MH) and substance abuse (SA) treatment spending totaled $135 billion, representing 7.3 percent of all-health spending.  About 84 percent of all MHSA spending went for the treatment of mental illness and 16 percent for the treatment of substance use disorders.  MH and SA treatment spending growth lagged behind growth in all-health spending between 1986 and 2005 (7.9 percent average annual all-health spending growth rate compared to 6.9 percent for MH spending and 4.8 percent for SA spending).  These national estimates summarize spending trends across all States and the District of Columbia and meld together the rich diversity in behavioral health treatment spending patterns among the States.  However, understanding that diversity could be useful to stakeholders seeking the best way to deliver and finance MHSA treatment.

In recognition of the potential value of State-specific spending information, the Substance Abuse and Mental Health Services Administration (SAMHSA) MHSA Treatment Spending Estimates were recently expanded from nationwide to State-specific estimates.  They are reported here for the first time.  Because they use consistent definitions and data sources, they offer SAMHSA, policymakers, and other stakeholders a comprehensive, uniform, and reproducible view of spending across all States.  State-level estimates allow for inter-State comparisons of MHSA spending levels. They also allow for intra-State analyses of State-level MHSA spending within the context of overall health spending as well as examinations of the allocation of spending by provider type.  Further, the State-level estimates can serve as a baseline for determining the impact of new policies or emerging economic conditions. Finally, State-level estimates can be coupled with other information from each State, such as data on treatment need, economics, demographics, or provider availability, in order to provide insight into the causes and consequences of different spending levels.

**Scope of SAMHSA State Spending Estimates**.  SAMHSA Spending Estimates for States and regions cover the period from 1997 through 2005. They represent spending by or on behalf of residents within the geographic area.  They are displayed both as aggregate spending and as spending per resident; the latter measure allows for better comparison across geographic areas.

The State-level MHSA spending estimates measure all-payer (combined public and private) spending for MHSA treatment by type of service provider.  The data used to estimate MHSA treatment spending come from a wide variety of public and private survey and administrative data sources that are described in detail in the report. Due to limitations in both data availability and statistical reliability, State-level estimates combine spending for MH and SA treatment rather than presenting them separately.  Separate MH and SA estimates would be possible only if the reliability and availability of State-level data improves.  Such separation would provide a more comprehensive picture of the distinctions in MH and SA treatment funding.

Like the nationwide estimates of MHSA spending, the State-level estimates exclude the following: 1) the number of individuals treated or a per-client treatment cost due to limitations inherent in the available data; 2) the societal costs of MHSA illnesses reflected in burden-of-illness studies, because these studies include costs that are not directly related to treatment such as the impact of illness on productivity,

societal costs in crimes and incarceration, or homelessness; 3) the physical consequences of MHSA disorders or their related costs, including cirrhosis of the liver, trauma, and HIV and other infectious diseases; 4) spending on services for persons with developmental disabilities, dementias, and tobacco addiction; 5) assistance from family caregivers or through self-help groups such as Alcoholics Anonymous, because these are free to clients; 6) MHSA services paid for by Federal, State, or local corrections and justice departments or agencies, unless these funds were spent on community providers; 7) spending to prevent substance use disorders or mental illnesses.

**Results.** In 2005, MHSA spending on treatment services averaged $423 per U.S. resident. **Spending per person** was highest in New England ($646 per person) and the Mideast ($572 per person) and lowest in the Southwest ($309 per person). In the Southeast, Great Lakes, and Plains, MHSA spending per person was closer to the U.S. average ($394, $401, and $435 per person, respectively). By State, spending ranged from $251 per person in Nevada to almost three times as much in Vermont ($741 per person).

Nationwide, 7.6 percent of all-health spending was allocated to MHSA treatment in 2004 (the latest year for which all-health spending data by State are available). The **MHSA share of all-health spending** ranged from 6.6 percent in the Southwest to 8.9 percent in the Mideast and 9.5 percent in New England. The regions with the highest share of all-health spending allocated to MHSA treatment (New England and the Mideast) also had the highest levels of MHSA spending per person. Thus, regions that tend to spend more on health care overall tend to allocate a larger share of those dollars to MHSA treatment. By State, the MHSA share of all-health spending ranged from 5.3 percent in Nevada to 11.7 percent in Vermont.

From 1997 through 2005, nationwide MHSA treatment spending increased at an average annual rate of 5.5 percent per person. By region, **growth in MHSA spending per person** ranged from 4.1 percent annually in the Southwest to 6.6 percent in the Plains. High spending regions (New England and the Mideast) exhibited annualized growth averaging 6.0 percent and 5.3 percent, respectively, which was slower than the top growth rate of 6.6 percent in the Plains. MHSA spending per person grew more slowly in the low-spending Southwest and Rocky Mountain regions than in any other region, averaging just 4.1 percent and 5.0 percent, respectively. By State, annualized growth rates in MHSA spending ranged from 2.9 percent in Colorado to 8.3 percent in Hawaii.

**Spending on hospital treatment** accounted for 29 percent of all MHSA treatment spending nationwide. The amount of MHSA spending devoted to hospital treatment was one of the major reasons for differences in spending among regions. In both New England and the Mideast in 2005, the largest share of MHSA spending was for hospital services; these services accounted for 30 and 35 percent of MHSA spending, respectively. In contrast, in the low spending Southwest, Rocky Mountains and Far West hospital care accounted for 25 percent or less of all MHSA spending; rates of spending on hospital care per person in these regions were less than half of those in New England and the Mideast. Among States, hospital spending for MHSA treatment was the highest share of State MHSA spending in New York (39 percent) and lowest in Arizona and Vermont (both 19 percent).

Nationwide, **spending for MHSA prescription medications** amounted to $102 per person, or 24 percent of all MHSA treatment spending in 2005. New England led the nation in MHSA prescription medication spending per person with $143; the Far West, Southwest, and Rocky Mountain regions trailed in per

person spending ($74, $84, and $90, respectively). The Southeast region devoted the largest share of MHSA spending (28 percent) to prescription medications and the Mideast devoted the smallest share (19 percent). The regions spending the most for MHSA medications were not the regions with the highest *share* of spending going to purchases of prescription drugs because total spending also varied across the regions. In some low-spending MHSA regions such as the Southwest and Rocky Mountains, the share of MHSA spending devoted to prescription medications was higher than the U.S. average. By State, spending on prescription drugs was highest in West Virginia ($159 per person) and Rhode Island ($157 per person) and lowest in Hawaii ($63 per person).

In **summary**, MHSA treatment spending varies considerably across States. Such differences suggest that ranking of estimates across States could yield additional insight. However, ranking of spending estimates by State is discouraged because differences between estimates with different values may not be statistically significant. The differences in spending levels among the States likely reflect a number of factors such as the MHSA needs of the population, accessibility of behavioral health care facilities and providers, size of the behavioral health workforce, availability of funding, and overall economic factors in each State. This report contains information on some of these factors in order to provide context for differences across States and regions. The factors include the economic ability to pay for treatment, access to MHSA care, MHSA outcome measures, insurance coverage, and demographic information. It is important for readers to recognize that these reference measures have complex relationships with MHSA treatment spending and that their effect on MHSA spending is not always straightforward. Nevertheless, they provide additional background for interpreting possible reasons for some of the differences in spending across geographic areas.

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# Introduction

## *Purpose*

The mission of the Substance Abuse and Mental Health Services Administration (SAMHSA) is "to reduce the impact of substance abuse and mental illness on America's communities." SAMHSA works to develop prevention strategies, to improve the financing and delivery of services to people with mental health (MH) and substance use (SA) disorders, and to support their recovery. To further that effort, SAMHSA has worked with stakeholders to design tools to help them understand spending on MH and SA treatment. With this report, SAMHSA aims to expand that understanding into statewide and regional investments in behavioral health treatment.

For the past 15 years, the SAMHSA Spending Estimates (SSE) have provided measures of national spending on treatment for mental and substance use disorders—both historically and as projections into the future (Substance Abuse and Mental Health Services Administration, 2010b; Levit et al., 2008).[1] This information aids SAMHSA and Federal and State policymakers, providers, consumers, and researchers by increasing their understanding of what the nation spends on MH services and SA treatment: which payers fund treatment, who delivers treatment, and how expenditures change over time.

In 2005, MH and SA treatment spending totaled $135 billion, representing 7.3 percent of all-health spending. About 84 percent of all MHSA spending went for the treatment of mental illness and 16 percent for the treatment of substance use disorders. MH and SA treatment spending growth lagged behind growth in all-health spending between 1986 and 2005 (7.9 percent average annual all-health spending growth rate compared to 6.9 percent for MH spending and 4.8 percent for SA spending).

Although national estimates of spending are a valuable resource for understanding MHSA service financing and providers across the United States, they mask the diversity in behavioral health treatment spending among States. The treatment needs, economic and demographic characteristics, available treatment resources, and availability of financing differ considerably by State. Additionally, State governments control a substantial share of funding for MHSA treatment services. Public payers accounted for 58 percent of MH spending and nearly 80 percent of SA treatment spending in 2005, with much of that public spending managed or controlled by State governments through their Medicaid programs and State behavioral health agencies. Medicaid and other State and local government sources accounted for 46 percent of all nationwide MH and 57 percent of all nationwide SA treatment funding.

Because of their important role in managing a large portion of the financing of MHSA treatment, States are key partners in SAMHSA's mission. Their initiatives directly touch the lives of people within their communities. To aid States' efforts and in recognition of the considerable variability across States, SAMHSA decided to expand the SSE from nationwide to State-specific estimates of MHSA treatment spending. These estimates provide an accounting of expenditures for behavioral health services using consistent definitions and measures across all States. They offer SAMHSA, policy-makers, and other stakeholders a comprehensive, uniform, and reproducible view of the spending levels and distribution of

[1] This report that details methods, data sources and findings can be downloaded from http://store.samhsa.gov/product/SMA10-4612.

payments among providers that is consistently measured across all States. State-level estimates allow for inter-State comparisons of MHSA spending levels, intra-State analyses of MHSA spending within the context of overall health spending, and intra-State examination of the allocation of spending by provider type. Further, the State-level estimates can also serve as a baseline from which to estimate the impact of new policies or emerging economic conditions. Finally, State-level estimates can be coupled with other information from each State, such as data on treatment need, economics, demographics, and provider availability, in order to provide insight into the causes and consequences of different spending levels.

This report contains: 1) an overview of the methods used to develop State-level estimates, 2) results for economically related regions, and 3) detailed information by State. Accompanying the State-level spending estimates are data on State-level contextual factors, which help the reader understand some of the differences in spending across geographic areas. These factors have complex and indirect relationship to spending on MH and SA treatment. Data tables containing the detailed State-level spending estimates and the contextual factors are included in Appendix A of this report.

## *Methodological Approach*

The approach to producing State-level estimates of MHSA spending was designed to be similar to the methods used by the Centers for Medicare & Medicaid Services (CMS) to estimate all health care spending by State.[2] Appendix B presents the definitions of provider categories used in the SSE as well as the International Classification of Diseases 9th Revision (ICD-9-CM) codes that are used to identify mental illness and substance use conditions. Details on methods and data sources are presented in Appendix C and summarized below.

**Scope of State-Level Estimates.** The State-by-State MHSA spending estimates sum to the nationwide MHSA spending estimates, that is, the total of all-payer (combined public and private) spending for each provider for 1997 through 2005. They are more limited in scope than the nationwide estimates because of data limitations: no estimates are included for administrative activities or for spending by setting (inpatient, outpatient, or residential). In addition, State-level estimates combine spending for MH and SA treatment rather than presenting them separately (as is done in the national estimates).

The time frame for the State-level spending estimates was determined by the time frame of the nationwide MHSA spending estimates. Consequently, estimates do not reflect more recent reductions in State funding for MHSA services in some States and the expiration of Medicaid enhanced funding through June 2011 despite increased demands for behavioral health services during the economic downturn.[3] **MHSA Treatment Spending.** Like the nationwide estimates of MHSA spending, the State-level data only report spending for MHSA treatment. The estimates do not include: 1) the number of individuals treated or a per-client treatment cost due to limitations inherent in the available data; 2) the

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[2] See CMS methodology documents that explain estimating process for State estimates at https://www.cms.gov/NationalHealthExpendData/downloads/prov-methodology2004.pdf and https://www.cms.gov/NationalHealthExpendData/downloads/stateresmethod.pdf.

[3] NAMI. State Mental Health Cuts: The Continuing Crisis. http://www.nami.org/ContentManagement/ContentDisplay.cfm?ContentFileID=125018

societal costs of MHSA illnesses reflected in burden-of-illness studies, because these studies include costs that are not directly related to treatment such as the impact of illness on productivity, societal costs in crimes and incarceration, or homelessness; 3) the physical consequences of MHSA disorders or their related costs, including cirrhosis of the liver, trauma, and HIV and other infectious diseases; 4) spending on services for persons with developmental disabilities, dementias, and tobacco addiction; 5) assistance from family caregivers or through self-help groups such as Alcoholics Anonymous, because these are free to clients; 6) MHSA services paid for by Federal, State, or local corrections and justice departments or agencies, unless these funds were spent on community providers; 7) spending to prevent substance use disorders or mental illnesses.

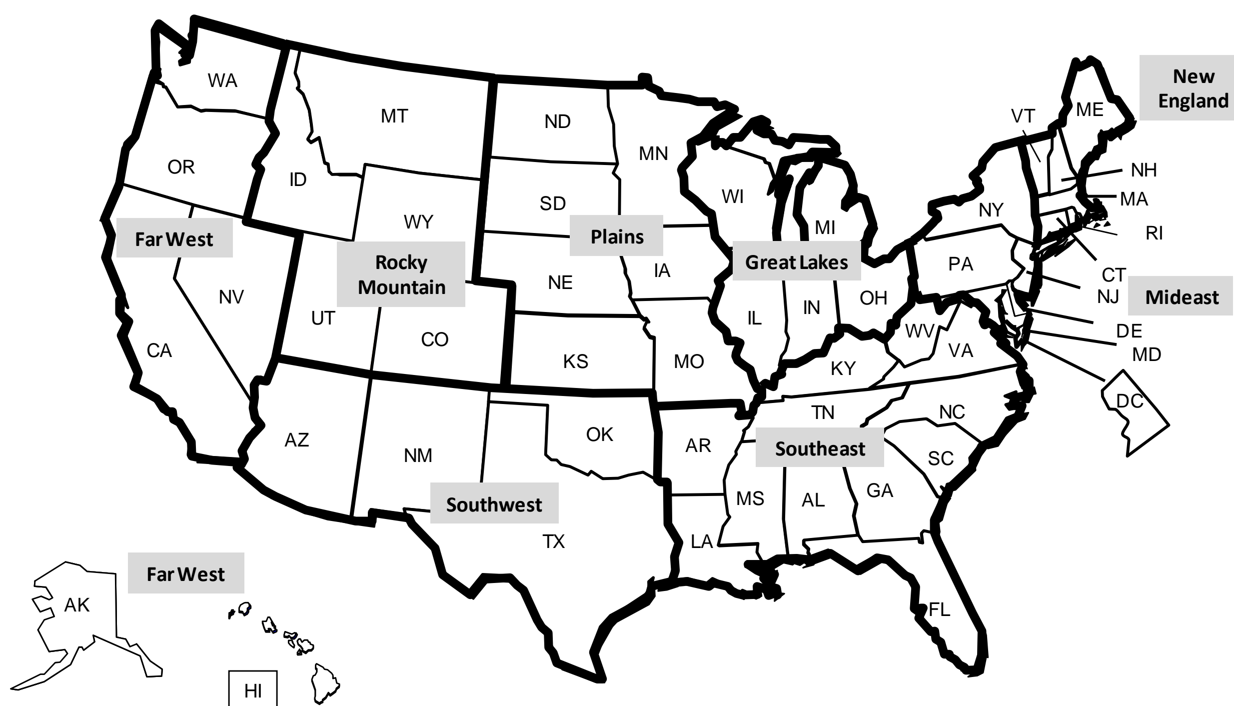
Due to limitations in both data availability and statistical reliability, State-level estimates combine spending for MH and SA treatment rather than presenting them separately. Separate MH and SA estimates would be possible only if the reliability and availability of State-level data improves. Such separation would provide a more comprehensive picture of the distinctions in MH and SA treatment funding.

**State Location.** State-of-provider estimates represent spending by or on behalf of residents of the State.

**Data Sources**. SAMHSA's national estimates of MHSA spending from 1986 through 2005 served as the national data source for the State-level estimates. State and regional data were obtained from a variety of administrative and survey data sources, such as the Economic Census, the Bureau of Labor Statistics, the American Hospital Association, the Medicare Cost Reports, the Healthcare Cost and Utilization Project, the Medical Expenditure Panel Survey, the Department of Veterans Affairs, the National Hospital Ambulatory Care Survey, the Area Resource File, and the National Association of State Mental Health Policy Director's Research Institute. These sources and how they are used are shown in Appendix C.

## Regional Spending

The eight regions presented in this report (shown below) represent economically interdependent areas that are connected by the travel patterns of residents to work. The regions were developed by the Bureau of Economic Analysis.[4] As such, the States in these areas also share some similarity in economic, demographic, and social patterns that can influence spending on MHSA treatment. Regional information from eight areas permits examination of broad levels and distribution of spending that are not as apparent when the 50 States and the District of Columbia are examined individually. Some data used in creating these estimates come from censuses of providers and should be very accurate at the State level. Other data are based on surveys conducted using a sample of providers and are subject to sampling variability. Information based on samples is generally more accurate for larger jurisdictions (e.g., regions and large States) than for smaller States. Therefore, regional estimates provide a more reliable context for examining patterns and trends than do estimates by State.




Spending is presented on a per person basis. *Spending per person*, which is also referred to as *spending per State resident* in this report, was calculated by dividing MHSA spending for the State's residents by that State's population. It was not a measure of MHSA spending per user, that is, the amount spent for an average user of those MHSA services.

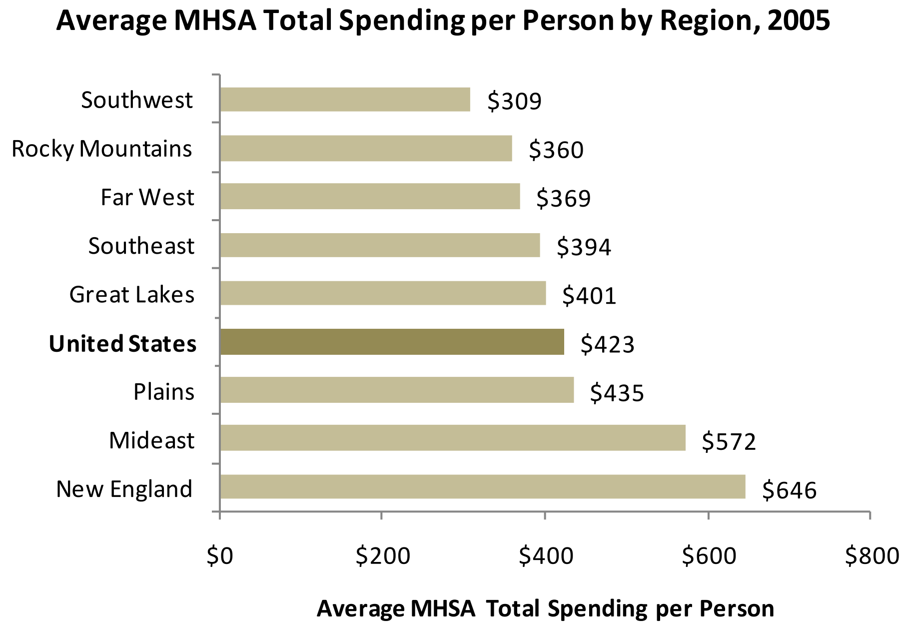
Regional spending is summarized for all MHSA treatment spending, MHSA treatment spending as a share of all-health spending, growth in MHSA treatment spending, MHSA treatment spending among providers, and MHSA spending for specialty and nonspecialty providers in the following sections.

[4] http://www.bea.gov/regional/docs/regions.cfm

### *All MHSA Treatment Spending*

- In 2005, total MH and SA spending averaged $423 per person in the United States.
- Spending per person was highest in New England and the Mideast and lowest in the Southwest (Figure 1). In the Southeast, Great Lakes, and Plains, MHSA spending per person was closer to the U.S. average.

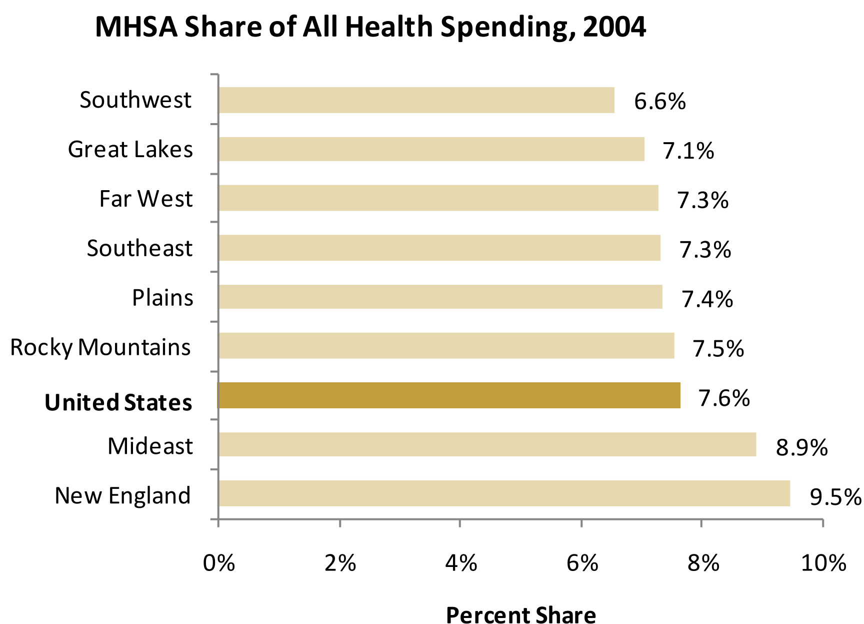
## Figure 1



### *MHSA Treatment Spending as a Share of All-Health Spending*

- MHSA spending was an important part of health care spending. Nationwide, 7.6 percent of all health spending was for MHSA treatment in 2004 (the latest year for which all-health spending data by State are available).
- Regions with the highest MHSA spending per person (New England and the Mideast) also had the highest portions of all-health spending for MHSA treatment (Figure 2). Similarly, the region with the smallest amount of MHSA spending per person (the Southwest), also had the smallest share of all-health spending that was devoted to MHSA treatment.

## Figure 2



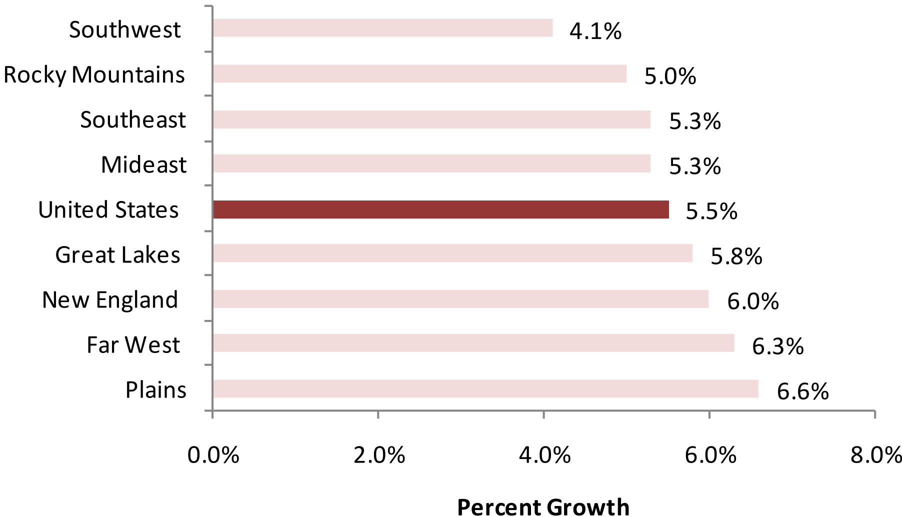
### *Growth in MHSA Treatment Spending*

Growth in MHSA spending has generally been slower than all-health spending. From 1997 to 2005, nationwide MHSA treatment spending increased at an annual average rate of 5.5 percent per person.

- By region, growth in MHSA spending per person ranged from 4.1 percent annually in the Southwest to 6.6 percent in the Plains between 1997 and 2005 (Figure 3).
- High-spending regions (New England and the Mideast) exhibited annualized growth averaging 6.0 percent and 5.3 percent, respectively; growth in the high-spending regions was slower than the top growth rate of 6.6 percent in the Plains.
- In the low-spending Southwest and Rocky Mountain regions, MHSA spending per person grew more slowly than in any other region at just 4.1 percent and 5.0 percent, respectively. However, in the low-spending Far West region, MHSA spending per person rose 6.3 percent annually. This growth rate was much faster than that in the other low-spending regions.

**Figure 3**

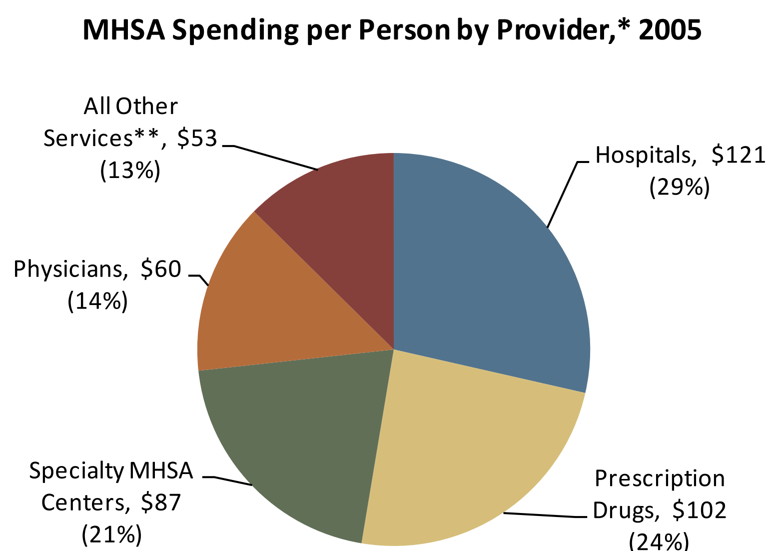
**Average Annual Growth in MHSA Spending per Person by Region, 1997-2005**



### *MHSA Treatment Spending Among Providers*

Nationwide, the largest portion of MHSA treatment spending (29 percent, or $121 per person) was for inpatient and outpatient hospital services in 2005 (Figure 4). About one-quarter ($102 per person) of the spending was for the purchase of prescription drugs, one-fifth ($87 per person) was for outpatient and residential services in specialty MHSA centers, and 14 percent ($60 per person) was for physician services, including psychiatrists. Spending for all other services (that is, other MH and SA professionals including psychologists, social workers and counselors; nursing homes; and home health agencies) accounted for the smallest segment of MHSA spending (13 percent, or $53 per person).

**Figure 4**




*Unlike the nationwide SAMHSA Spending Estimates, total MHSA spending does not include administration. Therefore, the shares of spending for each service are slightly higher than the shares calculated using the larger denominator of services and administration estimate.
**Includes Other Professionals, Nursing Home and Home Health Services.

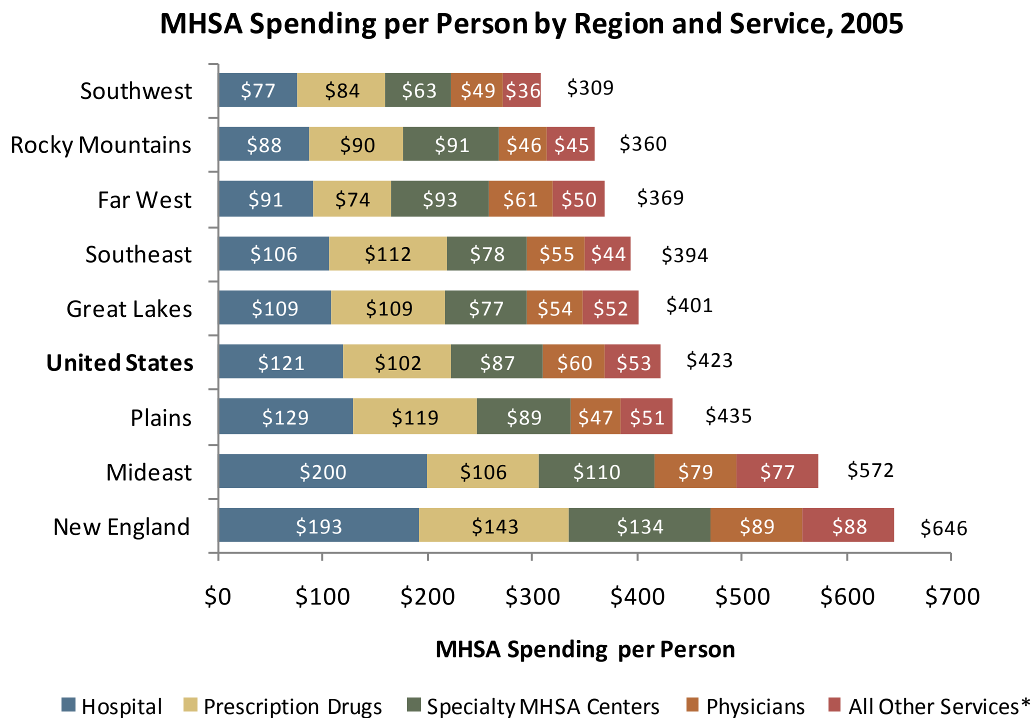
An important source of MHSA spending differences among regions was the amount spent on hospital care.

- In both New England and the Mideast in 2005, the largest share of MHSA spending was for hospital care; these services accounted for 30 and 35 percent, respectively, of MHSA spending in 2005 (Figure 5).
- In contrast, spending for hospital care per person in the Southwest, Rocky Mountains, and Far West was less than half of that spent in New England and the Mideast and accounted for 25 percent or less of all MHSA spending in these regions.

Although hospital spending was the major reason for differences in spending levels among the regions, there were also differences in spending levels for other provider types.

- Spending for physicians, specialty MHSA centers, prescription drugs and all other services was greatest in New England.
- The Southwest, the region with the lowest per person MHSA spending in the United States, had the lowest regional spending per person for hospital services, specialty MHSA centers, and all other MHSA services.

## Figure 5



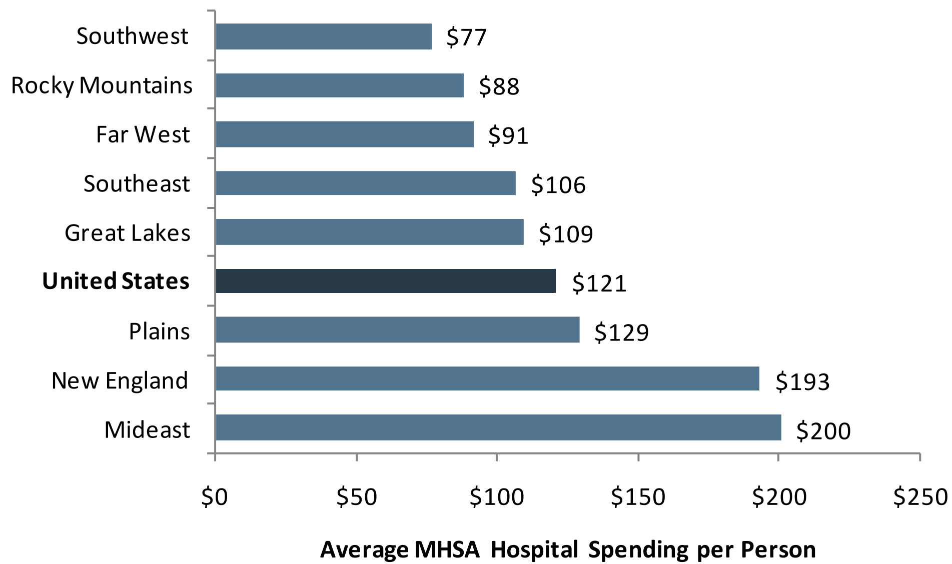

*Includes Other Professionals, Nursing Home and Home Health Services.

**Hospital spending** accounted for $3 out of every $10 spent for MHSA treatment (**per person** rate of $121 for MHSA hospital spending versus $423 for MHSA total spending).

- The Mideast and New England led the nation in MHSA hospital spending per person.
- Spending levels in the Mideast and New England were more than twice the average spending per person in the Southwest, Rocky Mountains, and Far West (Figure 6).

## Figure 6

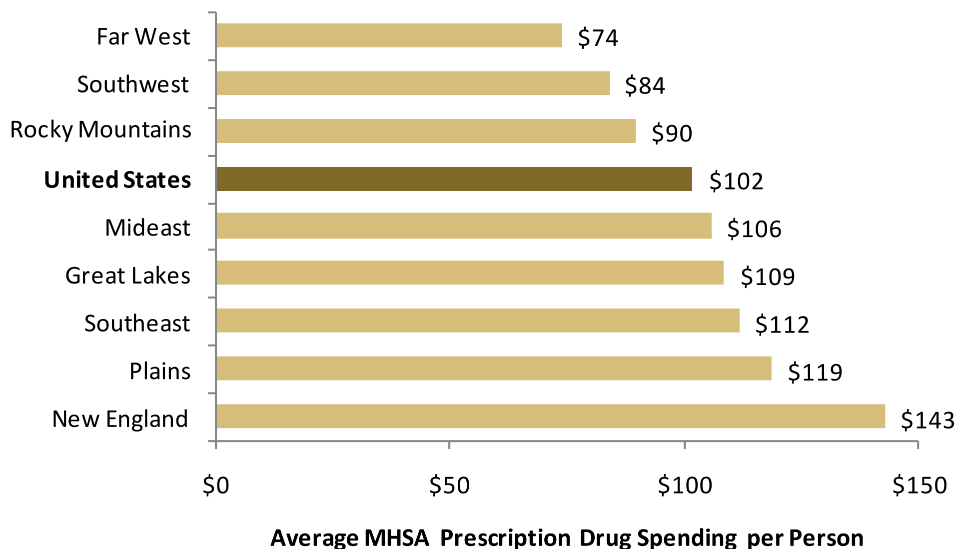
**Average MHSA Hospital Spending per Person by Region, 2005**



In 2005, **prescription drugs** accounted for almost one-quarter of all treatment costs for MH conditions. Although spending for prescription medications for the treatment of SA disorders increased rapidly through 2005, it remained a very small share of all SA treatment costs (about 1 percent).

- New England and the Plains led the nation in MHSA spending per person for prescription drugs; the Far West, Southwest, and Rocky Mountain regions trailed other regions in per person spending (Figure 7).
- The Southeast region devoted the largest share of MHSA spending (28 percent) to prescription drugs and the Mideast region devoted the smallest share (19 percent) (Table A7).
- The regions spending the most on MHSA medications were not the regions with the highest *share* of spending on prescription medications, because total spending also varied across the regions.
- In some low-spending MHSA regions such as the Southwest and Rocky Mountains, the share of MHSA spending devoted to prescription drugs was higher than the U.S. average.

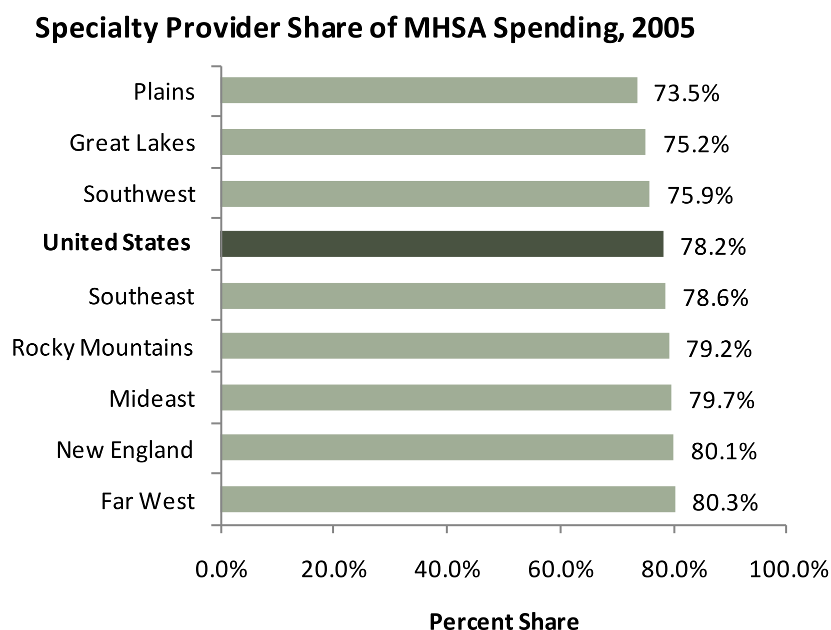
## Figure 7



### *MHSA Treatment Spending for Specialty and Nonspecialty Providers*

- Nationwide, more than three-quarters of all MHSA spending in 2005 went to **specialty providers**, defined as professionals or facilities specially trained in delivering behavioral health treatment. Specialty facilities include behavioral health units in general hospitals, psychiatric and chemical dependency hospitals, psychiatrists, other mental health professionals (including psychologists, social workers, and counselors), and specialty MHSA centers that deliver outpatient and/or residential services.
- Across regions, the share of all spending directed to specialty providers ranged from 73.5 percent in the Plains to 80.3 percent in the Far West (Figure 8).

## Figure 8



## State Profiles

The following State profiles contain estimates of MHSA treatment spending per resident by the State of patient residence.[5] Each State is presented separately in a two-page presentation to discourage ranking of per-resident spending among States. This is because differences between estimates with different values may not be statistically significant.

MHSA treatment spending varied considerably across States, both in total dollars and in the proportion of all-health spending that was devoted to MHSA services. Spending levels in each State reflect a variety of factors, including the unique needs of the population, the accessibility of behavioral health care facilities and providers, the size of the behavioral health workforce, and the availability of funding.

To frame the estimates of MHSA spending, data on various State-level contextual measures are also presented and described below. These reference measures have complex relationships with MHSA treatment spending, so their effect on or result from MHSA spending is not always straightforward. Nevertheless, they provide additional background for interpreting differences in spending across geographic areas. In the graphics that follow, each measure is presented relative to the U.S. average.[6]

**All-Health Spending per State Resident: *Total***

All-health spending provides a context for spending on behavioral health. States with high levels of all-health spending per resident are more likely to have high levels of MHSA treatment spending per resident; conversely, States with low levels of all-health spending per resident are more likely to have low levels of MHSA treatment spending per resident.

**Economy: *Personal Income per State Resident***

Personal income per State resident[7] is an indicator of the amount of money available to spend on all health and behavioral health care as well as a gauge of health care costs in a specific area. It includes not only wages earned, but also the value of Social Security, Medicare, and Medicaid benefits. Like health care spending, personal income per person varies widely by State. States with higher personal income will typically spend a higher proportion of their income on health care. States with lower personal income will experience more competition among basic needs for personal income resources, driving down the share of income devoted to health spending. Personal income also reflects the wage structure of a State because wages are a significant portion of personal income. Areas with lower personal income tend to have lower average wages for providers of health care treatment.

**Government: *State Government Revenue and State Mental Health Agency Revenue per State Resident***

[5] See *Data Tables* for total spending levels for each region and State.

[6] Relative to the U.S. average, values were defined as: *substantially below* (less than 70 percent), *below* (between 70 and 90 percent), *close to* (between 90 and 110 percent), *above* (between 110 percent and 130 percent), or *substantially above* (over 130 percent).

[7] http://www.bea.gov/regional/pdf/spi2009/Complete_Methodology.pdf

In 2005, Medicaid and other State and local government sources accounted for 47 percent of all nationwide MHSA treatment funding (Substance Abuse and Mental Health Service Administration, 2010b). State and local governments manage a larger share of MHSA treatment spending through Medicaid and State-funded behavioral health agencies and other programs than any other single payer. State policies vary widely in generosity and can affect available treatment resources through the breadth of the State's Medicaid benefits, their ability to subsidize general and psychiatric hospitals and specialty clinics, and their funding of the State's MHSA agencies.

**Access to Mental Health Treatment**: ***Mental Health Personnel per State Resident, Percent of Population <u>Not</u> Living in Mental Health Professional Shortage Areas***

Nationally, 78.2 percent of MHSA treatment dollars are spent on specialty providers (Substance Abuse and Mental Health Service Administration, 2010b). The availability of a specialty workforce within a State, whether measured by behavioral health personnel per population or by the extent of behavioral health shortage areas within a State, will impact access to care and the level of spending on such providers (Cunningham, 2009).

**MHSA-Related Outcomes:** ***Suicide Rate, Rate of Illicit Drug Use, Rate of Alcohol-Related Traffic Fatalities, Incarceration Rate, Violent Crime Rate, Property Crime Rate***

Lower rates of State MHSA treatment spending in total and per person are associated with higher rates of suicide, crime, and incarceration. Veteran's Administration data showed a facility-level association between per person outpatient mental health spending and suicide rates (Desai, Rosencheck, and Desai, 2008). A study examining the relationship between State Mental Health Agency (SMHA) spending and treatment outcomes found evidence of an association between SMHA spending and reduced risk of incarceration (Hendryx, 2008). Finally, individuals discharged from drug use treatment programs reported significantly decreased post-treatment rates of crime compared to pre-treatment rates (Schildhaus et al., 2000).

**Insurance Coverage:** ***Percent of Population with Medicaid, Percent of Population Uninsured***

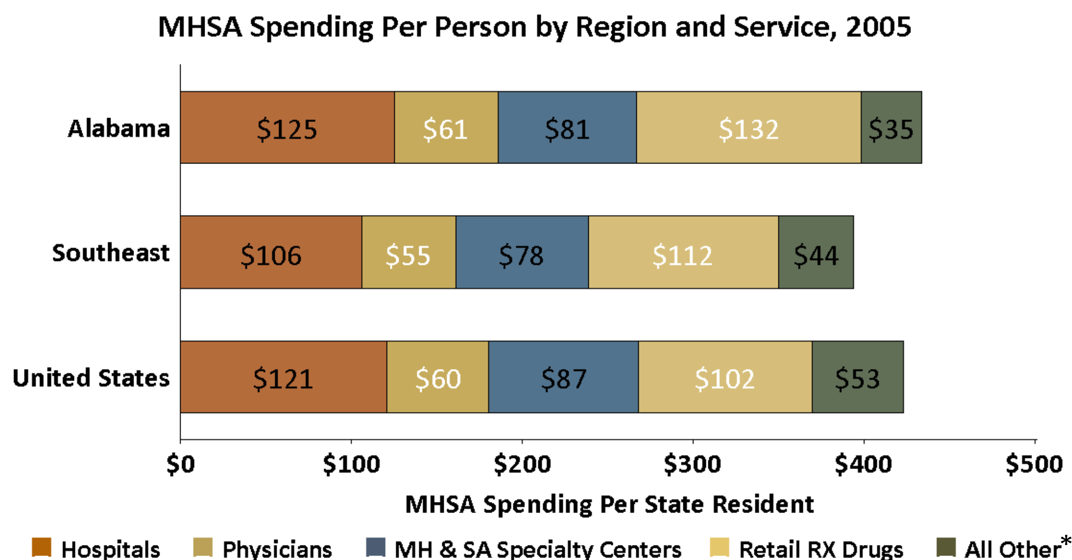
Insurance coverage and access to care are closely linked (Hoffman, 2009). A large proportion of people with mental illness and substance use disorders are enrolled in Medicaid, affording access to treatment for low-income patients and making Medicaid a significant payer of behavioral health treatment service. Medicaid paid for 28 percent of mental health and 21 percent of substance abuse treatment in 2005 (Mark et al., 2011). Those who do not have insurance and cannot afford to pay for care out-of-pocket face barriers to treatment or wait until their conditions are acute before seeking treatment from a safety net provider. For individuals 12 years and older with substance abuse conditions who needed but did not receive treatment in 2006 through 2009, one-third cited cost considerations and lack of health insurance as the reason for foregoing treatment (Substance Abuse and Mental Health Services Administration, 2010c). For patients with a behavioral health condition visiting a community hospital emergency department in 2007, the uninsured were significantly less likely to be admitted for an inpatient hospital stay than those who had insurance (Owens, Mutter, and Stocks, 2007). Once admitted, patients with behavioral health conditions in 2008 were 2-4 times more likely than patients with other medical conditions to be uninsured (Weir et al., 2010).

**Demographics:** ***Percent of Population Under 200% of Federal Poverty Level, Percent of Population Age 18–44 Years, Percent of Social Security Income Population with Serious Mental Illness, Percent of Population that is Minority***

The incidence of severe psychological distress in adults and behavioral health conditions in children is higher for individuals in families living below the poverty level (National Center for Health Statistics, 2008; Science Daily, 2006). The incidence of behavioral health conditions also varies with age; treatment of substance abuse conditions is more prevalent for young adults and many serious mental conditions emerge in early adulthood (Substance Abuse and Mental Health Services Administration, 2010c; National Institute of Mental Illness, 2010). Many persons with severe mental illness will receive Social Security Income because of their disability (Jans, Stoddard, and Kraus, 2004), so the share of the population with these benefits is a strong indicator of need within the State. African Americans and American Indians/Alaskan Natives are more likely to have behavioral health conditions than other segments of the population (Substance Abuse and Mental Health Services Administration, 2010c; Centers for Disease Control and Prevention, 2007). In addition, racial and ethnic minorities are more likely to experience disparities in access to quality treatment (Atdjian and Vega, 2005).

### *Alabama Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $2.0 billion was spent on MHSA treatment in Alabama, or about 1.6% of all MHSA treatment spending in the United States. This translates into $434 spent per person in Alabama, similar to the national average of $423 per person and above the Southeast regional average of $394 per person.



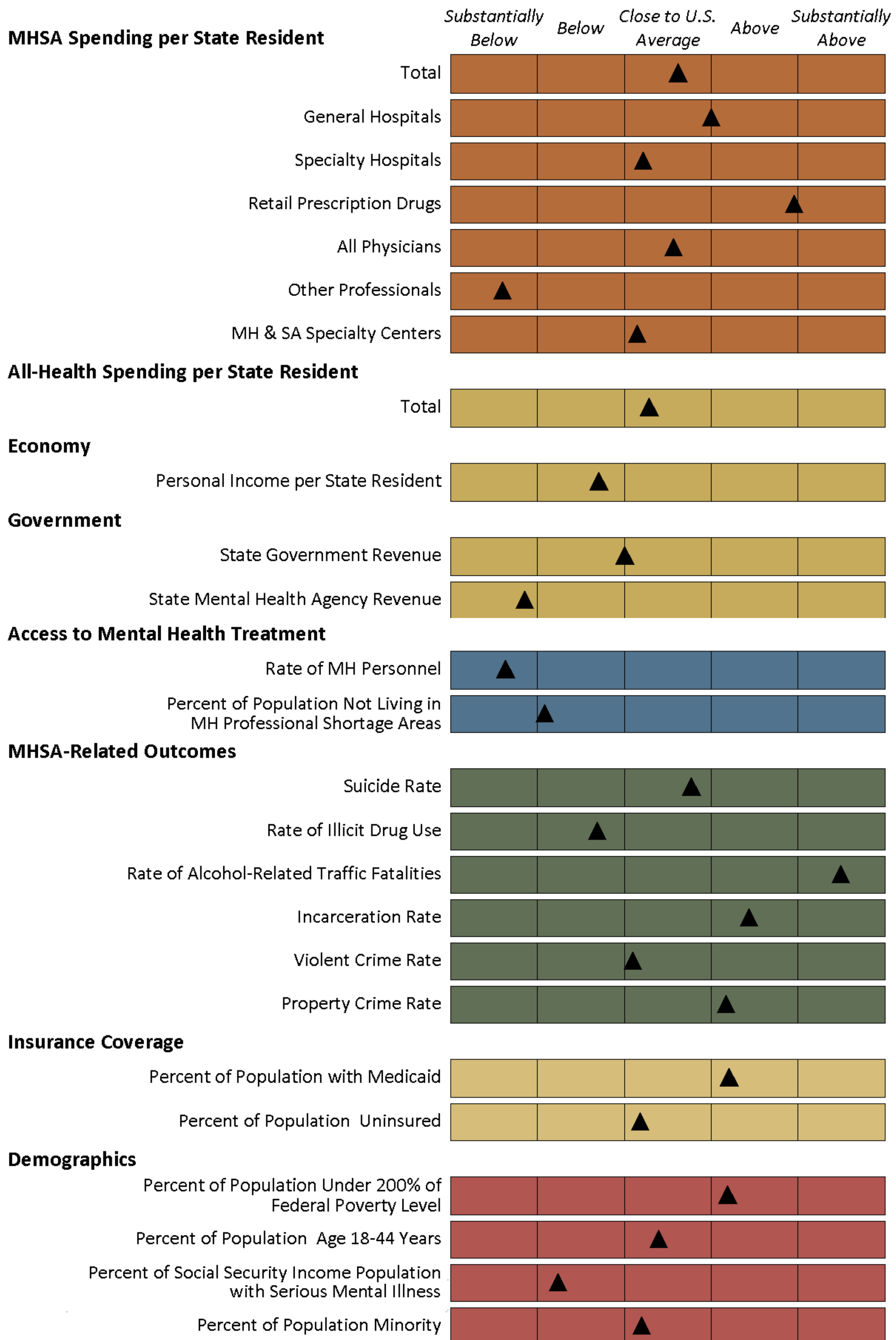

*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in Alabama, $132 per person was spent on retail prescription drugs for MHSA treatment, while $125 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $81, $61 and $35.

The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Alabama rate compares to the national average.

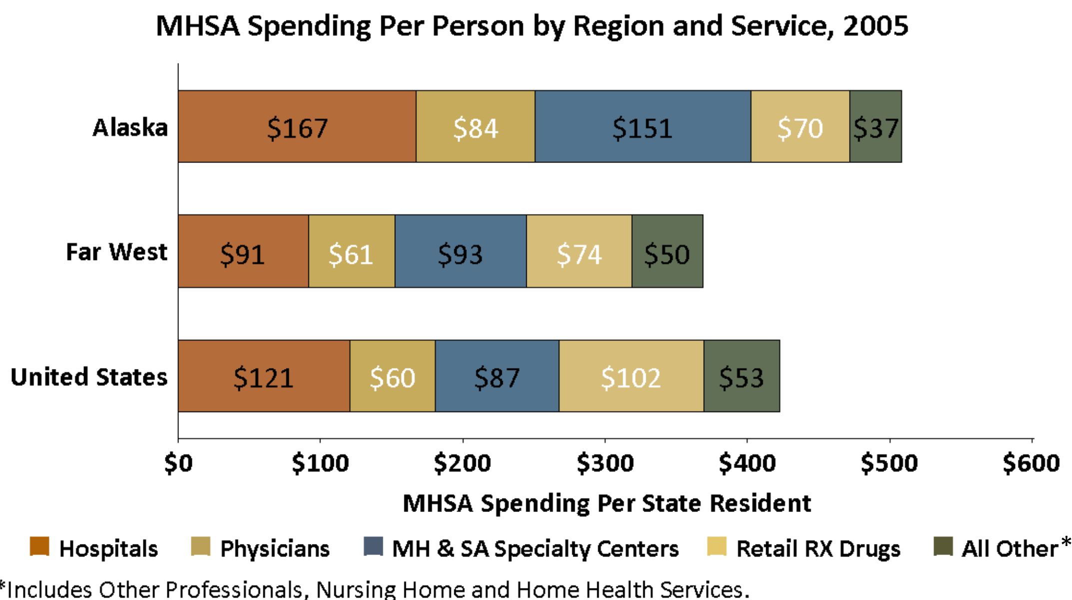
- MHSA Treatment Access in Alabama
  - The rate of MH personnel per person was substantially below the U.S. average.
  - The percent of the population not living in MH professional shortage areas was below the U.S. average.
- MHSA-Related Outcomes in Alabama
  - The suicide rate was close to the U.S. average.
  - The percent of the population using illicit drugs was below the U.S. average.
  - The rate of alcohol-related traffic fatalities was substantially above the U.S. average.
  - The incarceration rate was above the U.S. average.
  - The violent crime rate was close to the U.S. average.
  - The property crime rate was above the U.S. average.

## Alabama Profile



### *Alaska Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $0.3 billion was spent on MHSA treatment in Alaska, or about 0.3% of all MHSA treatment spending in the United States. This translates into $509 spent per person in Alaska, above the national average of $423 per person and substantially above the Far West regional average of $369 per person.

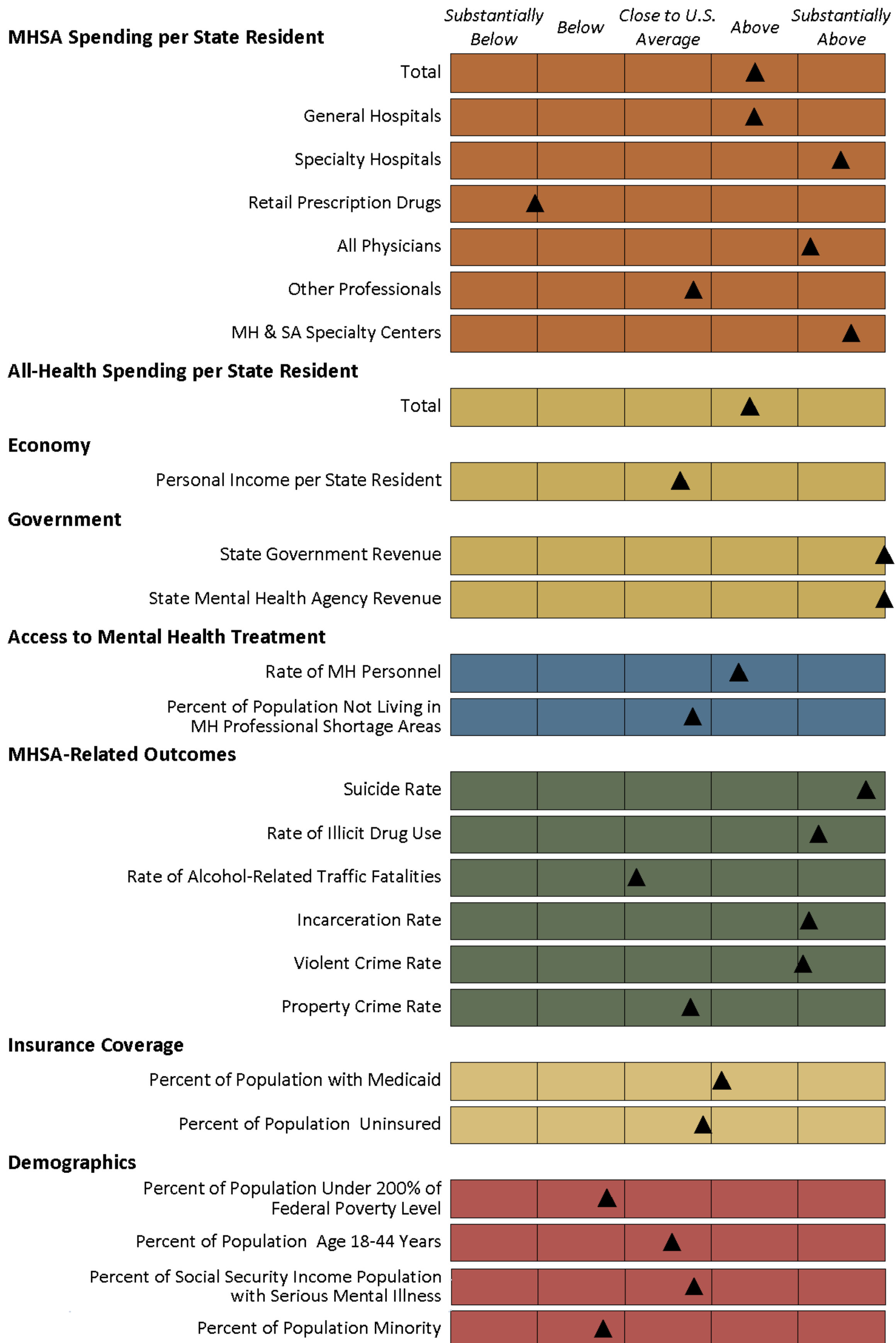



*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in Alaska, $70 per person was spent on retail prescription drugs for MHSA treatment, while $167 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $151, $84 and $37.

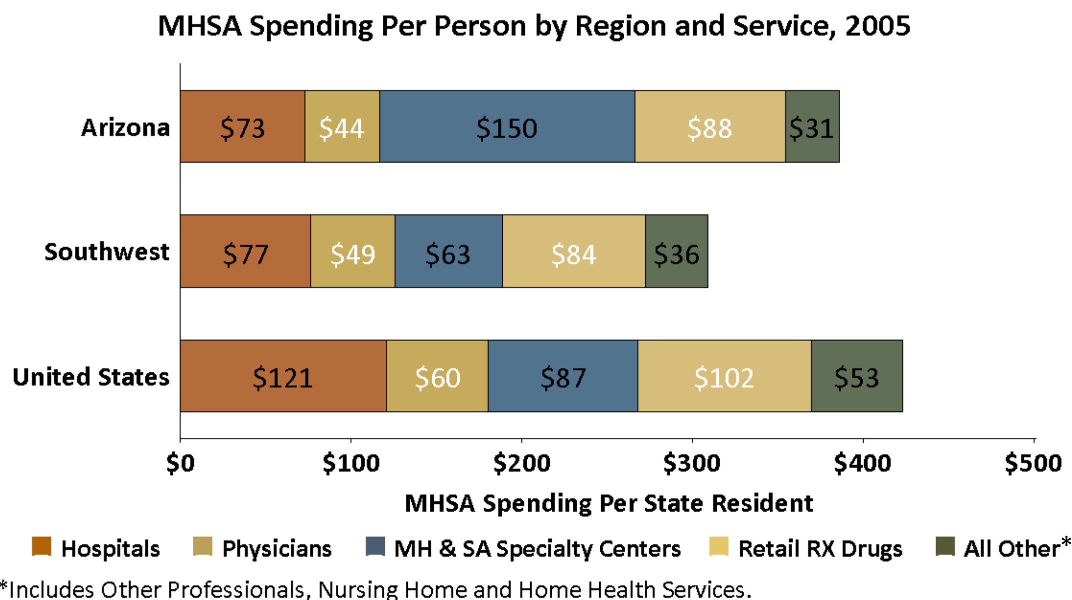
The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Alaska rate compares to the national average.

- MHSA Treatment Access in Alaska
  - The rate of MH personnel per person was above the U.S. average.
  - The percent of the population not living in MH professional shortage areas was close to the U.S. average.
- MHSA-Related Outcomes in Alaska
  - The suicide rate was substantially above the U.S. average.
  - The percent of the population using illicit drugs was substantially above the U.S. average.
  - The rate of alcohol-related traffic fatalities was close to the U.S. average.
  - The incarceration rate was substantially above the U.S. average.
  - The violent crime rate was substantially above the U.S. average.
  - The property crime rate was close to the U.S. average.


Alaska Profile
MHSA Spending per State Resident
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

## *Arizona Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $2.3 billion was spent on MHSA treatment in Arizona, or about 1.8% of all MHSA treatment spending in the United States. This translates into $386 spent per person in Arizona, similar to the national average of $423 per person and above the Southwest regional average of $309 per person.

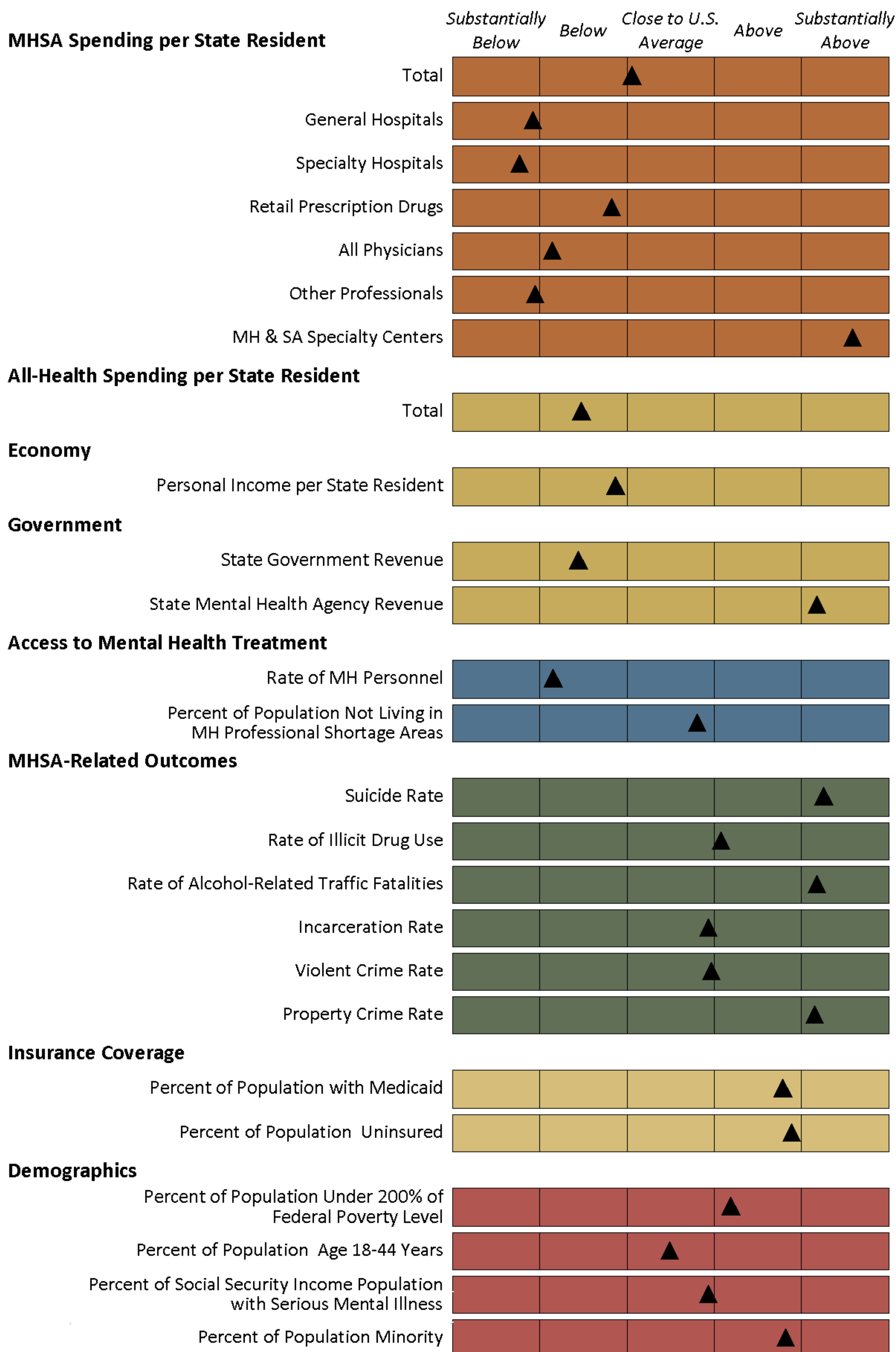



*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in Arizona, $88 per person was spent on retail prescription drugs for MHSA treatment, while $73 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $150, $44 and $31.

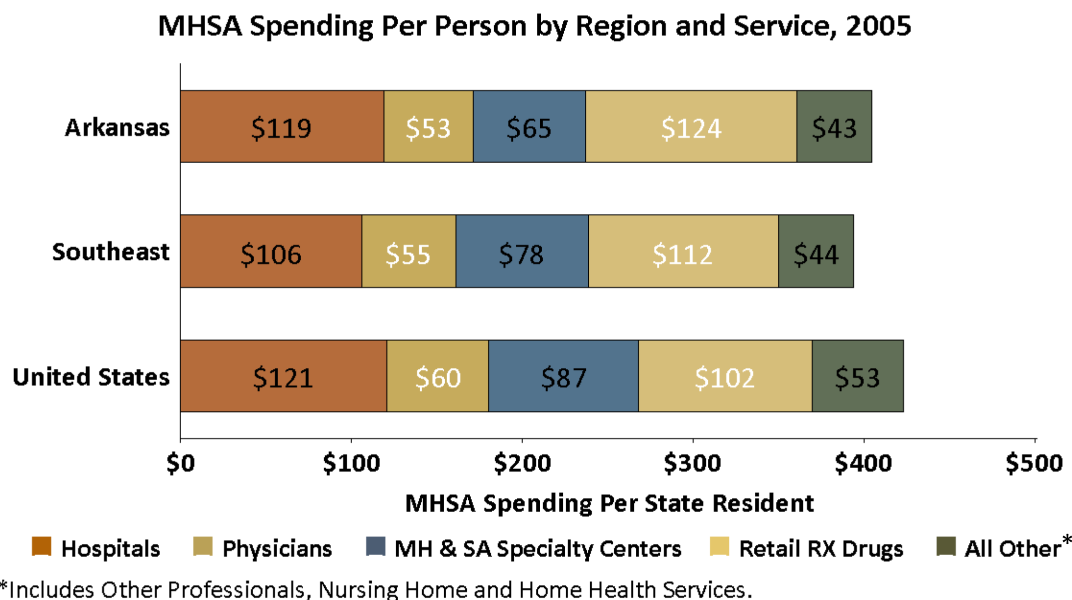
The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Arizona rate compares to the national average.

- MHSA Treatment Access in Arizona
  - The rate of MH personnel per person was below the U.S. average.
  - The percent of the population not living in MH professional shortage areas was close to the U.S. average.
- MHSA-Related Outcomes in Arizona
  - The suicide rate was substantially above the U.S. average.
  - The percent of the population using illicit drugs was above the U.S. average.
  - The rate of alcohol-related traffic fatalities was substantially above the U.S. average.
  - The incarceration rate was close to the U.S. average.
  - The violent crime rate was close to the U.S. average.
  - The property crime rate was substantially above the U.S. average.


Arizona Profile
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
MHSA Spending per State Resident
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

## *Arkansas Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $1.1 billion was spent on MHSA treatment in Arkansas, or about 0.9% of all MHSA treatment spending in the United States. This translates into $404 spent per person in Arkansas, similar to the national average of $423 per person and close to the Southeast regional average of $394 per person.

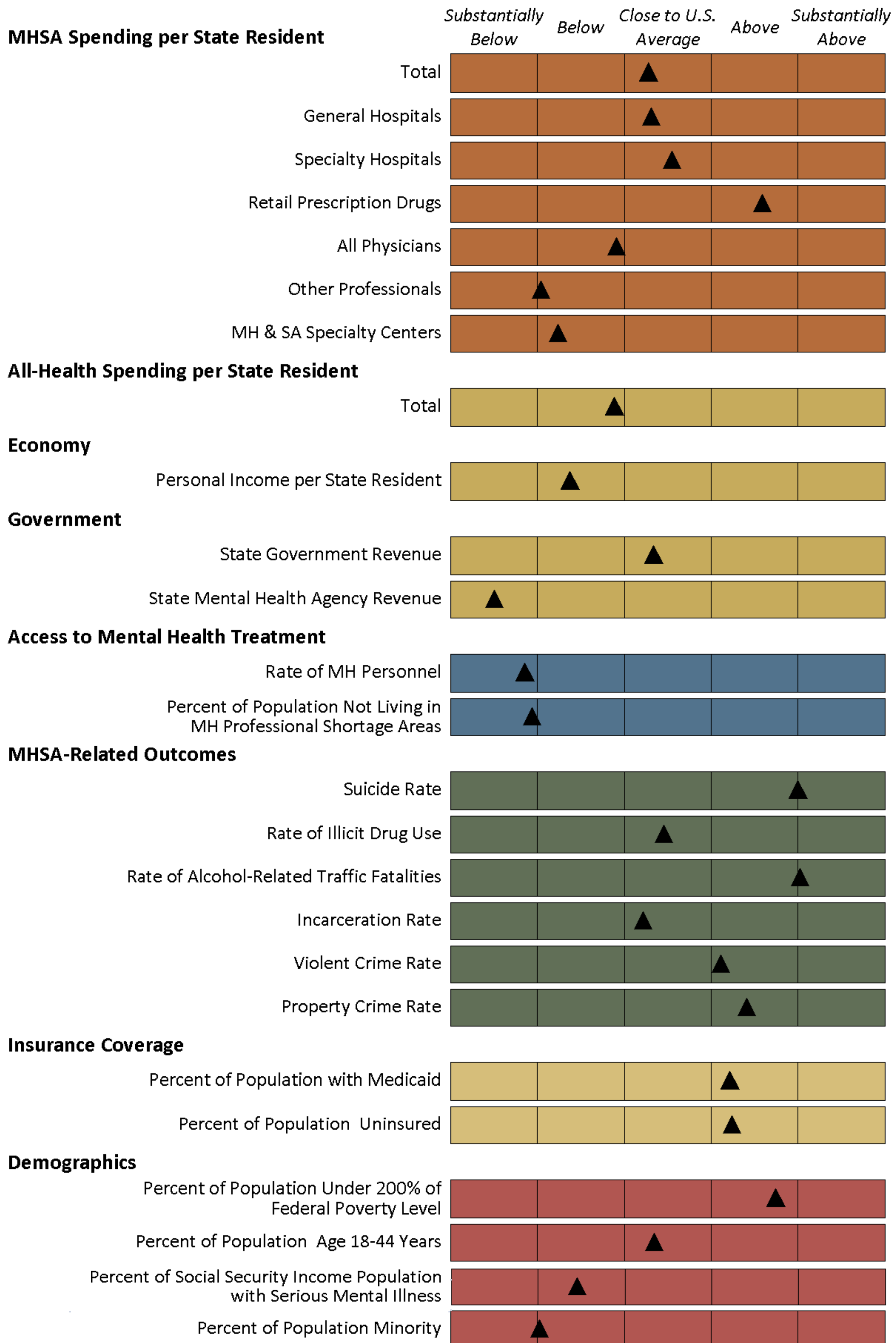



*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in Arkansas, $124 per person was spent on retail prescription drugs for MHSA treatment, while $119 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $65, $53 and $43.

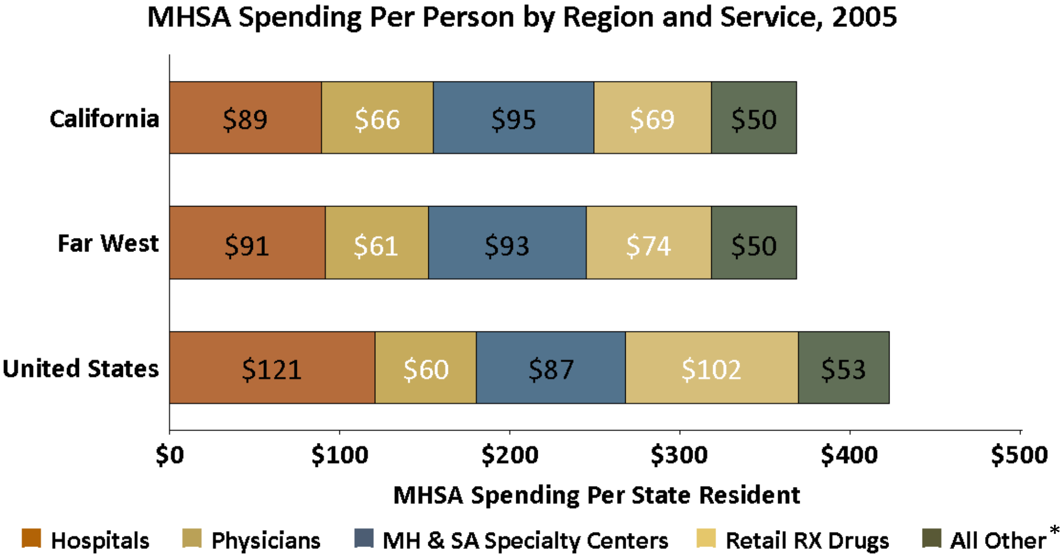
The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Arkansas rate compares to the national average.

- MHSA Treatment Access in Arkansas
  - The rate of MH personnel per person was substantially below the U.S. average.
  - The percent of the population not living in MH professional shortage areas was substantially below the U.S. average.
- MHSA-Related Outcomes in Arkansas
  - The suicide rate was substantially above the U.S. average.
  - The percent of the population using illicit drugs was close to the U.S. average.
  - The rate of alcohol-related traffic fatalities was substantially above the U.S. average.
  - The incarceration rate was close to the U.S. average.
  - The violent crime rate was above the U.S. average.
  - The property crime rate was above the U.S. average.


Arkansas Profile
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
MHSA Spending per State Resident
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

### *California Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $13.2 billion was spent on MHSA treatment in California, or about 10.5% of all MHSA treatment spending in the United States. This translates into $369 spent per person in California, below the national average of $423 per person and close to the Far West regional average of $369 per person.

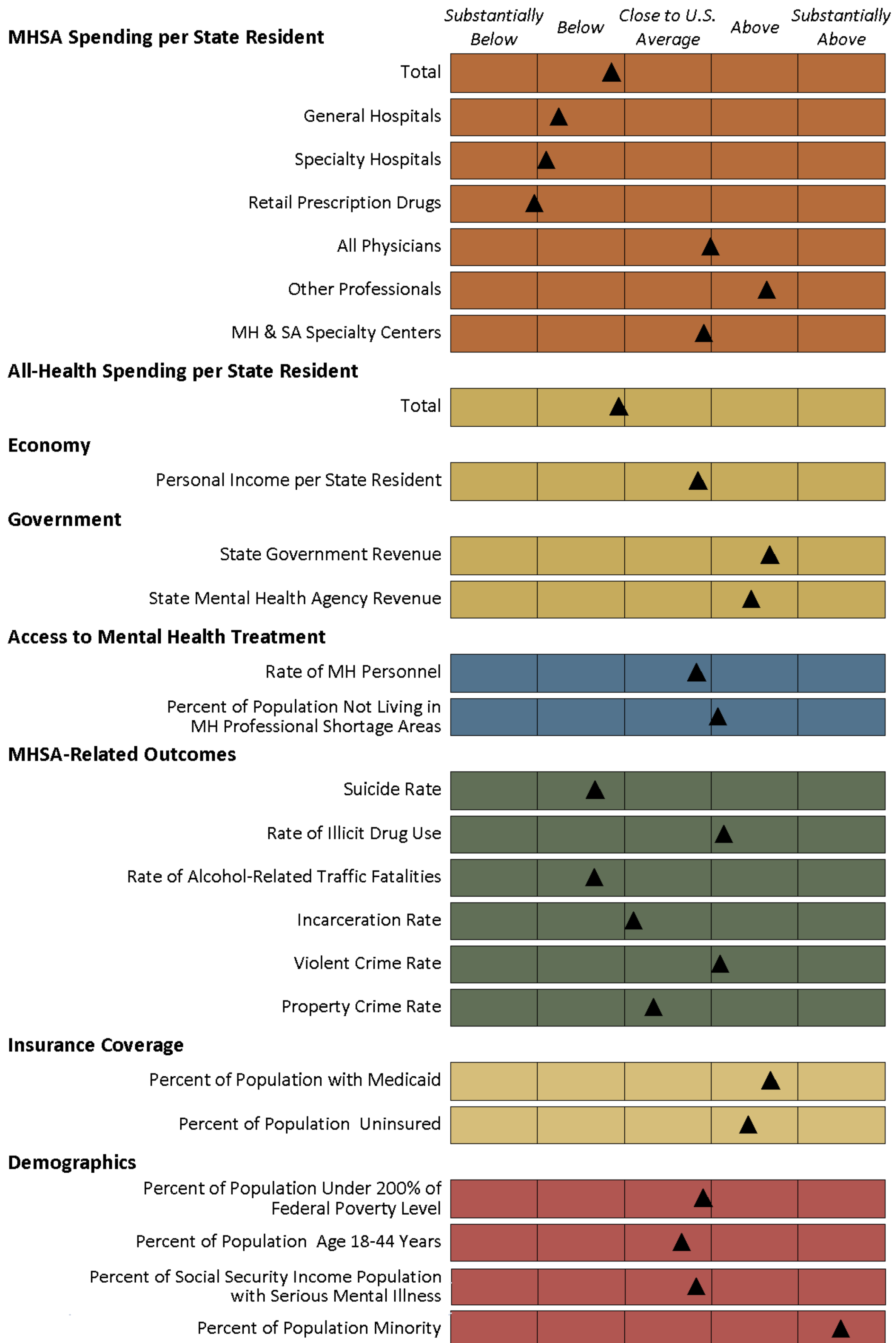



*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in California, $69 per person was spent on retail prescription drugs for MHSA treatment, while $89 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $95, $66 and $50.

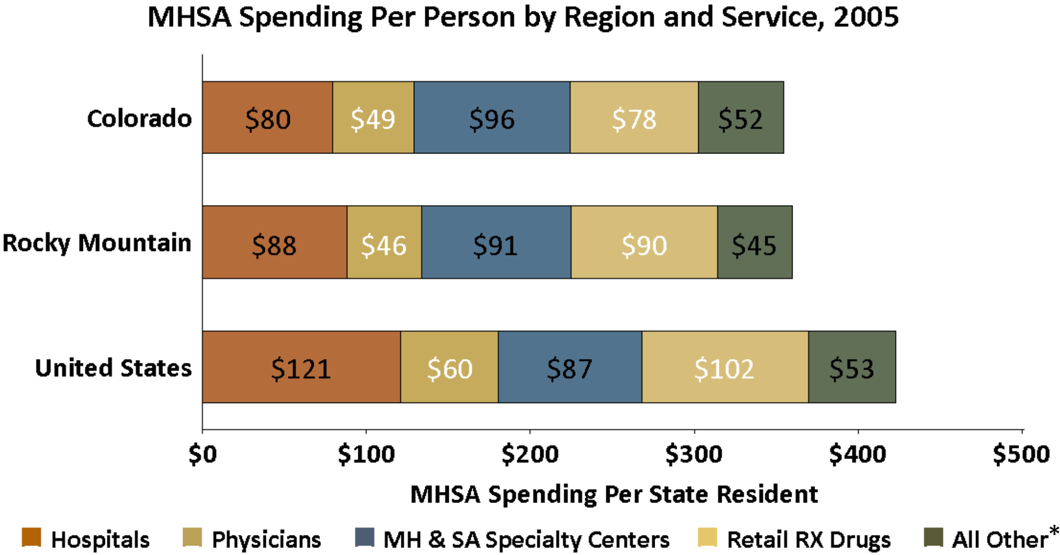
The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the California rate compares to the national average.

- MHSA Treatment Access in California
  - The rate of MH personnel per person was close to the U.S. average.
  - The percent of the population not living in MH professional shortage areas was above the U.S. average.
- MHSA-Related Outcomes in California
  - The suicide rate was below the U.S. average.
  - The percent of the population using illicit drugs was above the U.S. average.
  - The rate of alcohol-related traffic fatalities was below the U.S. average.
  - The incarceration rate was close to the U.S. average.
  - The violent crime rate was above the U.S. average.
  - The property crime rate was close to the U.S. average.


California Profile
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
MHSA Spending per State Resident
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

## *Colorado Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $1.7 billion was spent on MHSA treatment in Colorado, or about 1.3% of all MHSA treatment spending in the United States. This translates into $355 spent per person in Colorado, below the national average of $423 per person and close to the Rocky Mountain regional average of $360 per person.

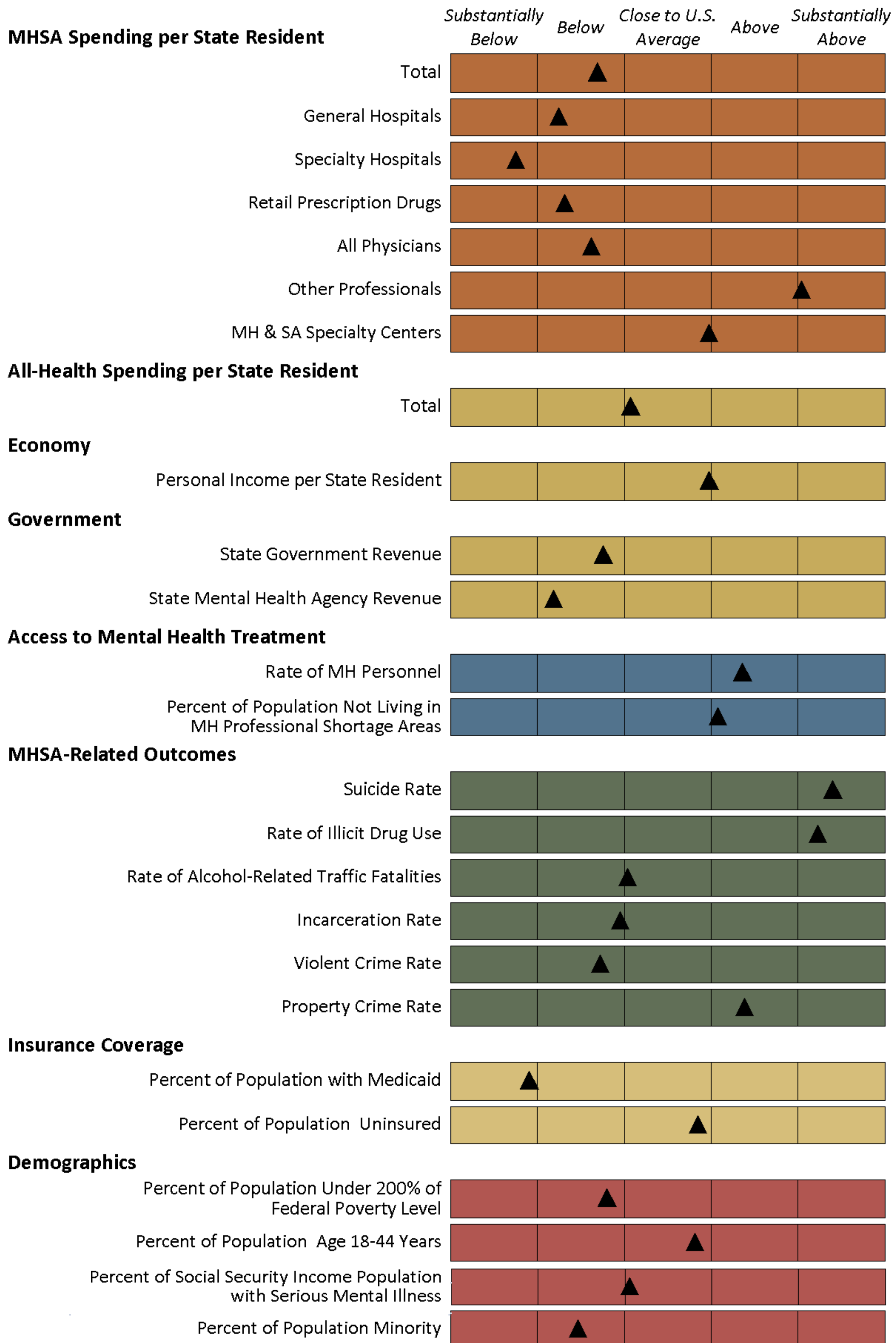



*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in Colorado, $78 per person was spent on retail prescription drugs for MHSA treatment, while $80 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $96, $49 and $52.

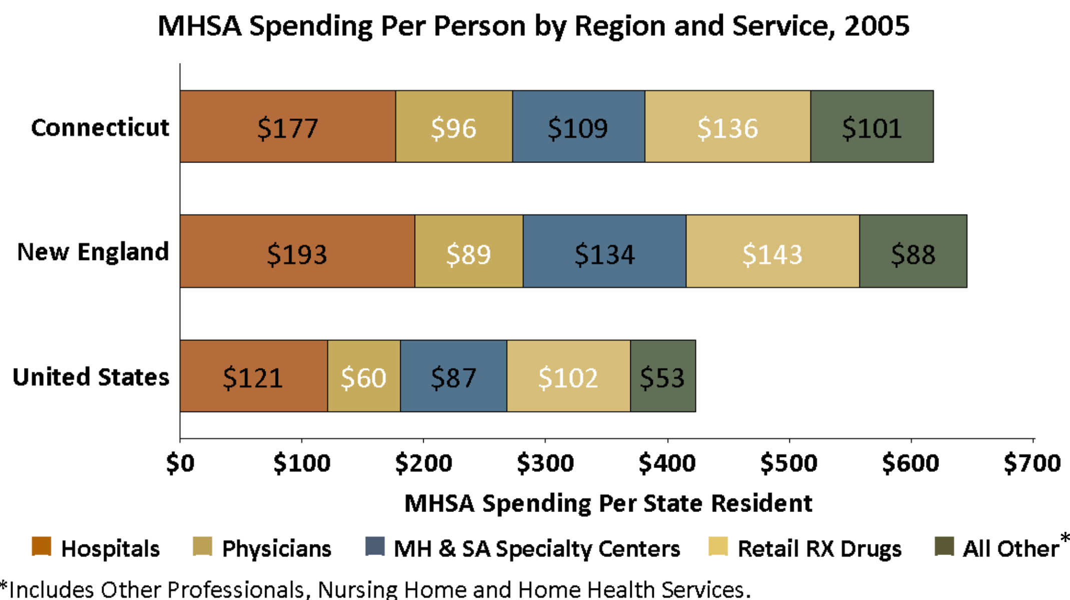
The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Colorado rate compares to the national average.

- MHSA Treatment Access in Colorado
  - The rate of MH personnel per person was above the U.S. average.
  - The percent of the population not living in MH professional shortage areas was above the U.S. average.
- MHSA-Related Outcomes in Colorado
  - The suicide rate was substantially above the U.S. average.
  - The percent of the population using illicit drugs was substantially above the U.S. average.
  - The rate of alcohol-related traffic fatalities was close to the U.S. average.
  - The incarceration rate was below the U.S. average.
  - The violent crime rate was below the U.S. average.
  - The property crime rate was above the U.S. average.


Colorado Profile
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
MHSA Spending per State Resident
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

### *Connecticut Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $2.1 billion was spent on MHSA treatment in Connecticut, or about 1.7% of all MHSA treatment spending in the United States. This translates into $618 spent per person in Connecticut, substantially above the national average of $423 per person and close to the New England regional average of $646 per person.



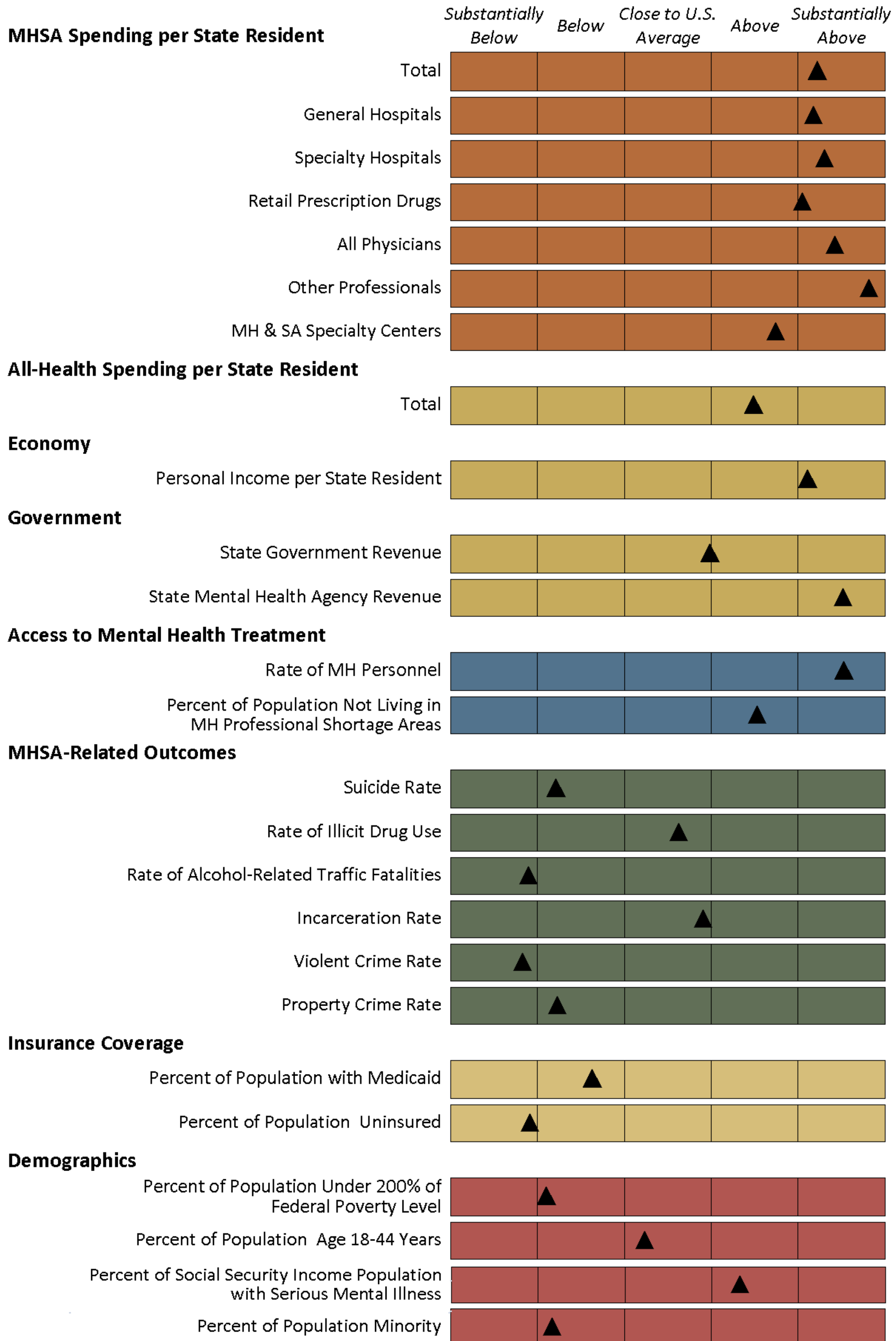

*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in Connecticut, $136 per person was spent on retail prescription drugs for MHSA treatment, while $177 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $109, $96 and $101.

The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Connecticut rate compares to the national average.

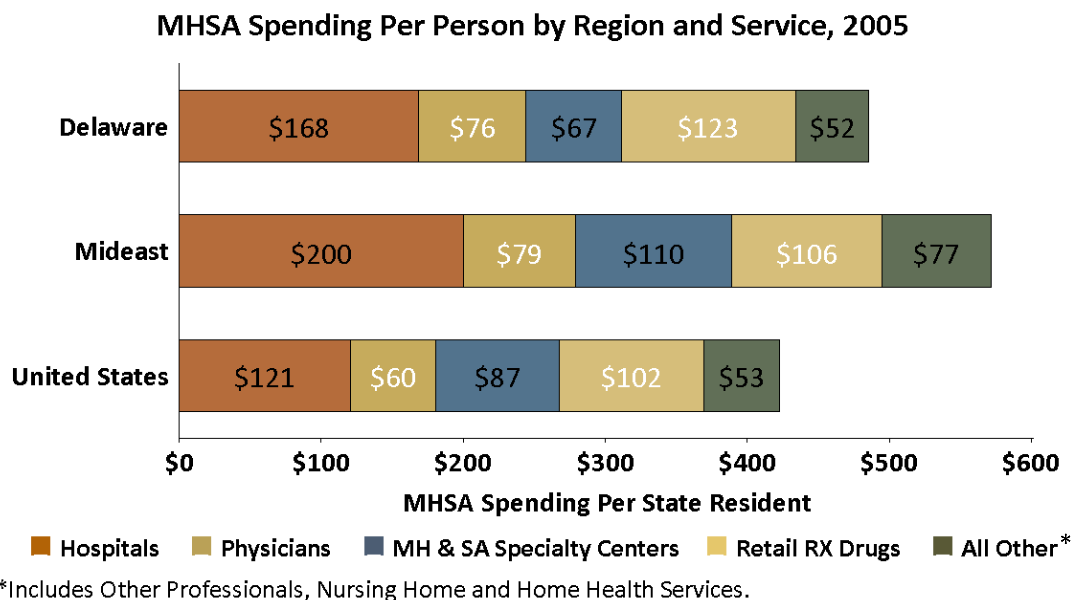
- MHSA Treatment Access in Connecticut
  - The rate of MH personnel per person was substantially above the U.S. average.
  - The percent of the population not living in MH professional shortage areas was above the U.S. average.
- MHSA-Related Outcomes in Connecticut
  - The suicide rate was below the U.S. average.
  - The percent of the population using illicit drugs was close to the U.S. average.
  - The rate of alcohol-related traffic fatalities was substantially below the U.S. average.
  - The incarceration rate was close to the U.S. average.
  - The violent crime rate was substantially below the U.S. average.
  - The property crime rate was below the U.S. average.

## Connecticut Profile



## *Delaware Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $0.4 billion was spent on MHSA treatment in Delaware, or about 0.3% of all MHSA treatment spending in the United States. This translates into $486 spent per person in Delaware, above the national average of $423 per person and below the Mideast regional average of $572 per person.

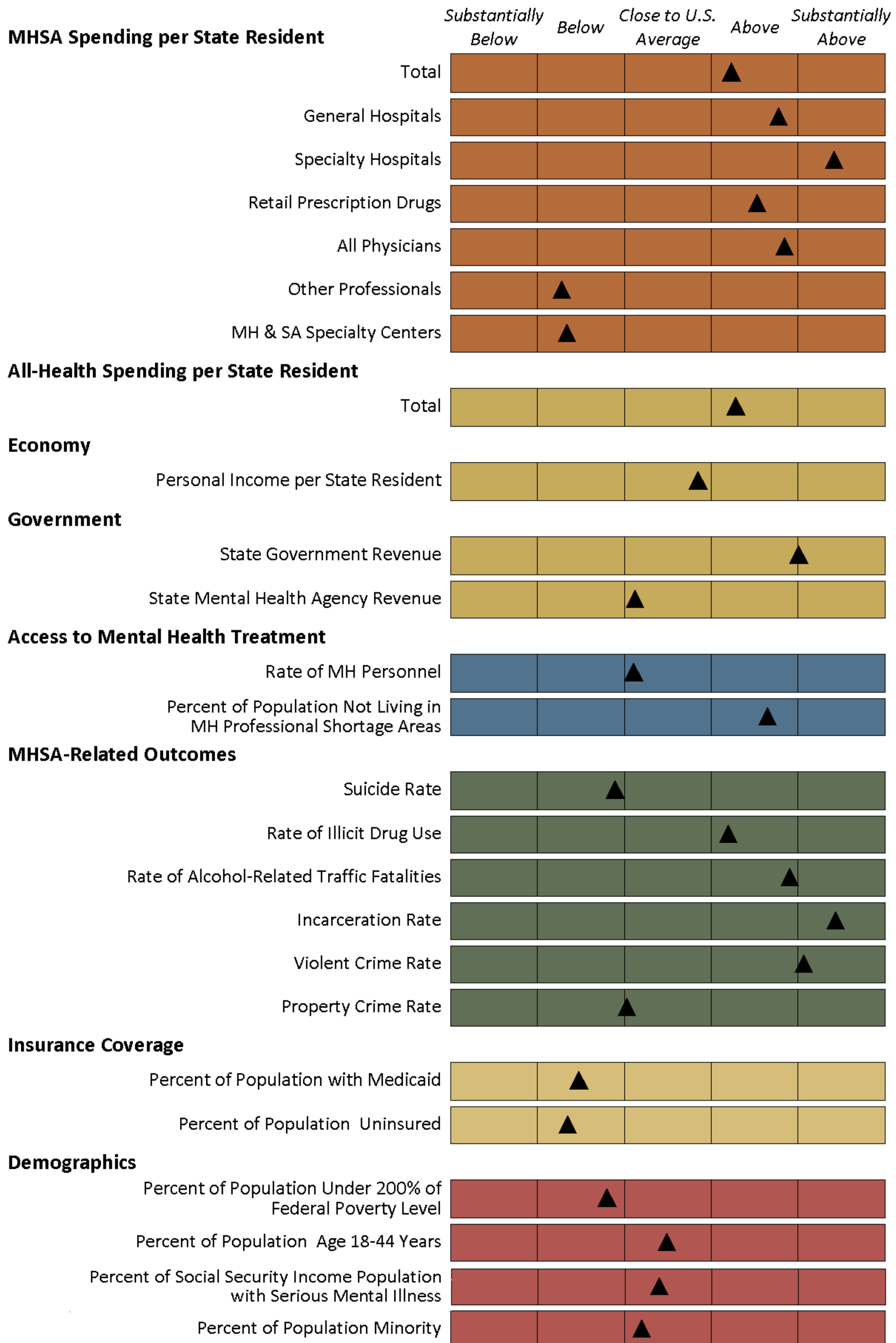


*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in Delaware, $123 per person was spent on retail prescription drugs for MHSA treatment, while $168 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $67, $76 and $52.

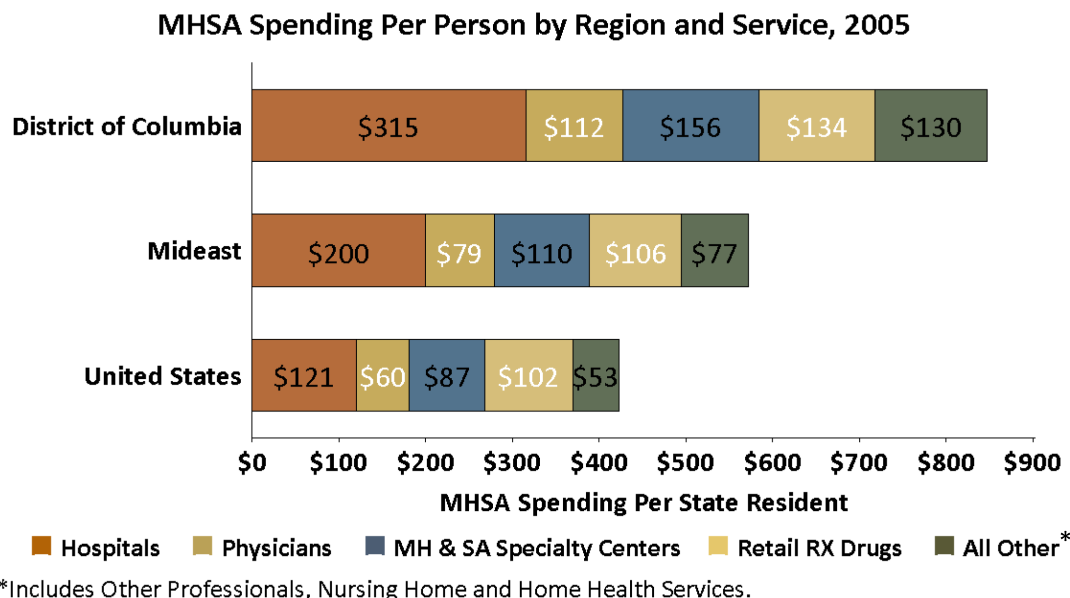
The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Delaware rate compares to the national average.

- MHSA Treatment Access in Delaware
  - The rate of MH personnel per person was close to the U.S. average.
  - The percent of the population not living in MH professional shortage areas was above the U.S. average.
- MHSA-Related Outcomes in Delaware
  - The suicide rate was below the U.S. average.
  - The percent of the population using illicit drugs was above the U.S. average.
  - The rate of alcohol-related traffic fatalities was above the U.S. average.
  - The incarceration rate was substantially above the U.S. average.
  - The violent crime rate was substantially above the U.S. average.
  - The property crime rate was close to the U.S. average.


Delaware Profile
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
MHSA Spending per State Resident
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

## *District of Columbia Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $0.5 billion was spent on MHSA treatment in the District of Columbia, or about 0.4% of all MHSA treatment spending in the United States. This translates into $848 spent per person in the District of Columbia, substantially above the national average of $423 per person and substantially above the Mideast regional average of $572 per person.

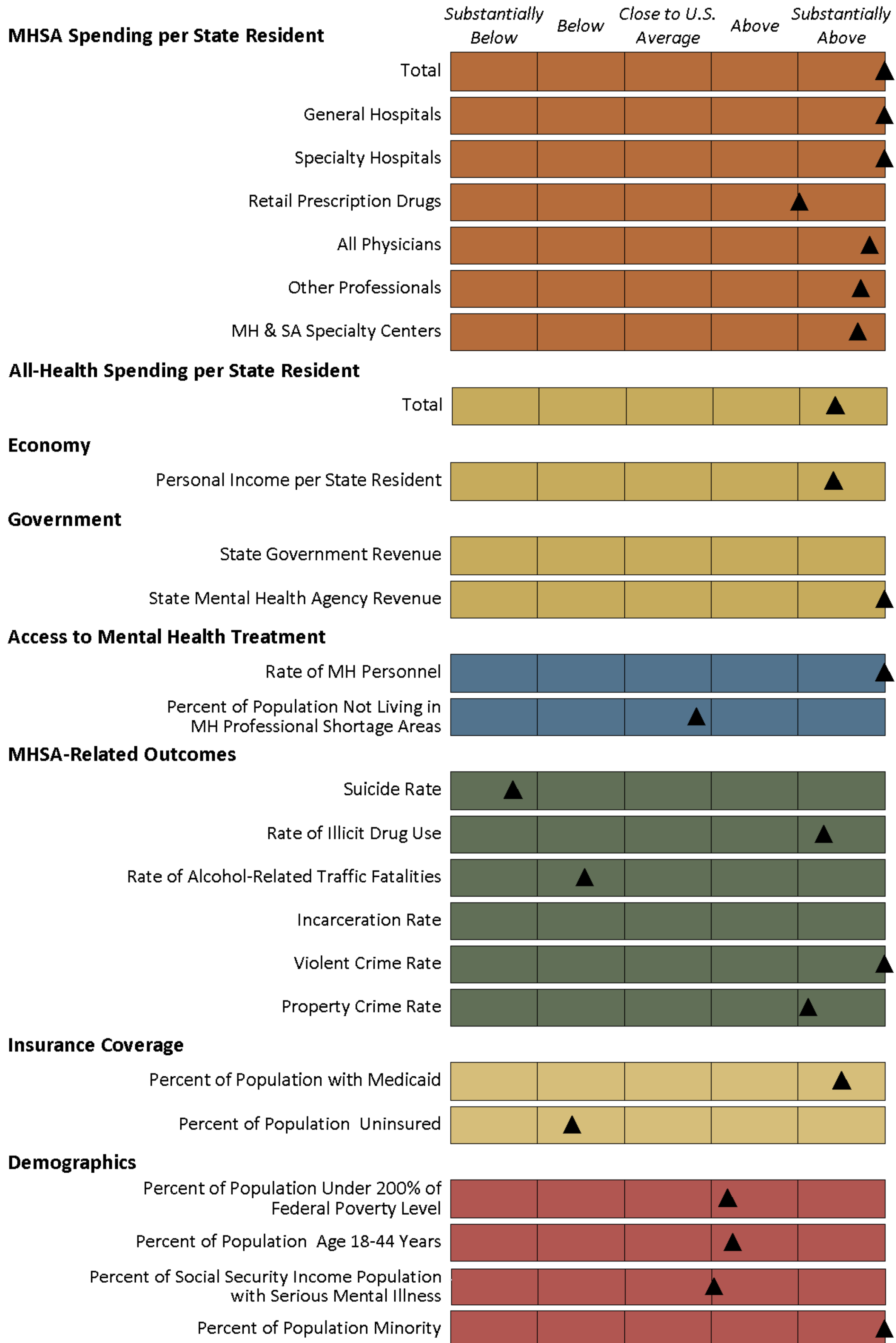



*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in the District of Columbia, $134 per person was spent on retail prescription drugs for MHSA treatment, while $315 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $156, $112 and $130.

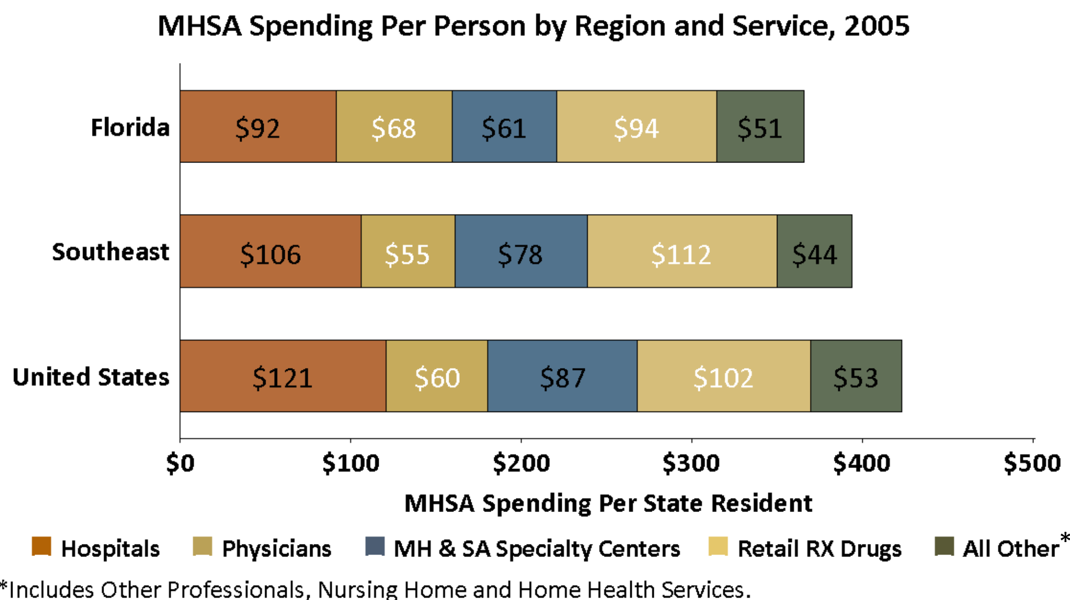
The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the District of Columbia rate compares to the national average.

- MHSA Treatment Access in the District of Columbia
  - The rate of MH personnel per person was substantially above the U.S. average.
  - The percent of the population not living in MH professional shortage areas was close to the U.S. average.
- MHSA-Related Outcomes in the District of Columbia
  - The suicide rate was substantially below the U.S. average.
  - The percent of the population using illicit drugs was substantially above the U.S. average.
  - The rate of alcohol-related traffic fatalities was below the U.S. average.
  - The violent crime rate was substantially above the U.S. average.
  - The property crime rate was substantially above the U.S. average.


District of Columbia Profile
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
MHSA Spending per State Resident
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

### *Florida Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $6.5 billion was spent on MHSA treatment in Florida, or about 5.2% of all MHSA treatment spending in the United States. This translates into $365 spent per person in Florida, below the national average of $423 per person and close to the Southeast regional average of $394 per person.

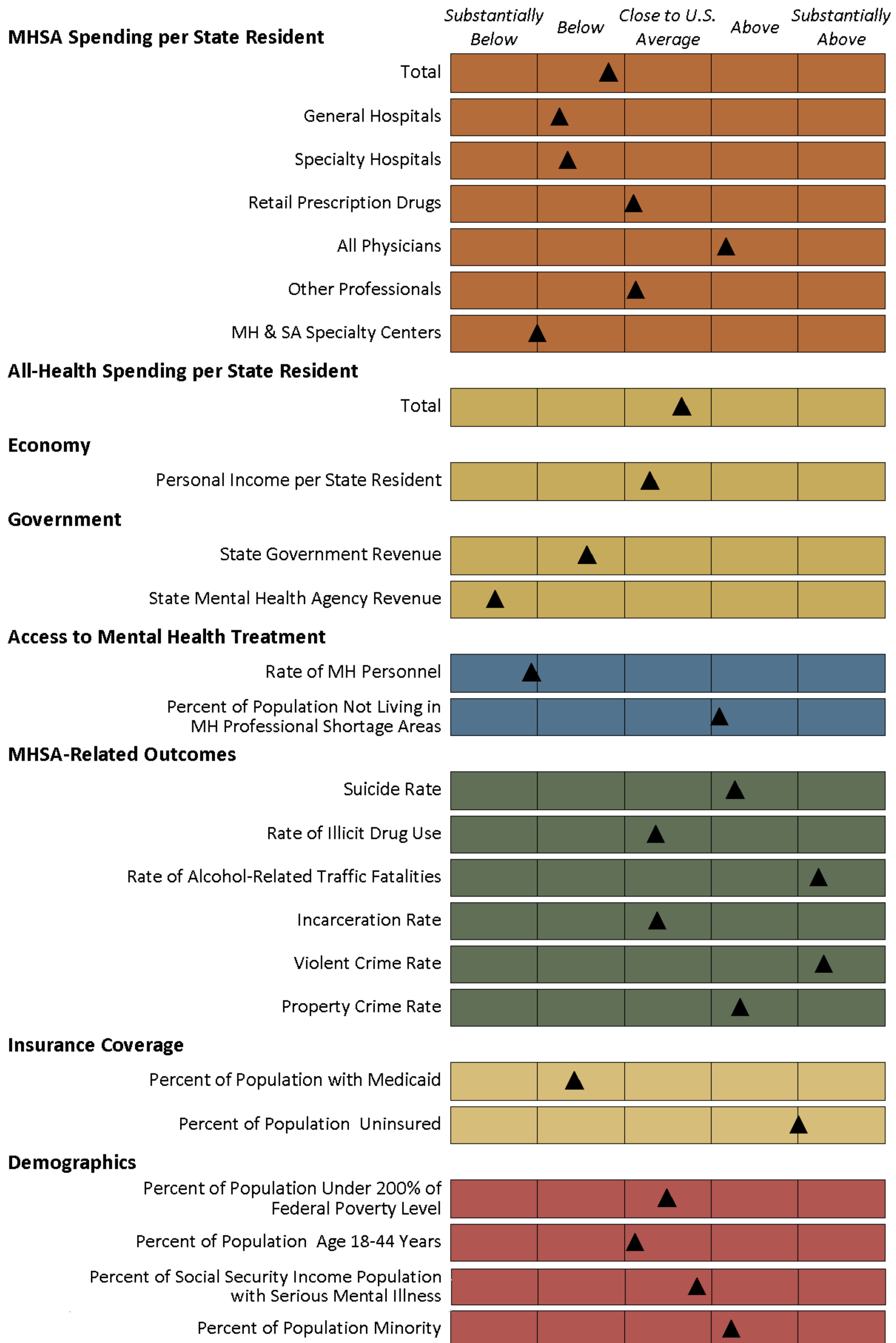



*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in Florida, $94 per person was spent on retail prescription drugs for MHSA treatment, while $92 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $61, $68 and $51.

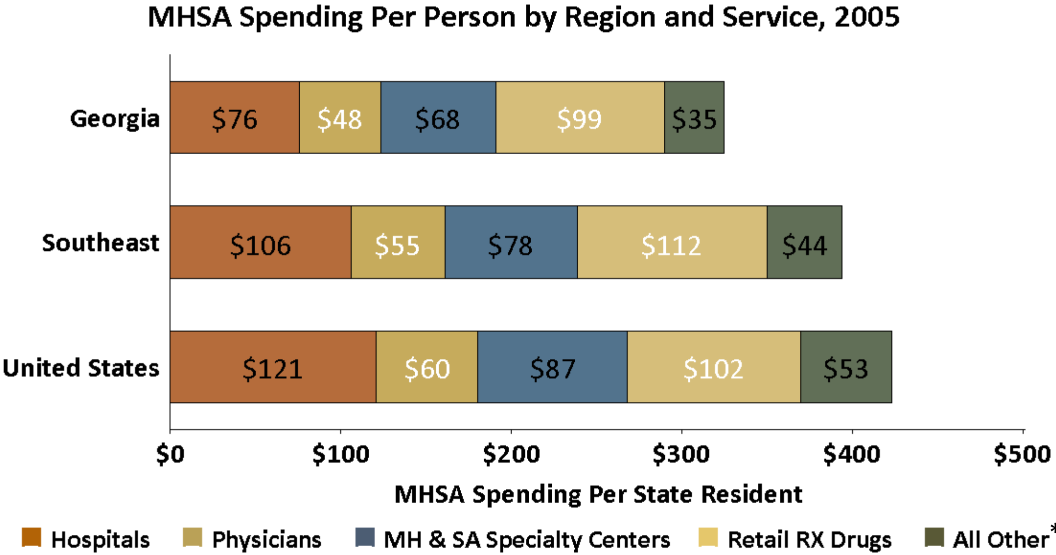
The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Florida rate compares to the national average.

- MHSA Treatment Access in Florida
  - The rate of MH personnel per person was substantially below the U.S. average.
  - The percent of the population not living in MH professional shortage areas was above the U.S. average.
- MHSA-Related Outcomes in Florida
  - The suicide rate was above the U.S. average.
  - The percent of the population using illicit drugs was close to the U.S. average.
  - The rate of alcohol-related traffic fatalities was substantially above the U.S. average.
  - The incarceration rate was close to the U.S. average.
  - The violent crime rate was substantially above the U.S. average.
  - The property crime rate was above the U.S. average.


Florida Profile
MHSA Spending per State Resident
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

## *Georgia Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $3.0 billion was spent on MHSA treatment in Georgia, or about 2.4% of all MHSA treatment spending in the United States. This translates into $325 spent per person in Georgia, below the national average of $423 per person and below the Southeast regional average of $394 per person.

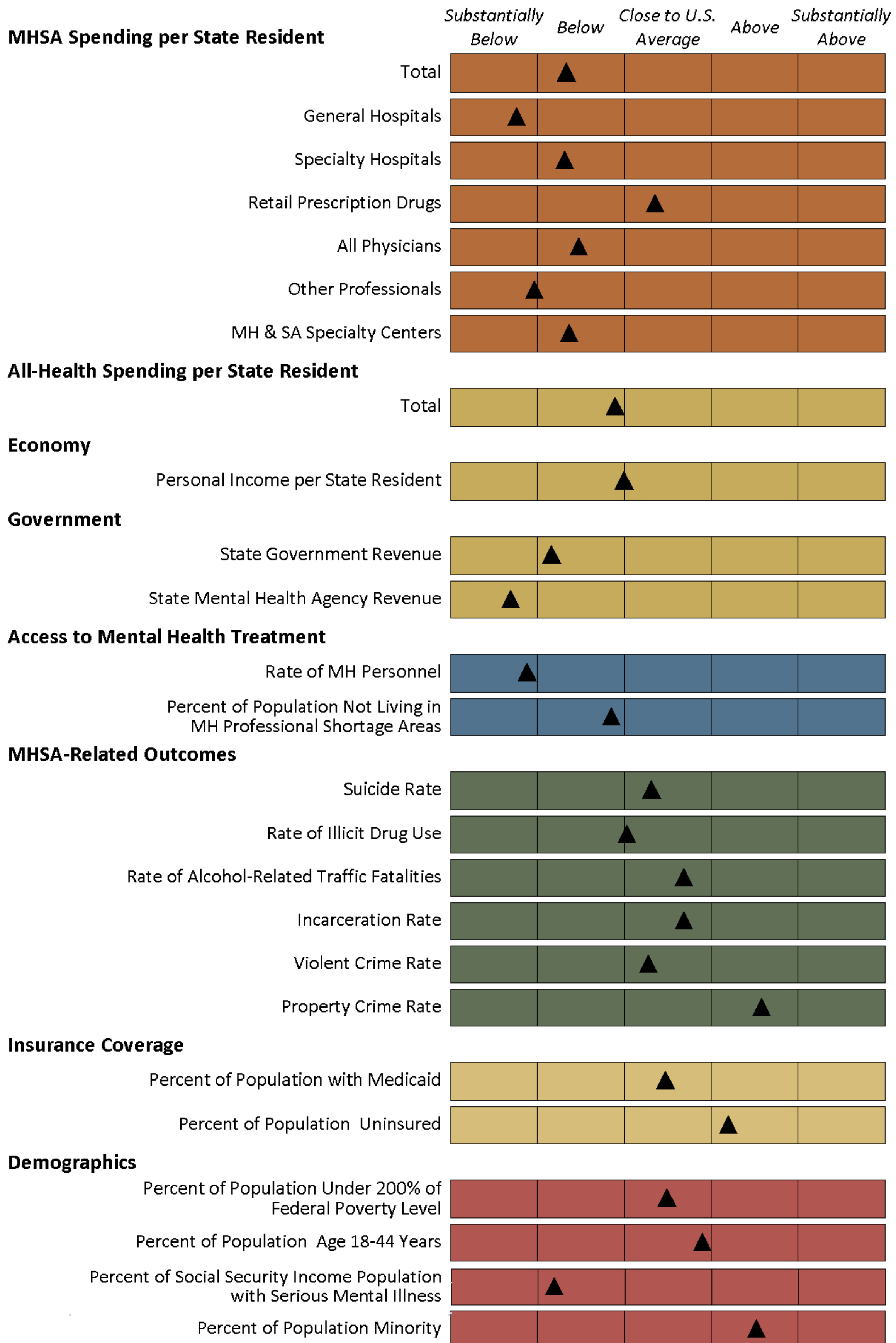



*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in Georgia, $99 per person was spent on retail prescription drugs for MHSA treatment, while $76 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $68, $48 and $35.

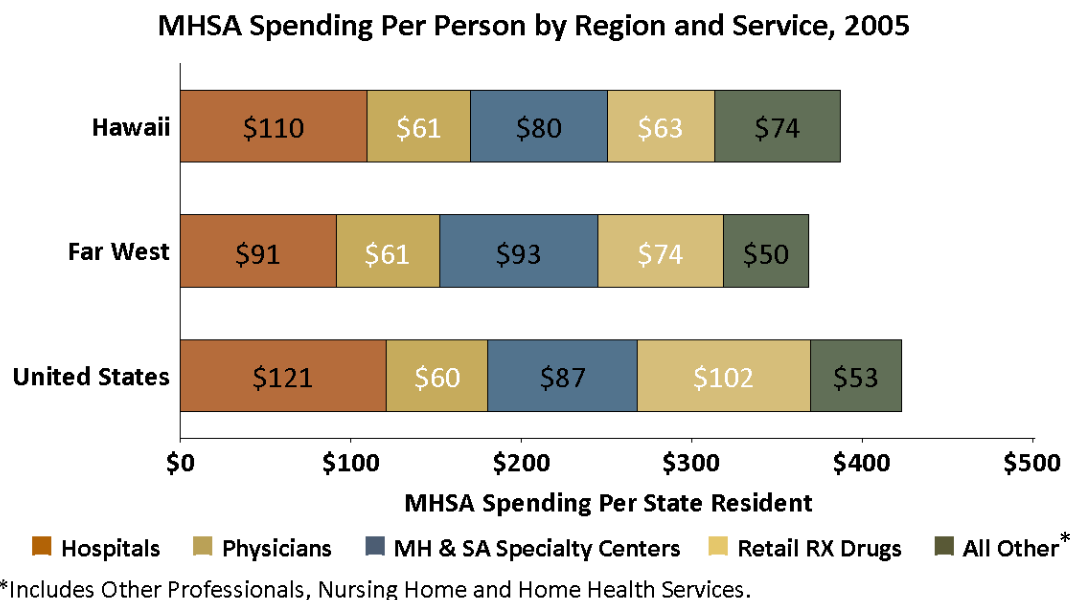
The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Georgia rate compares to the national average.

- MHSA Treatment Access in Georgia
    - The rate of MH personnel per person was substantially below the U.S. average.
    - The percent of the population not living in MH professional shortage areas was below the U.S. average.
- MHSA-Related Outcomes in Georgia
    - The suicide rate was close to the U.S. average.
    - The percent of the population using illicit drugs was close to the U.S. average.
    - The rate of alcohol-related traffic fatalities was close to the U.S. average.
    - The incarceration rate was close to the U.S. average.
    - The violent crime rate was close to the U.S. average.
    - The property crime rate was above the U.S. average.


Georgia Profile
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
MHSA Spending per State Resident
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

### *Hawaii Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $0.5 billion was spent on MHSA treatment in Hawaii, or about 0.4% of all MHSA treatment spending in the United States. This translates into $387 spent per person in Hawaii, similar to the national average of $423 per person and close to the Far West regional average of $369 per person.

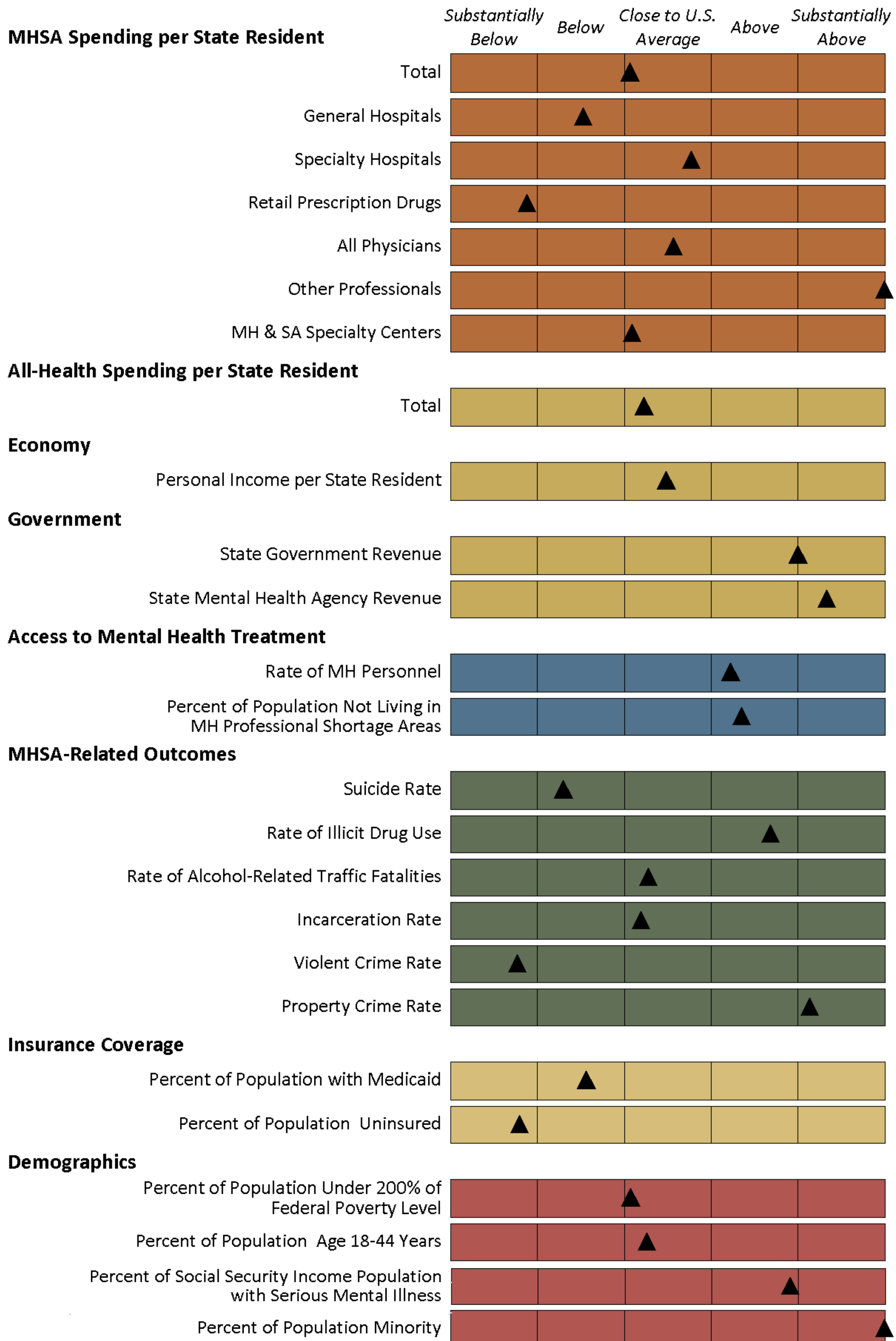



*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in Hawaii, $63 per person was spent on retail prescription drugs for MHSA treatment, while $110 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $80, $61 and $74.

The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Hawaii rate compares to the national average.

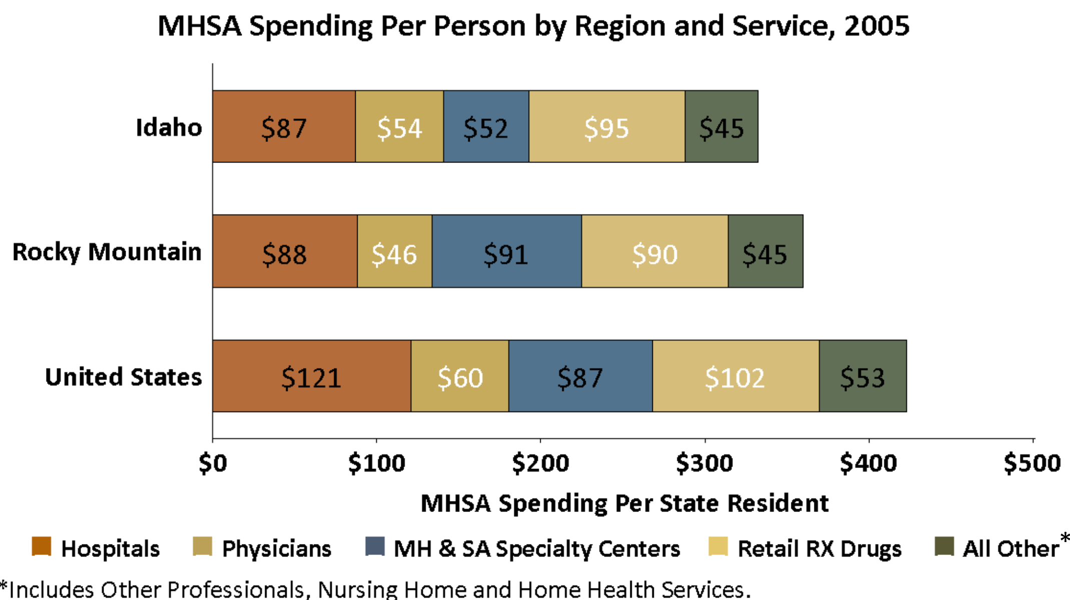
- MHSA Treatment Access in Hawaii
  - The rate of MH personnel per person was above the U.S. average.
  - The percent of the population not living in MH professional shortage areas was above the U.S. average.
- MHSA-Related Outcomes in Hawaii
  - The suicide rate was below the U.S. average.
  - The percent of the population using illicit drugs was above the U.S. average.
  - The rate of alcohol-related traffic fatalities was close to the U.S. average.
  - The incarceration rate was close to the U.S. average.
  - The violent crime rate was substantially below the U.S. average.
  - The property crime rate was substantially above the U.S. average.



Hawaii Profile
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
MHSA Spending per State Resident
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

### *Idaho Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $0.5 billion was spent on MHSA treatment in Idaho, or about 0.4% of all MHSA treatment spending in the United States. This translates into $333 spent per person in Idaho, below the national average of $423 per person and close to the Rocky Mountain regional average of $360 per person.

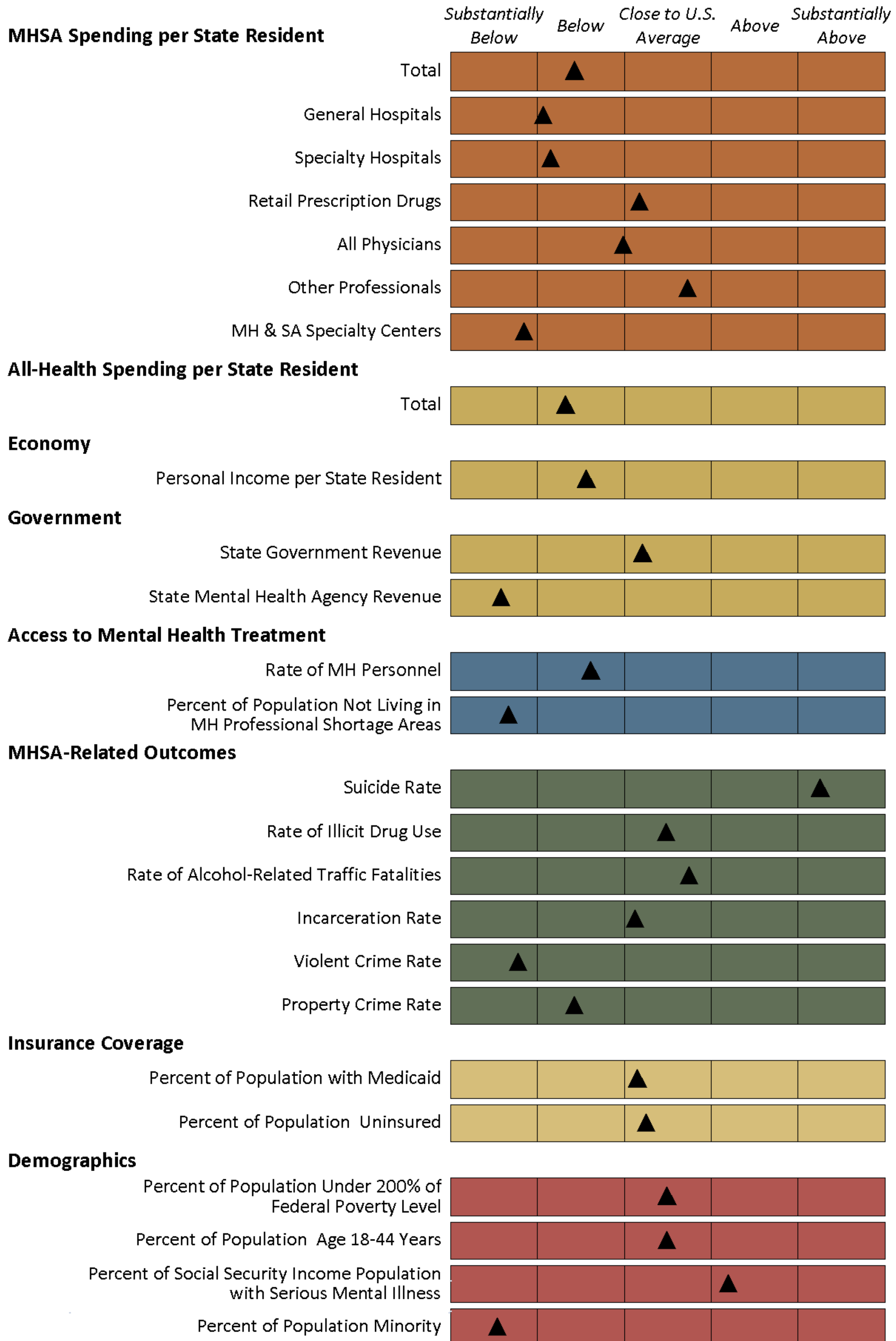



*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in Idaho, $95 per person was spent on retail prescription drugs for MHSA treatment, while $87 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $52, $54 and $45.

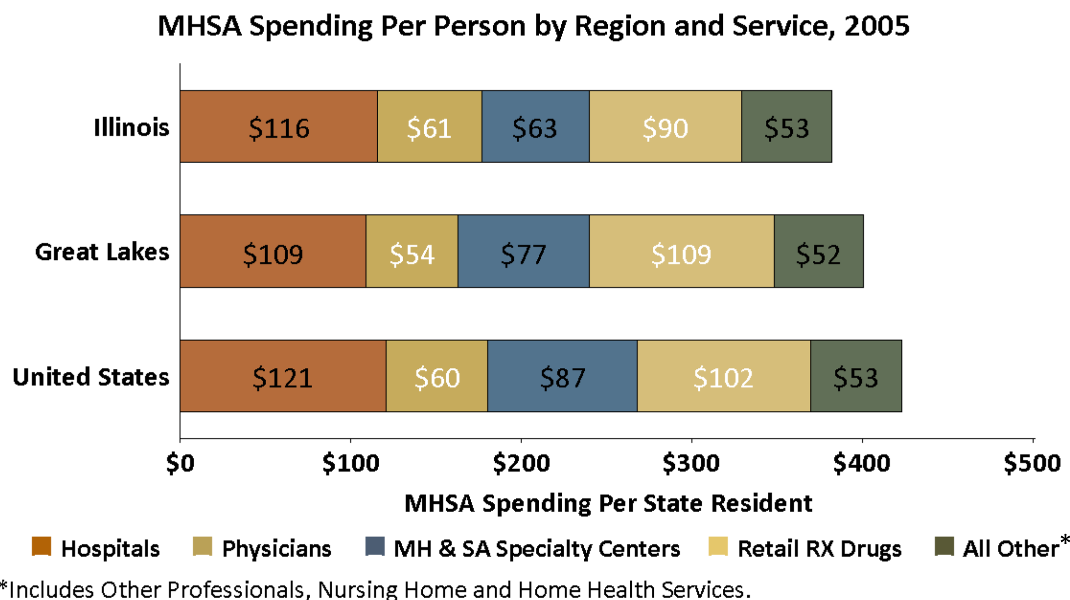
The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Idaho rate compares to the national average.

- MHSA Treatment Access in Idaho
  - The rate of MH personnel per person was below the U.S. average.
  - The percent of the population not living in MH professional shortage areas was substantially below the U.S. average.
- MHSA-Related Outcomes in Idaho
  - The suicide rate was substantially above the U.S. average.
  - The percent of the population using illicit drugs was close to the U.S. average.
  - The rate of alcohol-related traffic fatalities was close to the U.S. average.
  - The incarceration rate was close to the U.S. average.
  - The violent crime rate was substantially below the U.S. average.
  - The property crime rate was below the U.S. average.


Idaho Profile
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
MHSA Spending per State Resident
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

### *Illinois Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $4.8 billion was spent on MHSA treatment in Illinois, or about 3.9% of all MHSA treatment spending in the United States. This translates into $382 spent per person in Illinois, similar to the national average of $423 per person and close to the Great Lakes regional average of $401 per person.

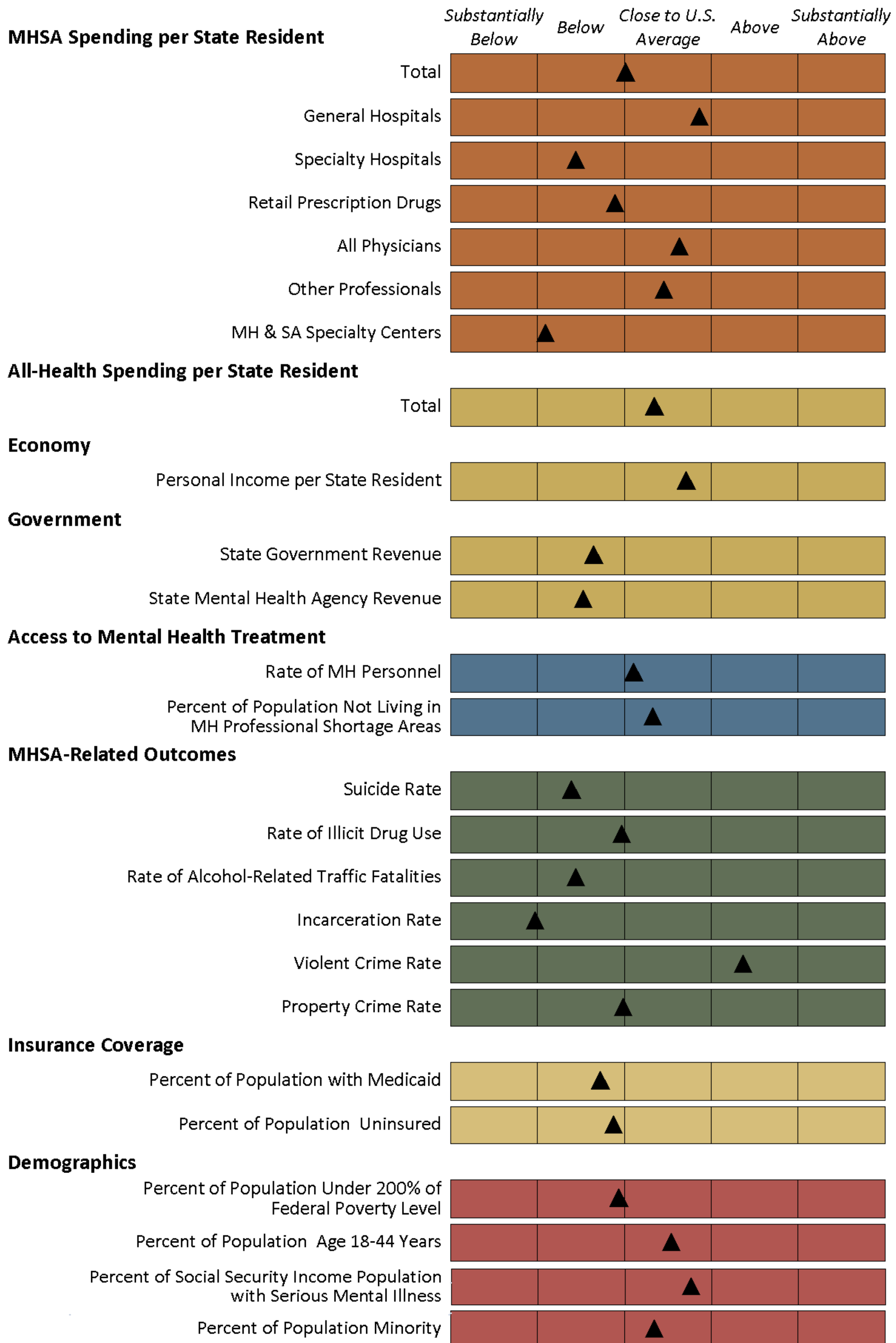



*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in Illinois, $90 per person was spent on retail prescription drugs for MHSA treatment, while $116 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $63, $61 and $53.

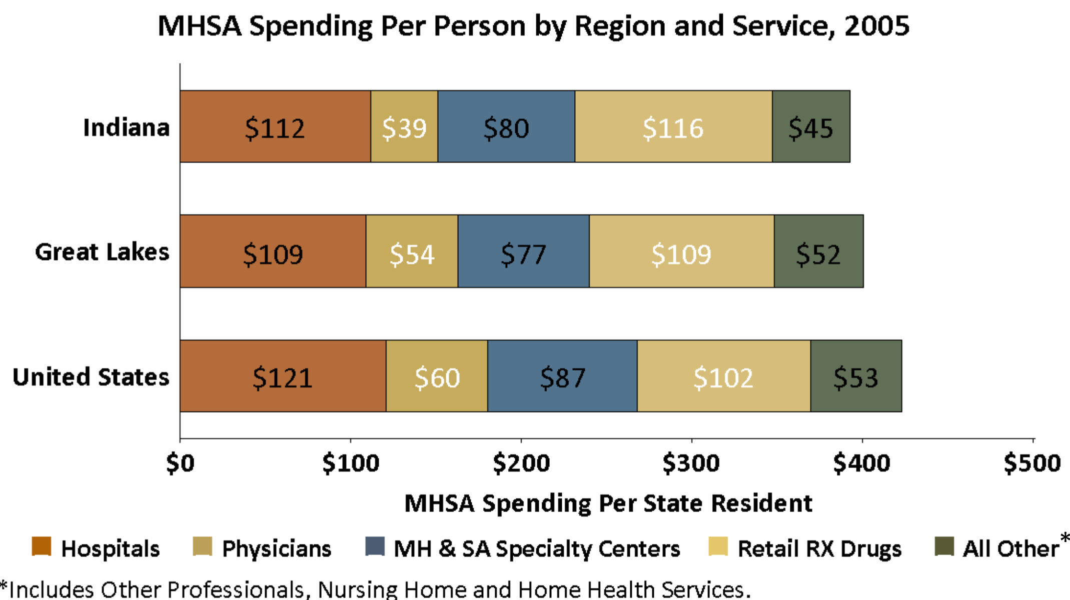
The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Illinois rate compares to the national average.

- MHSA Treatment Access in Illinois
    - The rate of MH personnel per person was close to the U.S. average.
    - The percent of the population not living in MH professional shortage areas was close to the U.S. average.
- MHSA-Related Outcomes in Illinois
    - The suicide rate was below the U.S. average.
    - The percent of the population using illicit drugs was below the U.S. average.
    - The rate of alcohol-related traffic fatalities was below the U.S. average.
    - The incarceration rate was substantially below the U.S. average.
    - The violent crime rate was above the U.S. average.
    - The property crime rate was below the U.S. average.


Illinois Profile
MHSA Spending per State Resident
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

### *Indiana Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $2.5 billion was spent on MHSA treatment in Indiana, or about 2.0% of all MHSA treatment spending in the United States. This translates into $393 spent per person in Indiana, similar to the national average of $423 per person and close to the Great Lakes regional average of $401 per person.

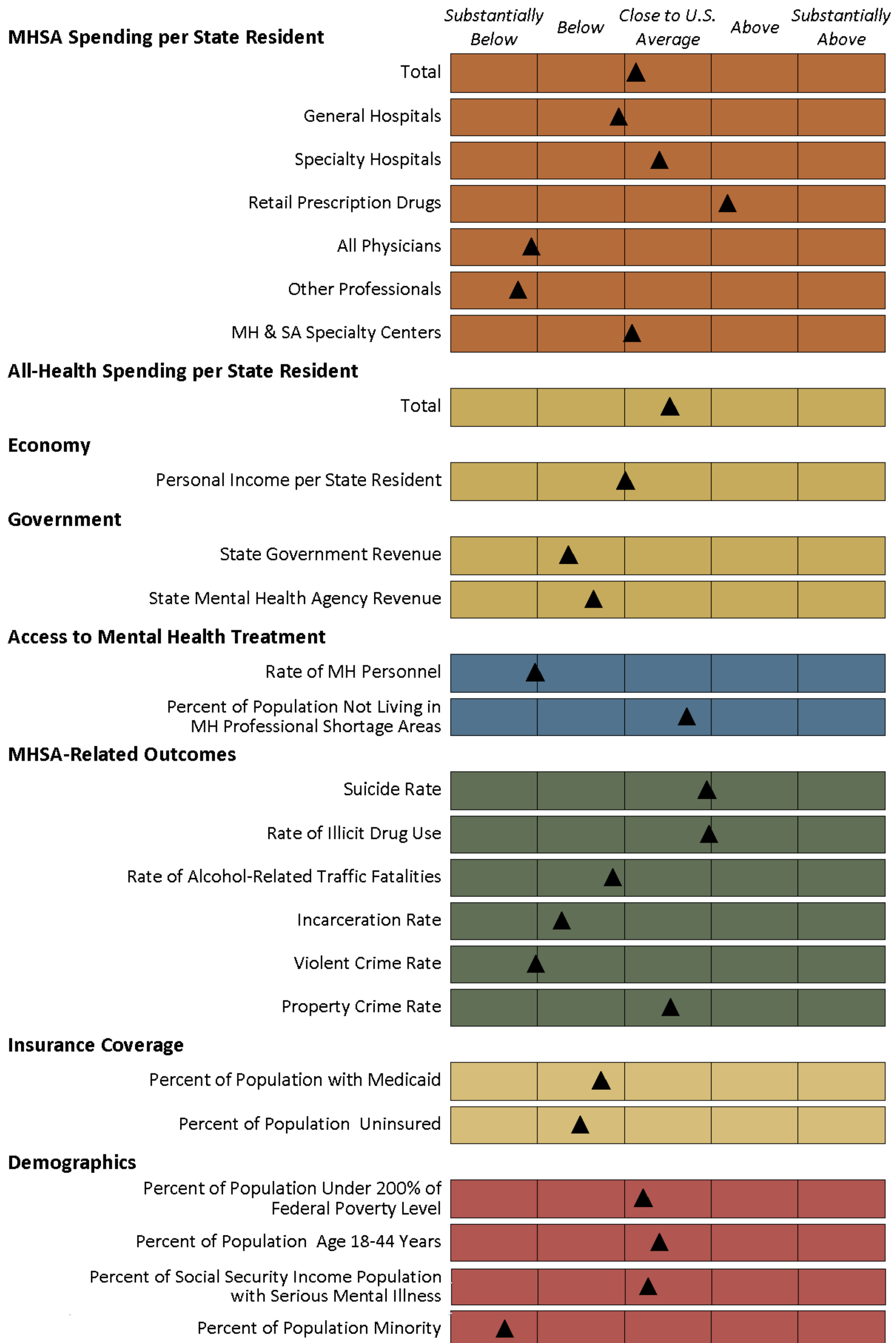



*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in Indiana, $116 per person was spent on retail prescription drugs for MHSA treatment, while $112 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $80, $39 and $45.

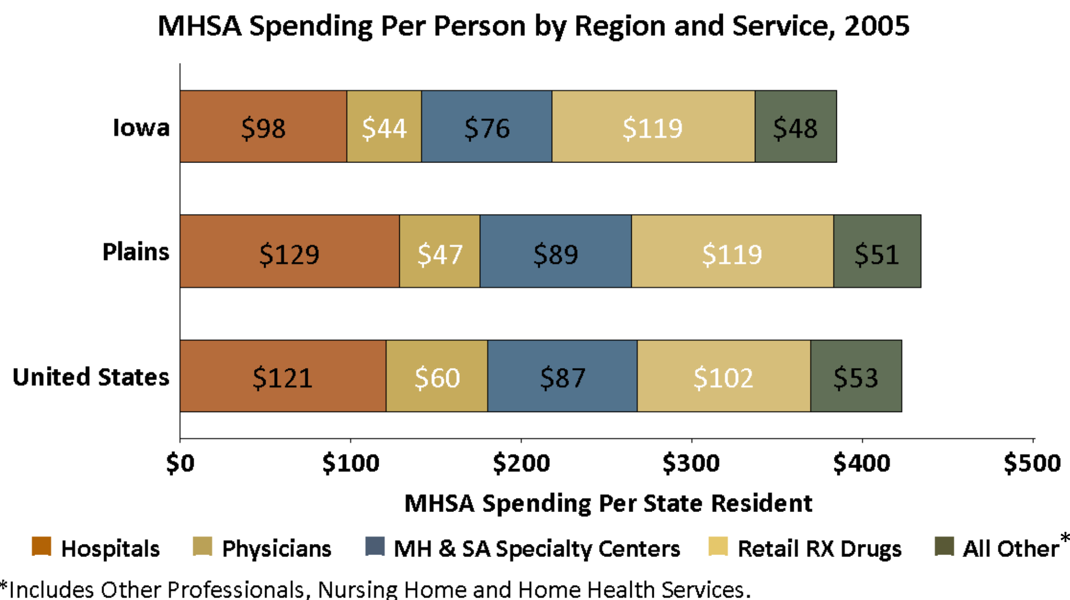
The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Indiana rate compares to the national average.

- MHSA Treatment Access in Indiana
  - The rate of MH personnel per person was substantially below the U.S. average.
  - The percent of the population not living in MH professional shortage areas was close to the U.S. average.
- MHSA-Related Outcomes in Indiana
  - The suicide rate was close to the U.S. average.
  - The percent of the population using illicit drugs was close to the U.S. average.
  - The rate of alcohol-related traffic fatalities was below the U.S. average.
  - The incarceration rate was below the U.S. average.
  - The violent crime rate was substantially below the U.S. average.
  - The property crime rate was close to the U.S. average.


Indiana Profile
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
MHSA Spending per State Resident
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

## *Iowa Mental Health and Substance Abuse Treatment Spending*

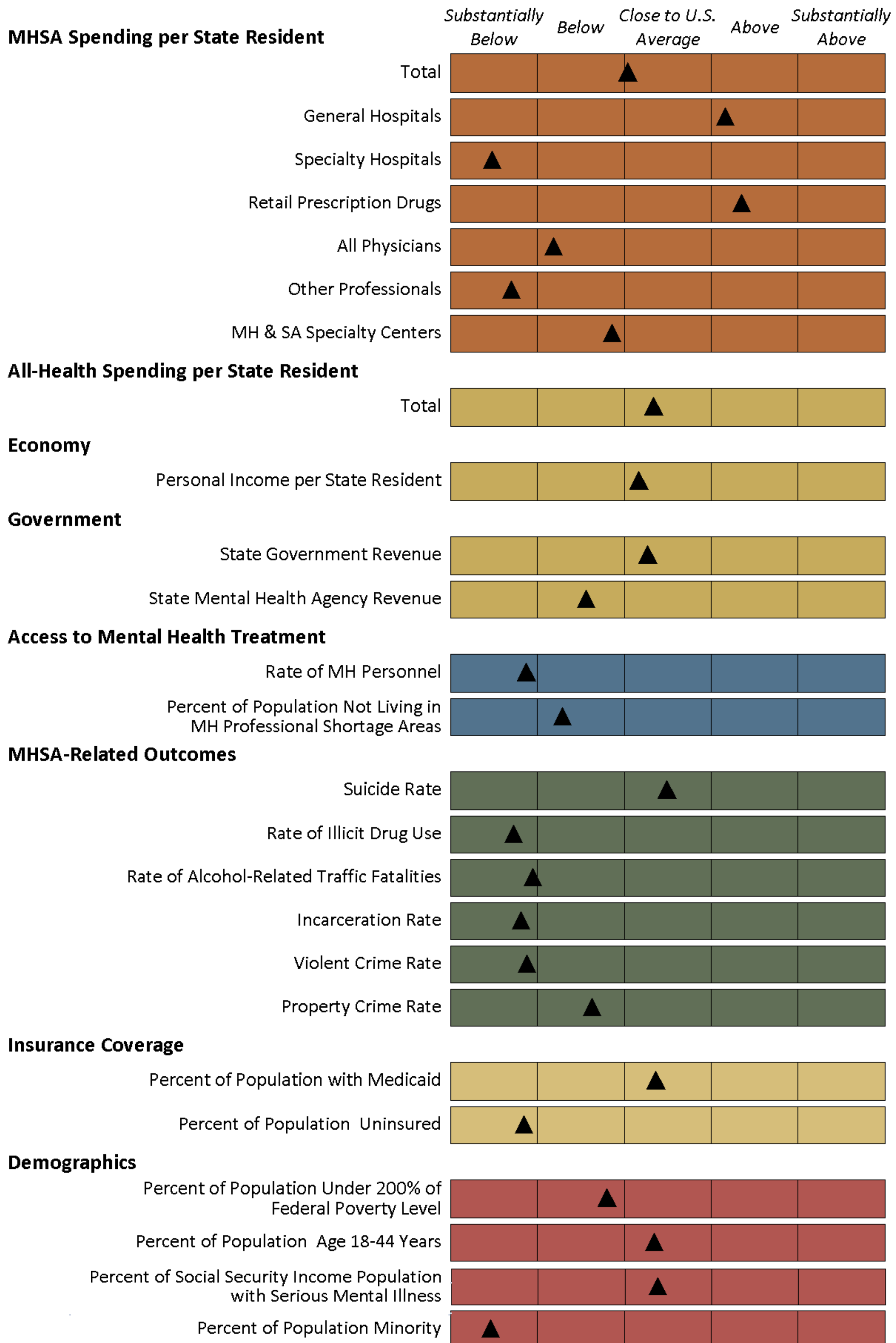
In 2005, an estimated $1.1 billion was spent on MHSA treatment in Iowa, or about 0.9% of all MHSA treatment spending in the United States. This translates into $385 spent per person in Iowa, similar to the national average of $423 per person and below the Plains regional average of $435 per person.




As shown above, in Iowa, $119 per person was spent on retail prescription drugs for MHSA treatment, while $98 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $76, $44 and $48.

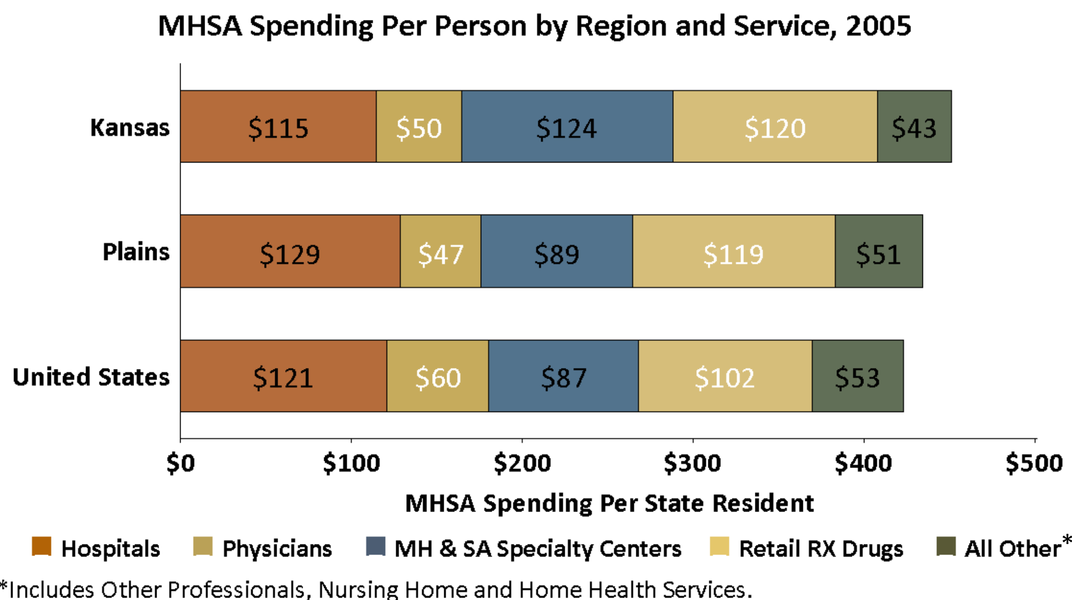
The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Iowa rate compares to the national average.

- MHSA Treatment Access in Iowa
  - The rate of MH personnel per person was substantially below the U.S. average.
  - The percent of the population not living in MH professional shortage areas was below the U.S. average.
- MHSA-Related Outcomes in Iowa
  - The suicide rate was close to the U.S. average.
  - The percent of the population using illicit drugs was substantially below the U.S. average.
  - The rate of alcohol-related traffic fatalities was substantially below the U.S. average.
  - The incarceration rate was substantially below the U.S. average.
  - The violent crime rate was substantially below the U.S. average.
  - The property crime rate was below the U.S. average.


Iowa Profile
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
MHSA Spending per State Resident
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

### *Kansas Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $1.2 billion was spent on MHSA treatment in Kansas, or about 1.0% of all MHSA treatment spending in the United States. This translates into $451 spent per person in Kansas, similar to the national average of $423 per person and close to the Plains regional average of $435 per person.

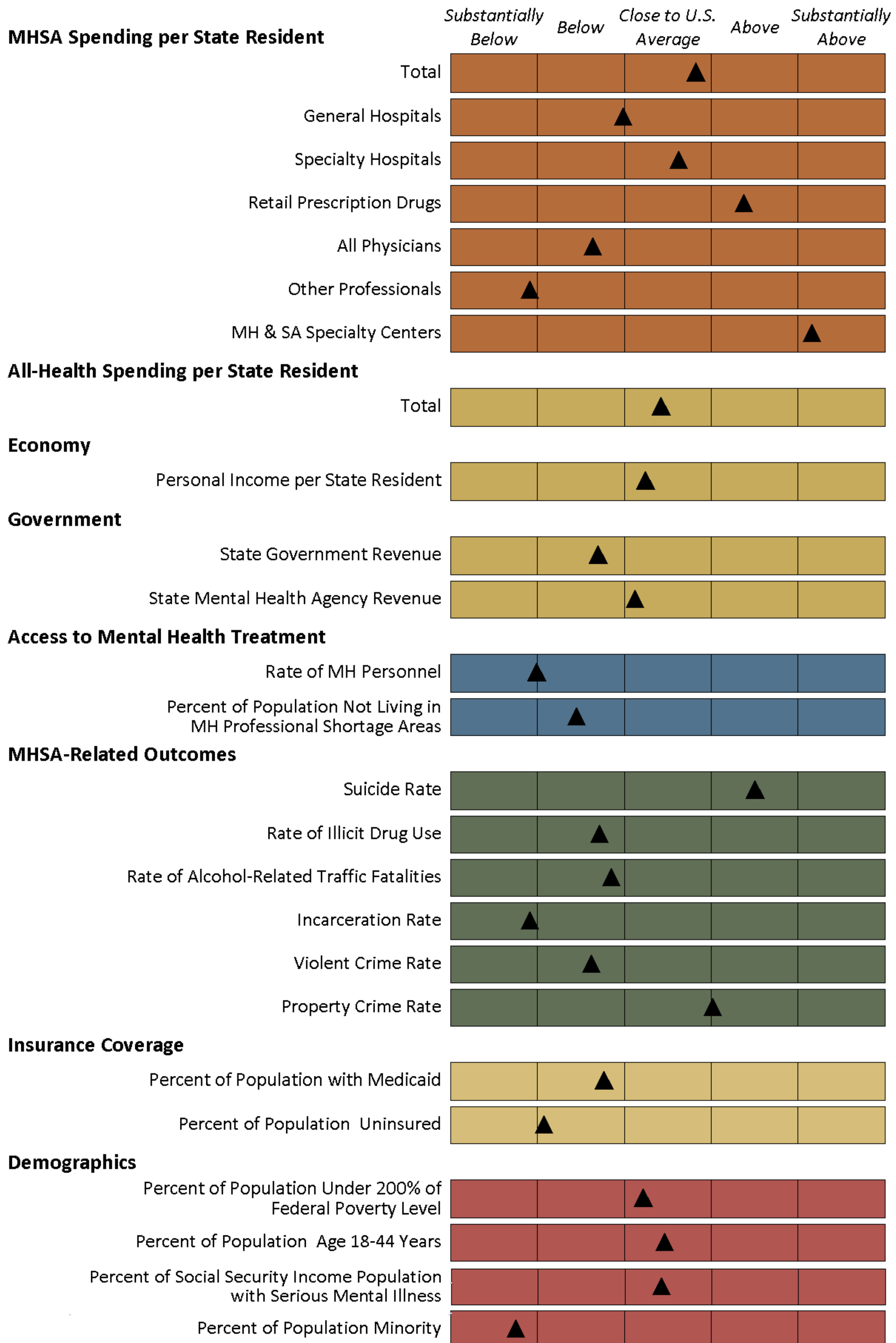



*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in Kansas, $120 per person was spent on retail prescription drugs for MHSA treatment, while $115 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $124, $50 and $43.

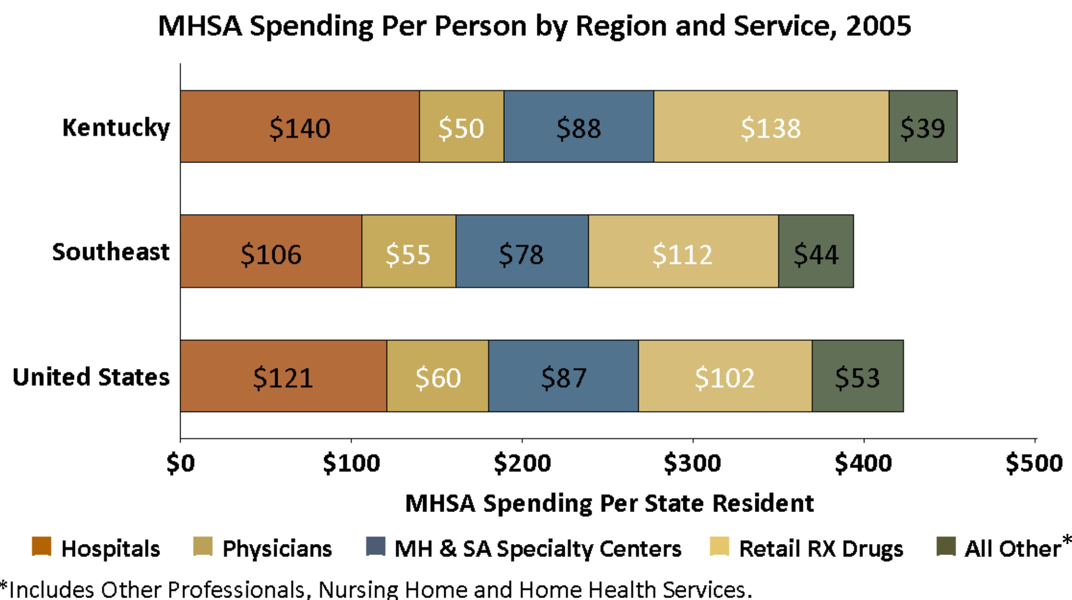
The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Kansas rate compares to the national average.

- MHSA Treatment Access in Kansas
  - The rate of MH personnel per person was substantially below the U.S. average.
  - The percent of the population not living in MH professional shortage areas was below the U.S. average.
- MHSA-Related Outcomes in Kansas
  - The suicide rate was above the U.S. average.
  - The percent of the population using illicit drugs was below the U.S. average.
  - The rate of alcohol-related traffic fatalities was below the U.S. average.
  - The incarceration rate was substantially below the U.S. average.
  - The violent crime rate was below the U.S. average.
  - The property crime rate was above the U.S. average.


Kansas Profile
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
MHSA Spending per State Resident
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

### *Kentucky Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $1.9 billion was spent on MHSA treatment in Kentucky, or about 1.5% of all MHSA treatment spending in the United States. This translates into $454 spent per person in Kentucky, similar to the national average of $423 per person and above the Southeast regional average of $394 per person.

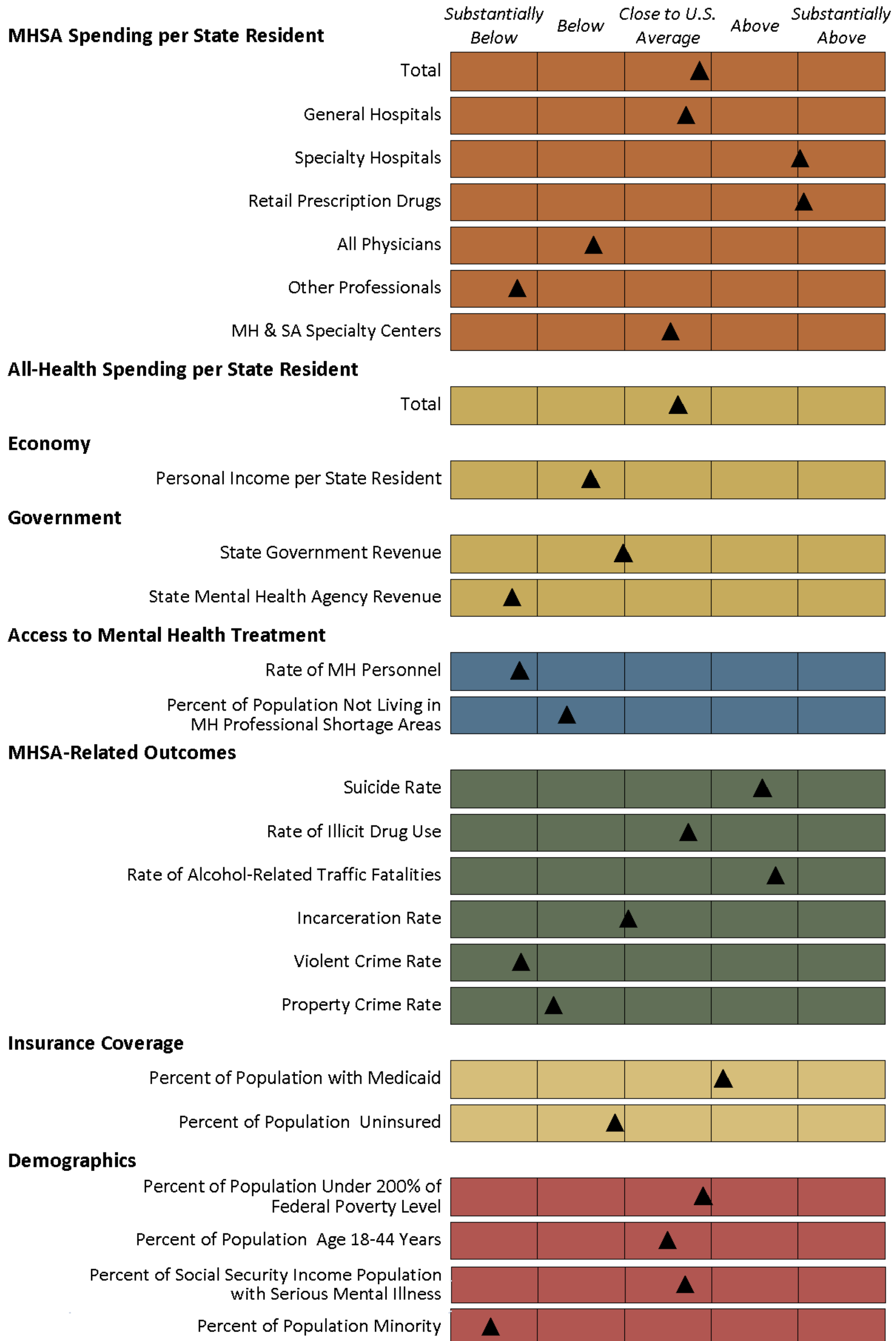



*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in Kentucky, $138 per person was spent on retail prescription drugs for MHSA treatment, while $140 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $88, $50 and $39.

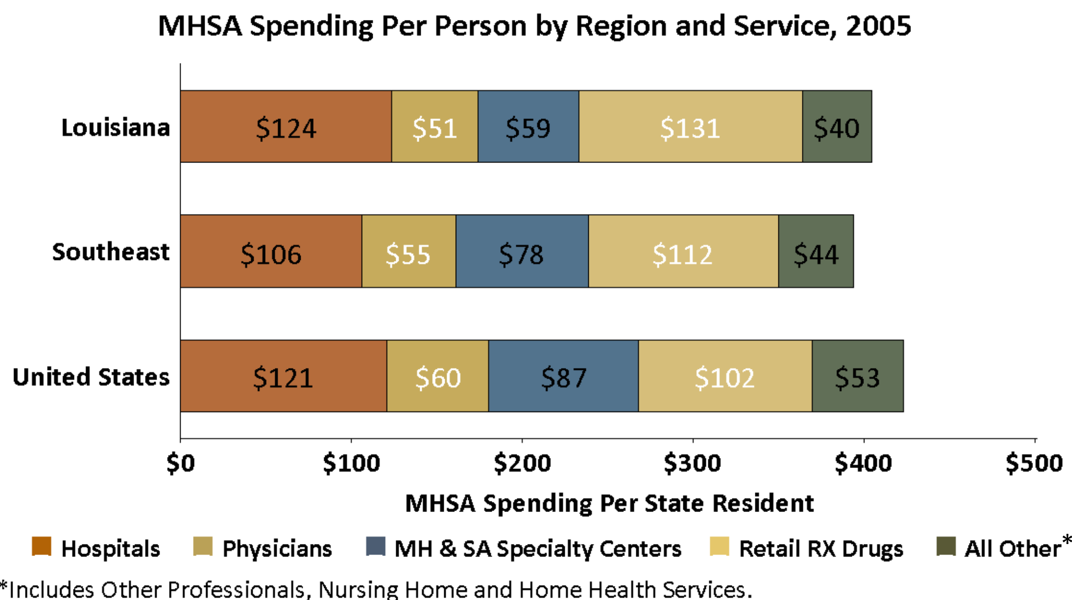
The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Kentucky rate compares to the national average.

- MHSA Treatment Access in Kentucky
  - The rate of MH personnel per person was substantially below the U.S. average.
  - The percent of the population not living in MH professional shortage areas was below the U.S. average.
- MHSA-Related Outcomes in Kentucky
  - The suicide rate was above the U.S. average.
  - The percent of the population using illicit drugs was close to the U.S. average.
  - The rate of alcohol-related traffic fatalities was above the U.S. average.
  - The incarceration rate was close to the U.S. average.
  - The violent crime rate was substantially below the U.S. average.
  - The property crime rate was below the U.S. average.


Kentucky Profile
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
MHSA Spending per State Resident
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

### *Louisiana Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $1.8 billion was spent on MHSA treatment in Louisiana, or about 1.5% of all MHSA treatment spending in the United States. This translates into $404 spent per person in Louisiana, similar to the national average of $423 per person and close to the Southeast regional average of $394 per person.

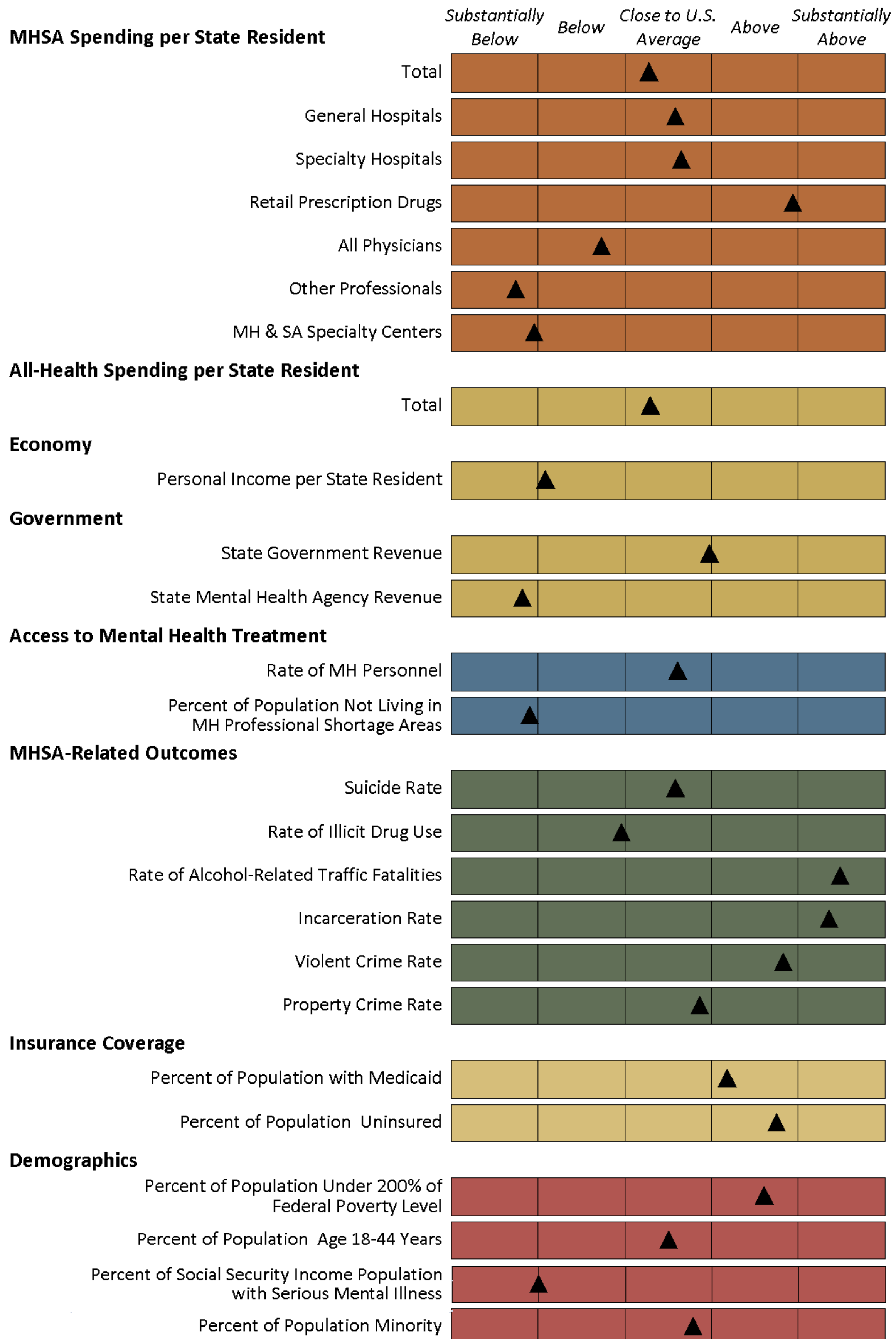



*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in Louisiana, $131 per person was spent on retail prescription drugs for MHSA treatment, while $124 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $59, $51 and $40.

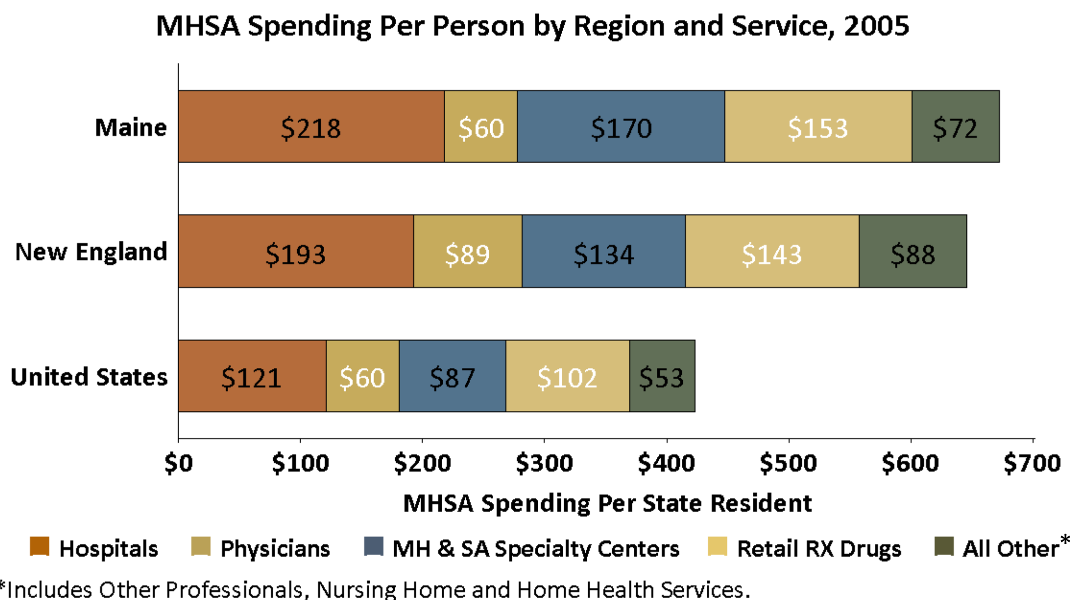
The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Louisiana rate compares to the national average.

- MHSA Treatment Access in Louisiana
  - The rate of MH personnel per person was close to the U.S. average.
  - The percent of the population not living in MH professional shortage areas was substantially below the U.S. average.
- MHSA-Related Outcomes in Louisiana
  - The suicide rate was close to the U.S. average.
  - The percent of the population using illicit drugs was below the U.S. average.
  - The rate of alcohol-related traffic fatalities was substantially above the U.S. average.
  - The incarceration rate was substantially above the U.S. average.
  - The violent crime rate was above the U.S. average.
  - The property crime rate was close to the U.S. average.


Louisiana Profile
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
MHSA Spending per State Resident
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

### *Maine Mental Health and Substance Abuse Treatment Spending*

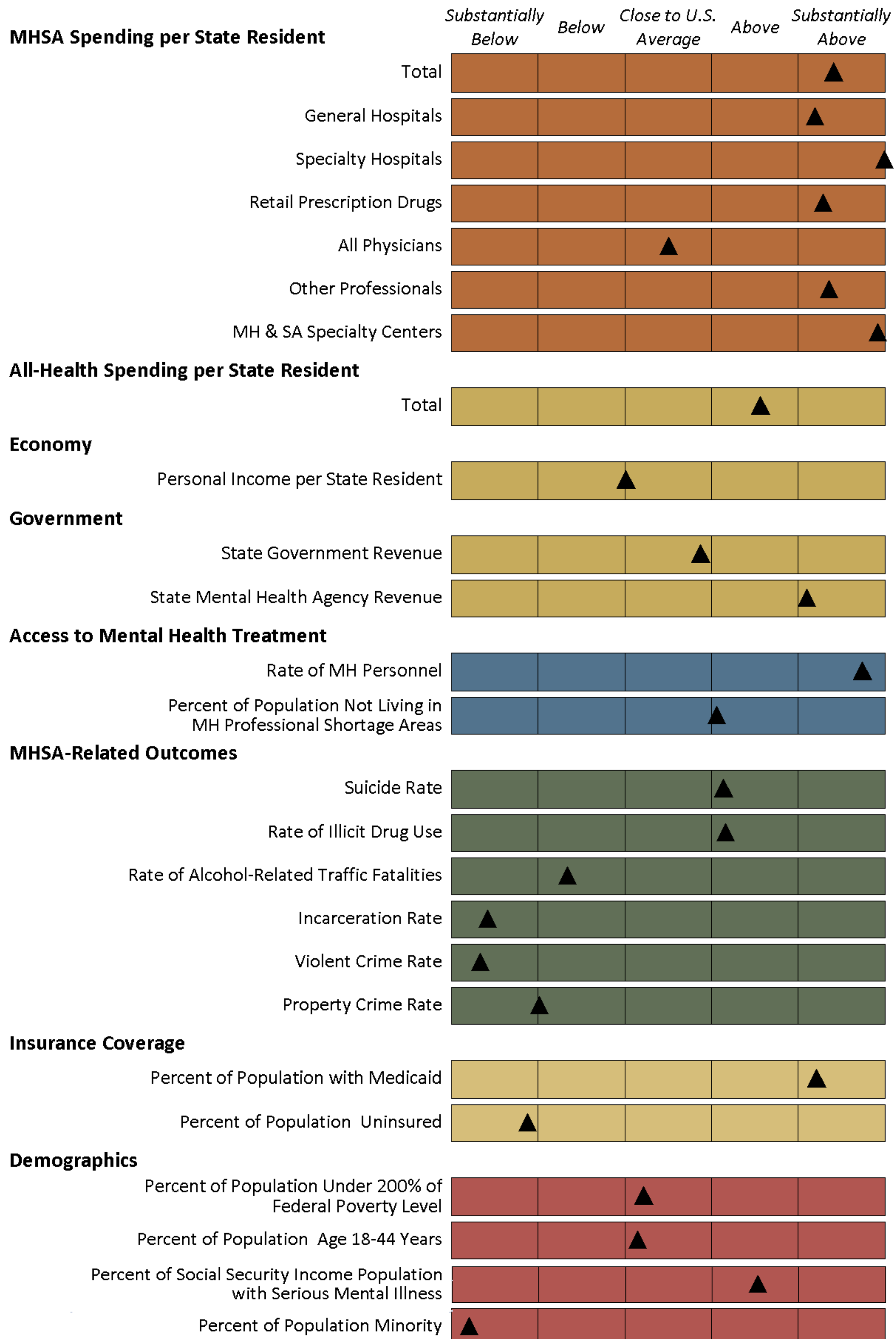
In 2005, an estimated $0.9 billion was spent on MHSA treatment in Maine, or about 0.7% of all MHSA treatment spending in the United States. This translates into $673 spent per person in Maine, substantially above the national average of $423 per person and close to the New England regional average of $646 per person.




As shown above, in Maine, $153 per person was spent on retail prescription drugs for MHSA treatment, while $218 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $170, $60 and $72.

The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Maine rate compares to the national average.

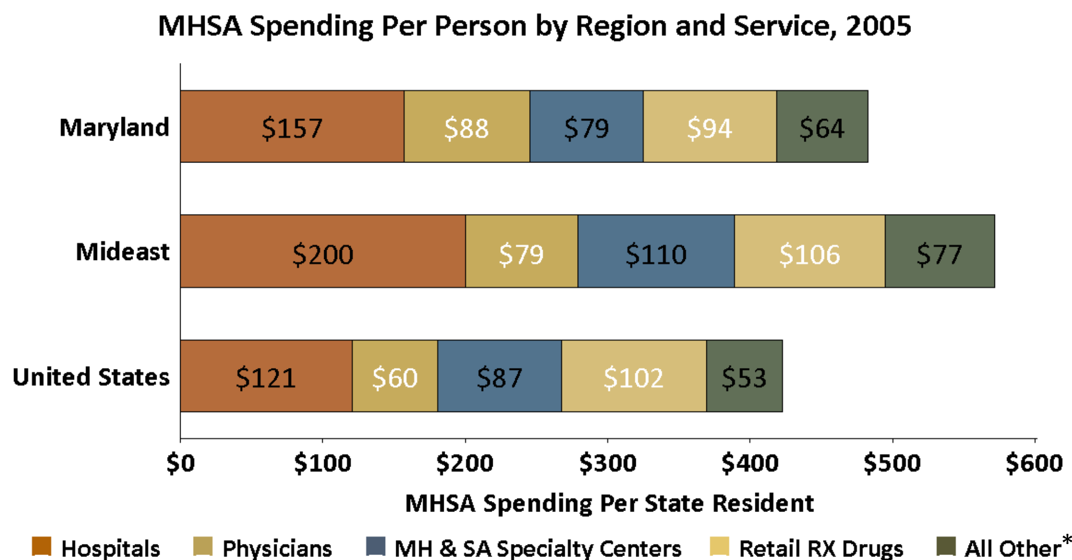
- MHSA Treatment Access in Maine
  - The rate of MH personnel per person was substantially above the U.S. average.
  - The percent of the population not living in MH professional shortage areas was above the U.S. average.
- MHSA-Related Outcomes in Maine
  - The suicide rate was above the U.S. average.
  - The percent of the population using illicit drugs was above the U.S. average.
  - The rate of alcohol-related traffic fatalities was below the U.S. average.
  - The incarceration rate was substantially below the U.S. average.
  - The violent crime rate was substantially below the U.S. average.
  - The property crime rate was below the U.S. average.



Maine Profile
MHSA Spending per State Resident
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

### *Maryland Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $2.7 billion was spent on MHSA treatment in Maryland, or about 2.2% of all MHSA treatment spending in the United States. This translates into $483 spent per person in Maryland, similar to the national average of $423 per person and below the Mideast regional average of $572 per person.

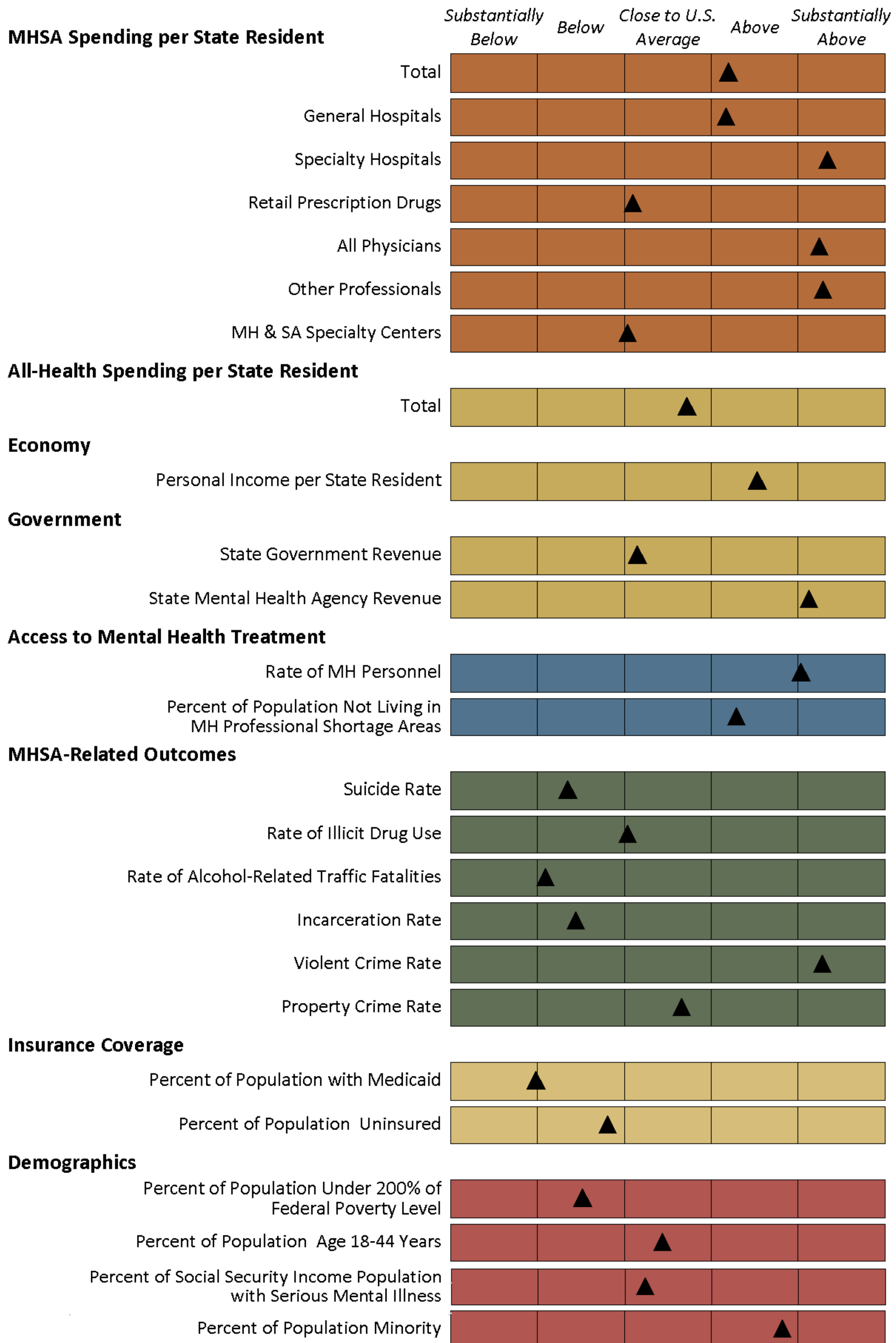



*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in Maryland, $94 per person was spent on retail prescription drugs for MHSA treatment, while $157 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $79, $88 and $64.

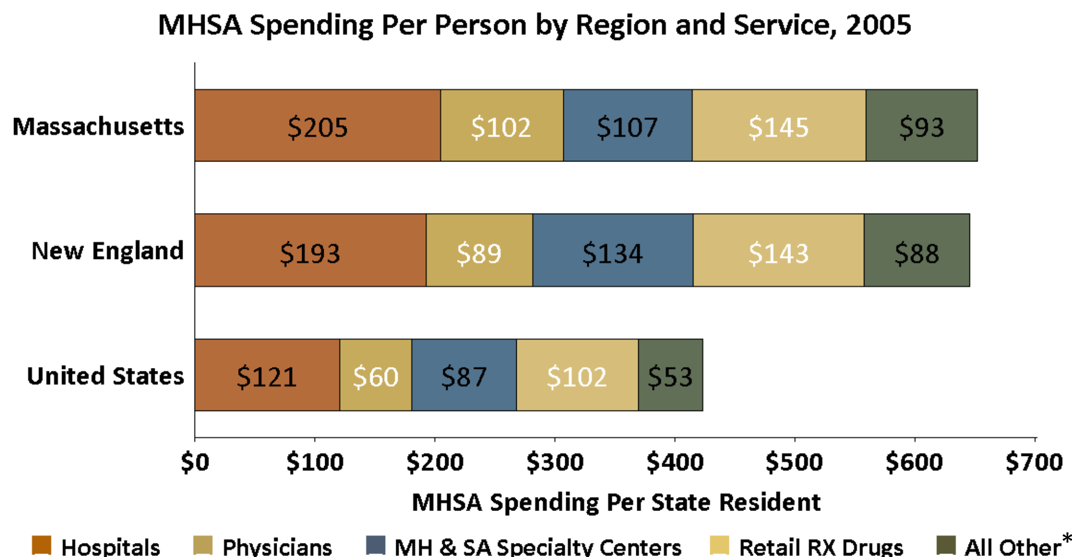
The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Maryland rate compares to the national average.

- MHSA Treatment Access in Maryland
  - The rate of MH personnel per person was substantially above the U.S. average.
  - The percent of the population not living in MH professional shortage areas was above the U.S. average.
- MHSA-Related Outcomes in Maryland
  - The suicide rate was below the U.S. average.
  - The percent of the population using illicit drugs was close to the U.S. average.
  - The rate of alcohol-related traffic fatalities was below the U.S. average.
  - The incarceration rate was below the U.S. average.
  - The violent crime rate was substantially above the U.S. average.
  - The property crime rate was close to the U.S. average.


Maryland Profile
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
MHSA Spending per State Resident
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

### *Massachusetts Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $4.2 billion was spent on MHSA treatment in Massachusetts, or about 3.4% of all MHSA treatment spending in the United States. This translates into $652 spent per person in Massachusetts, substantially above the national average of $423 per person and close to the New England regional average of $646 per person.



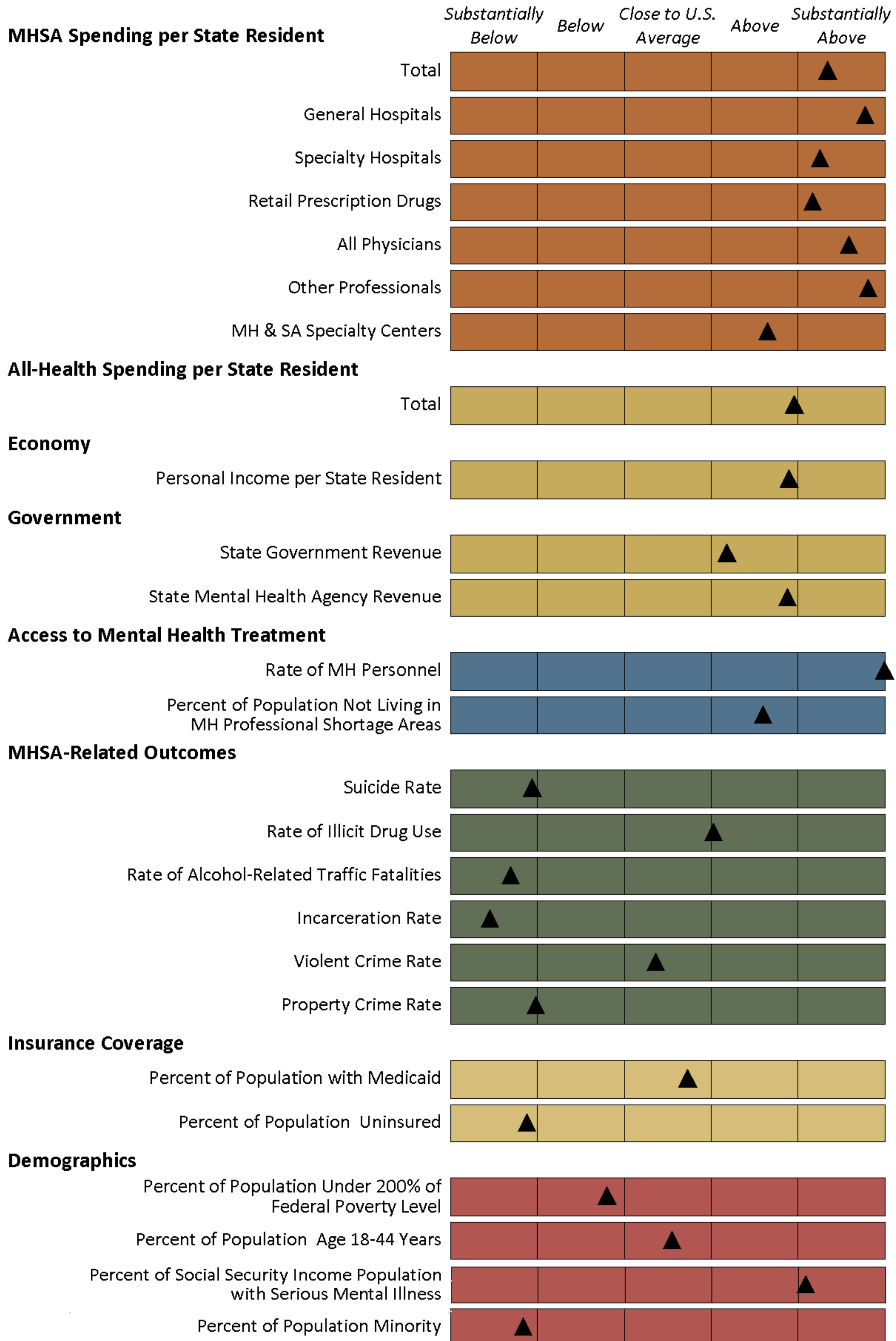

*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in Massachusetts, $145 per person was spent on retail prescription drugs for MHSA treatment, while $205 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $107, $102 and $93.

The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Massachusetts rate compares to the national average.

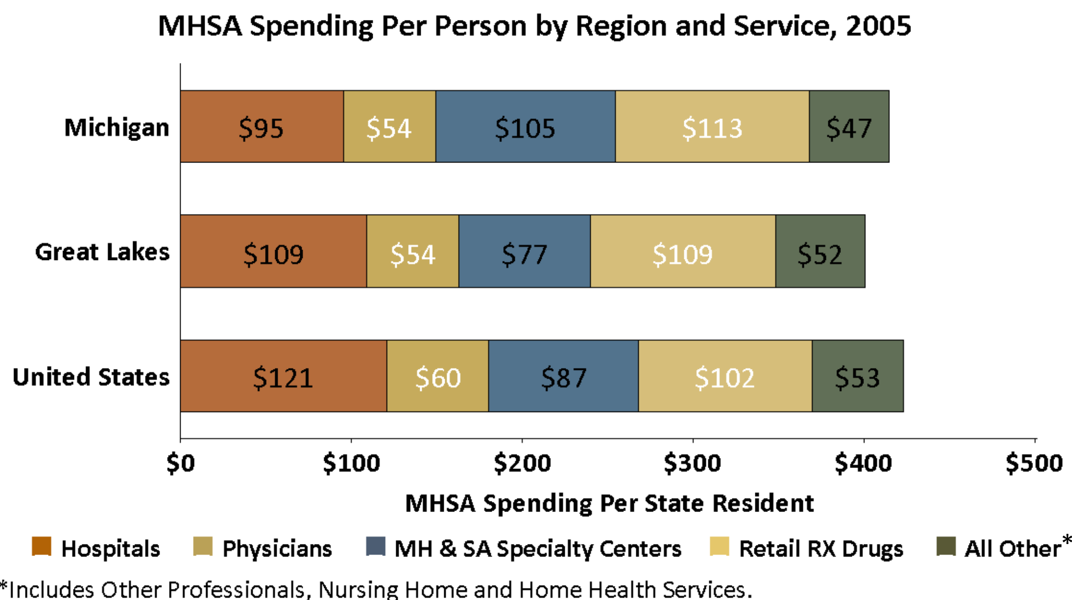
- MHSA Treatment Access in Massachusetts
    - The rate of MH personnel per person was substantially above the U.S. average.
    - The percent of the population not living in MH professional shortage areas was above the U.S. average.
- MHSA-Related Outcomes in Massachusetts
    - The suicide rate was substantially below the U.S. average.
    - The percent of the population using illicit drugs was above the U.S. average.
    - The rate of alcohol-related traffic fatalities was substantially below the U.S. average.
    - The incarceration rate was substantially below the U.S. average.
    - The violent crime rate was close to the U.S. average.
    - The property crime rate was substantially below the U.S. average.

## Massachusetts Profile



## *Michigan Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $4.2 billion was spent on MHSA treatment in Michigan, or about 3.3% of all MHSA treatment spending in the United States. This translates into $415 spent per person in Michigan, similar to the national average of $423 per person and close to the Great Lakes regional average of $401 per person.

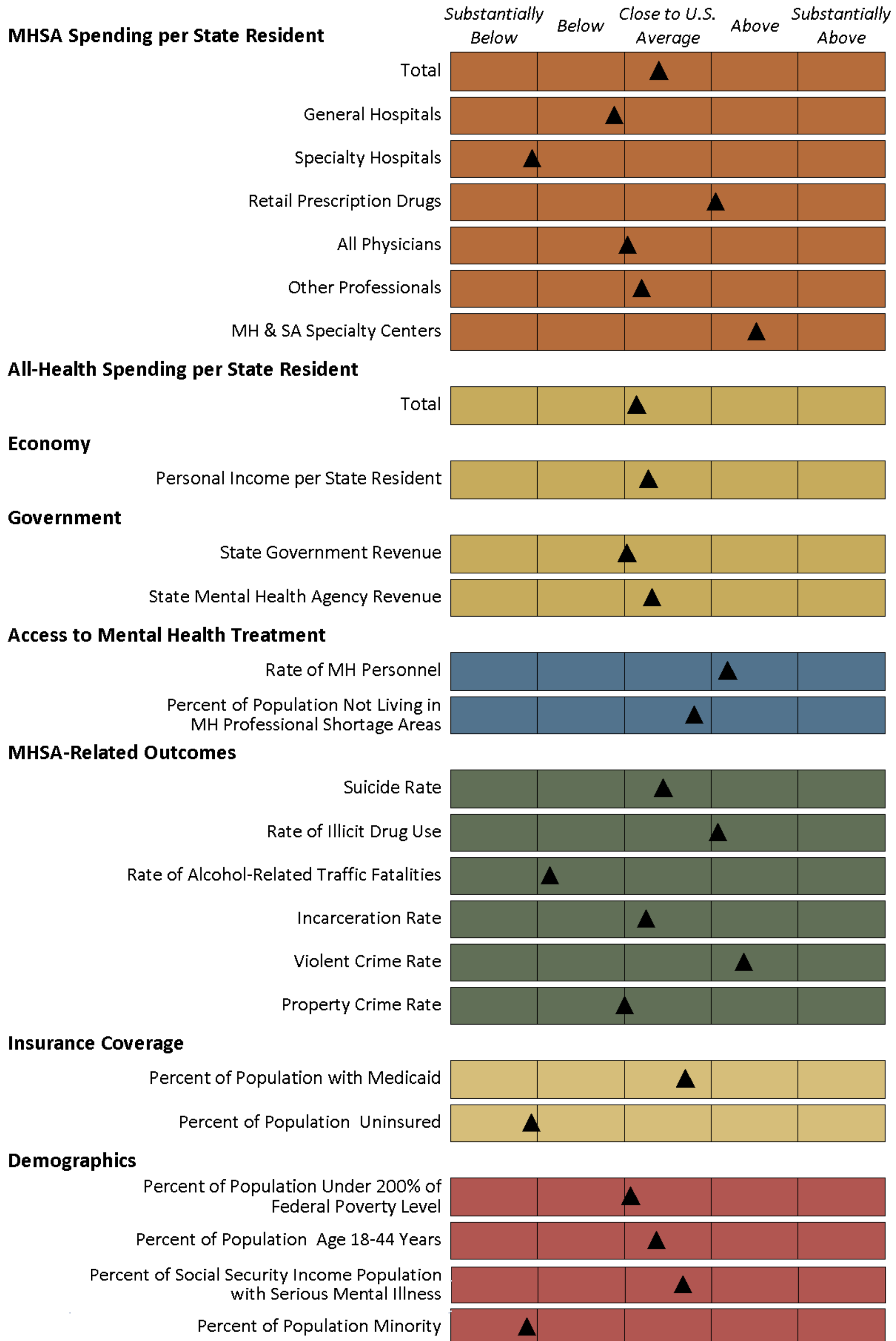



*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in Michigan, $113 per person was spent on retail prescription drugs for MHSA treatment, while $95 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $105, $54 and $47.

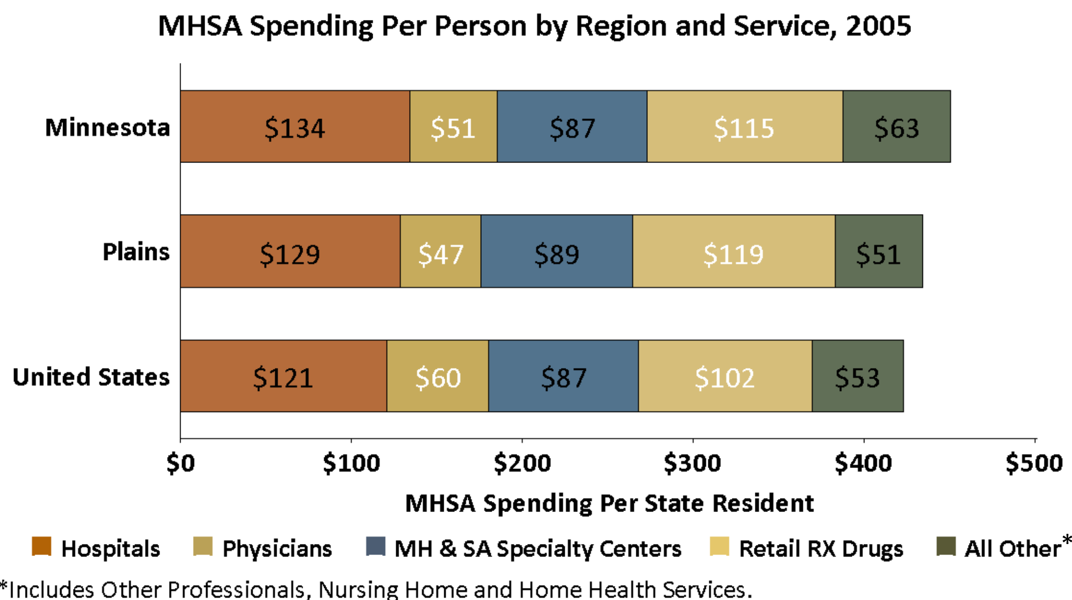
The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Michigan rate compares to the national average.

- MHSA Treatment Access in Michigan
  - The rate of MH personnel per person was above the U.S. average.
  - The percent of the population not living in MH professional shortage areas was close to the U.S. average.
- MHSA-Related Outcomes in Michigan
  - The suicide rate was close to the U.S. average.
  - The percent of the population using illicit drugs was above the U.S. average.
  - The rate of alcohol-related traffic fatalities was below the U.S. average.
  - The incarceration rate was close to the U.S. average.
  - The violent crime rate was above the U.S. average.
  - The property crime rate was close to the U.S. average.


Michigan Profile
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
MHSA Spending per State Resident
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

## *Minnesota Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $2.3 billion was spent on MHSA treatment in Minnesota, or about 1.8% of all MHSA treatment spending in the United States. This translates into $451 spent per person in Minnesota, similar to the national average of $423 per person and close to the Plains regional average of $435 per person.

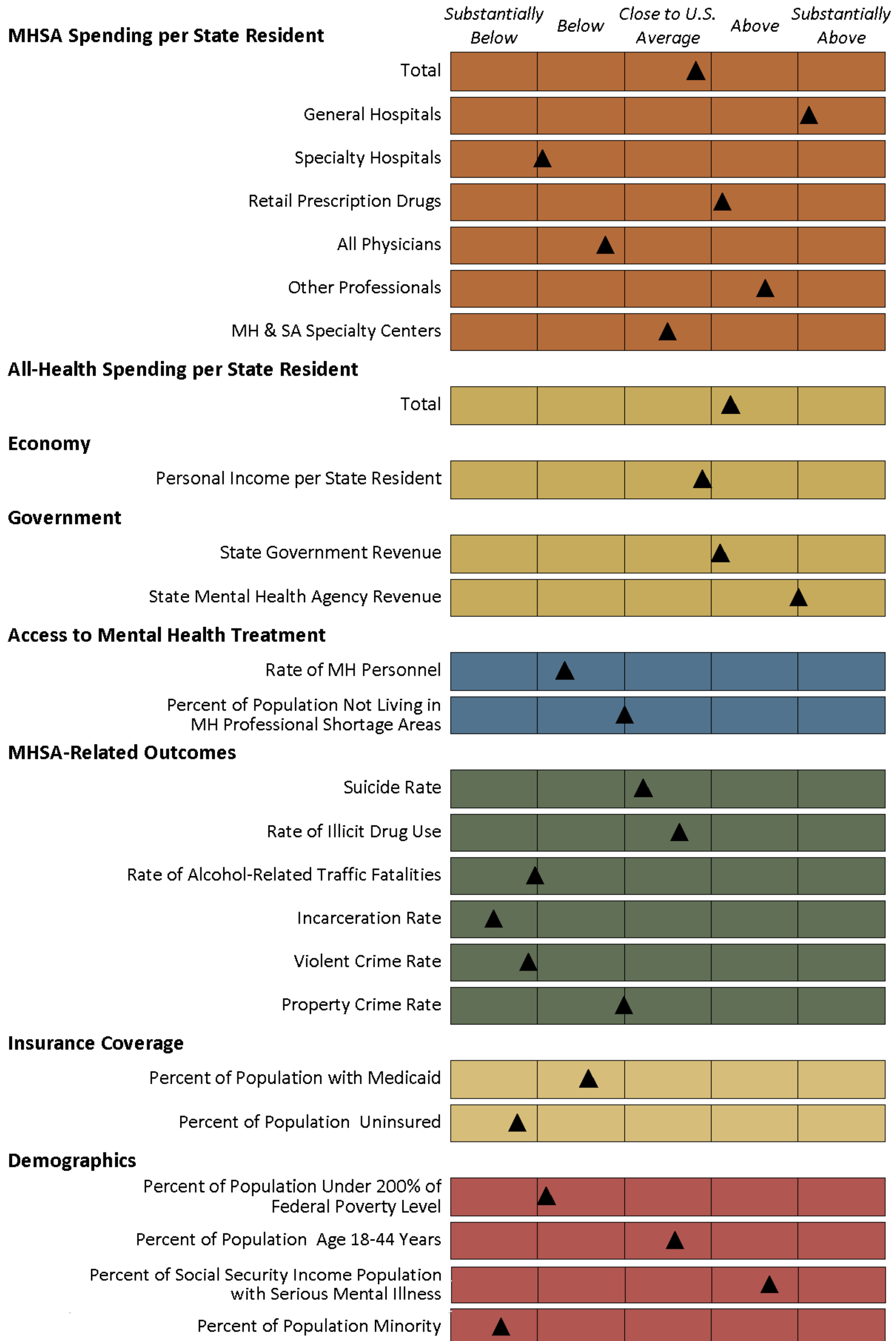


*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in Minnesota, $115 per person was spent on retail prescription drugs for MHSA treatment, while $134 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $87, $51 and $63.

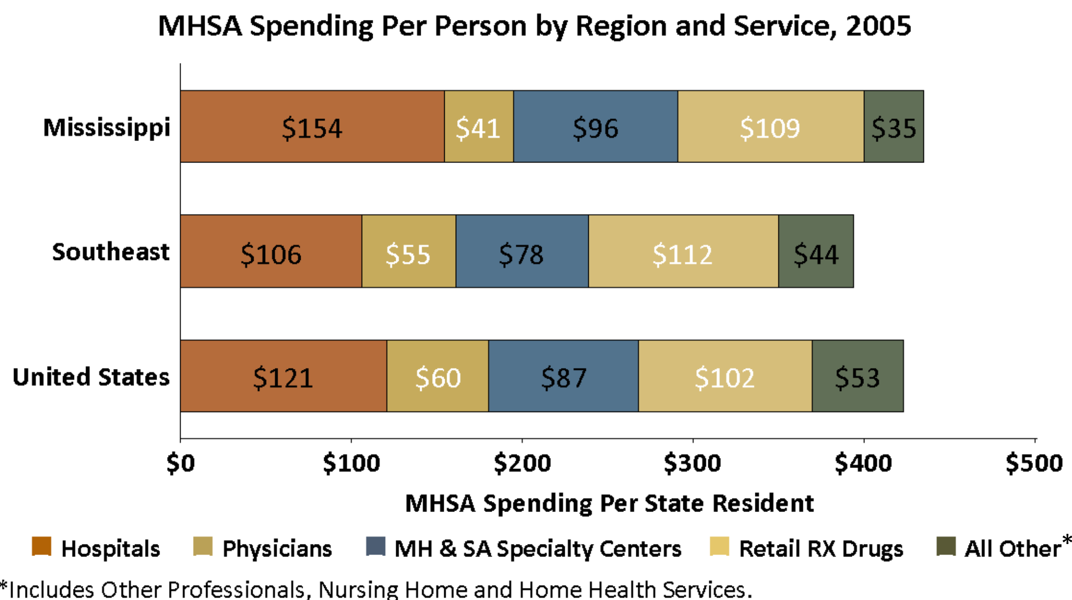
The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Minnesota rate compares to the national average.

- MHSA Treatment Access in Minnesota
  - The rate of MH personnel per person was below the U.S. average.
  - The percent of the population not living in MH professional shortage areas was close to the U.S. average.
- MHSA-Related Outcomes in Minnesota
  - The suicide rate was close to the U.S. average.
  - The percent of the population using illicit drugs was close to the U.S. average.
  - The rate of alcohol-related traffic fatalities was substantially below the U.S. average.
  - The incarceration rate was substantially below the U.S. average.
  - The violent crime rate was substantially below the U.S. average.
  - The property crime rate was below the U.S. average.


Minnesota Profile
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
MHSA Spending per State Resident
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

## *Mississippi Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $1.3 billion was spent on MHSA treatment in Mississippi, or about 1.0% of all MHSA treatment spending in the United States. This translates into $435 spent per person in Mississippi, similar to the national average of $423 per person and above the Southeast regional average of $394 per person.

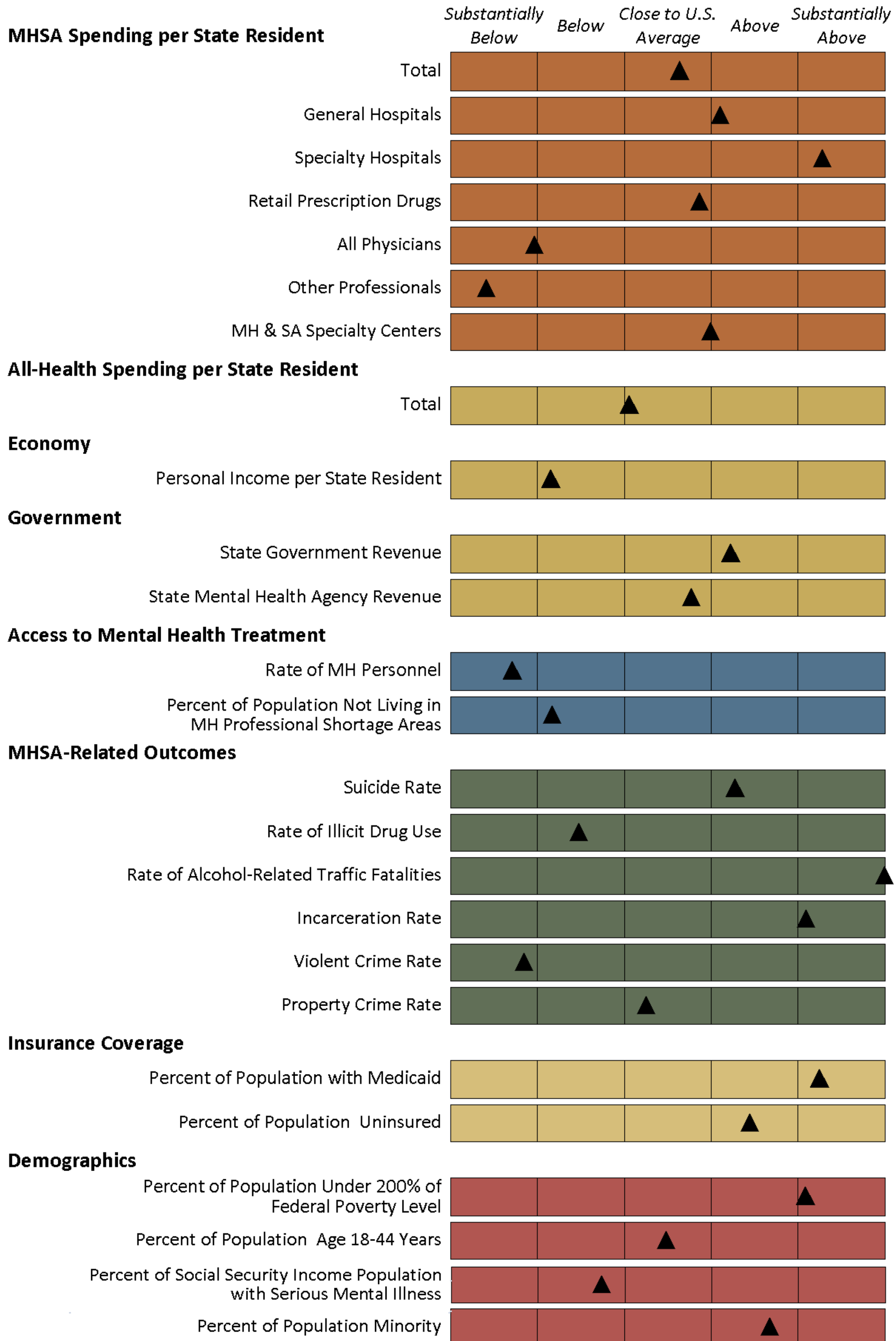


*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in Mississippi, $109 per person was spent on retail prescription drugs for MHSA treatment, while $154 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $96, $41 and $35.

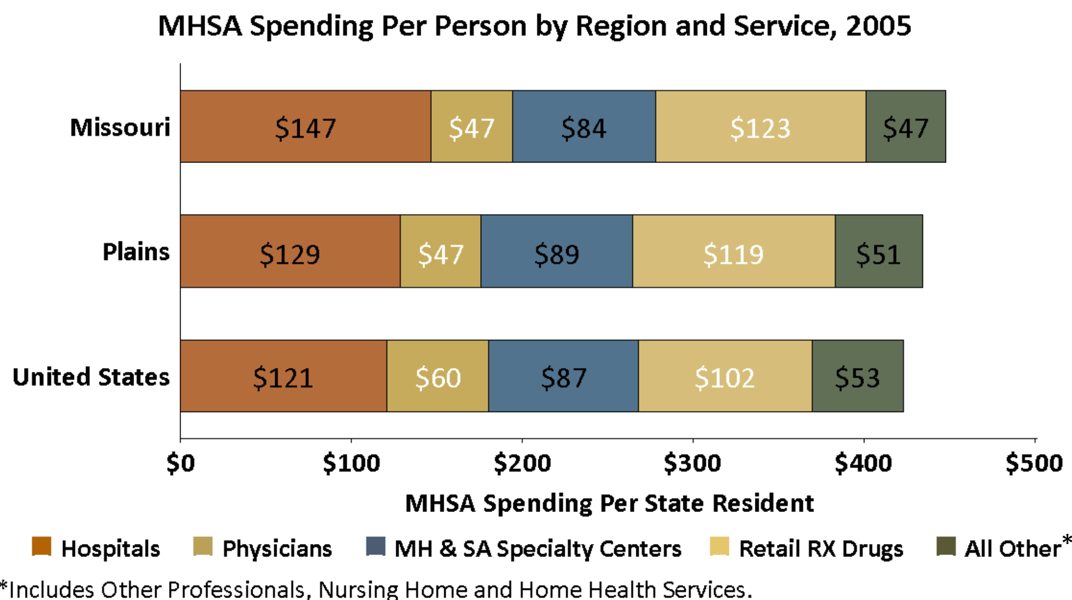
The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Mississippi rate compares to the national average.

- MHSA Treatment Access in Mississippi
  - The rate of MH personnel per person was substantially below the U.S. average.
  - The percent of the population not living in MH professional shortage areas was below the U.S. average.
- MHSA-Related Outcomes in Mississippi
  - The suicide rate was above the U.S. average.
  - The percent of the population using illicit drugs was below the U.S. average.
  - The rate of alcohol-related traffic fatalities was substantially above the U.S. average.
  - The incarceration rate was substantially above the U.S. average.
  - The violent crime rate was substantially below the U.S. average.
  - The property crime rate was close to the U.S. average.


Mississippi Profile
MHSA Spending per State Resident
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

### *Missouri Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $2.6 billion was spent on MHSA treatment in Missouri, or about 2.1% of all MHSA treatment spending in the United States. This translates into $448 spent per person in Missouri, similar to the national average of $423 per person and close to the Plains regional average of $435 per person.



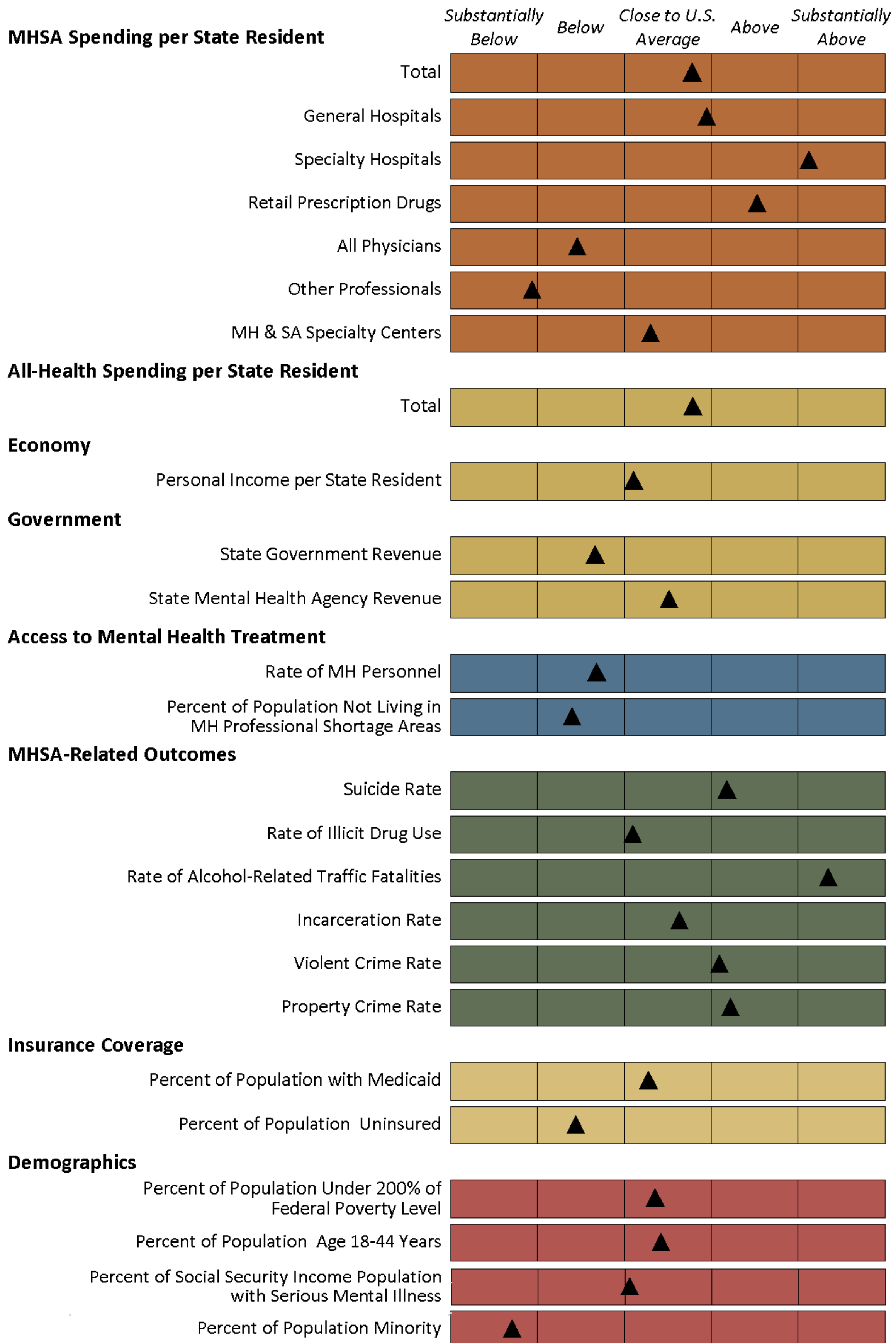
*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in Missouri, $123 per person was spent on retail prescription drugs for MHSA treatment, while $147 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $84, $47 and $47.

The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Missouri rate compares to the national average.

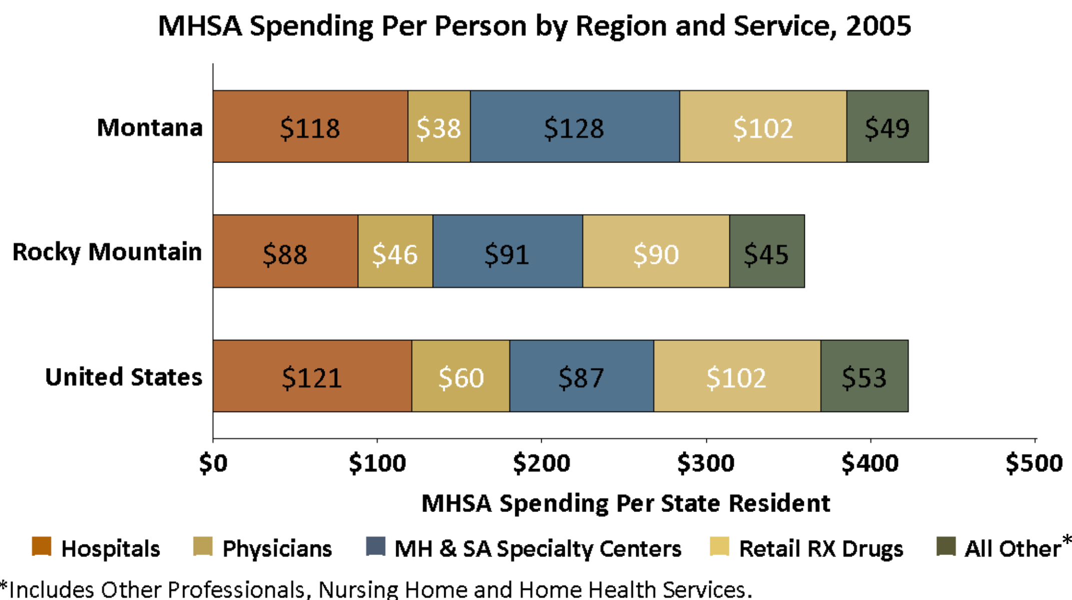
- MHSA Treatment Access in Missouri
    - The rate of MH personnel per person was below the U.S. average.
    - The percent of the population not living in MH professional shortage areas was below the U.S. average.
- MHSA-Related Outcomes in Missouri
    - The suicide rate was above the U.S. average.
    - The percent of the population using illicit drugs was close to the U.S. average.
    - The rate of alcohol-related traffic fatalities was substantially above the U.S. average.
    - The incarceration rate was close to the U.S. average.
    - The violent crime rate was above the U.S. average.
    - The property crime rate was above the U.S. average.

## Missouri Profile



### *Montana Mental Health and Substance Abuse Treatment Spending*

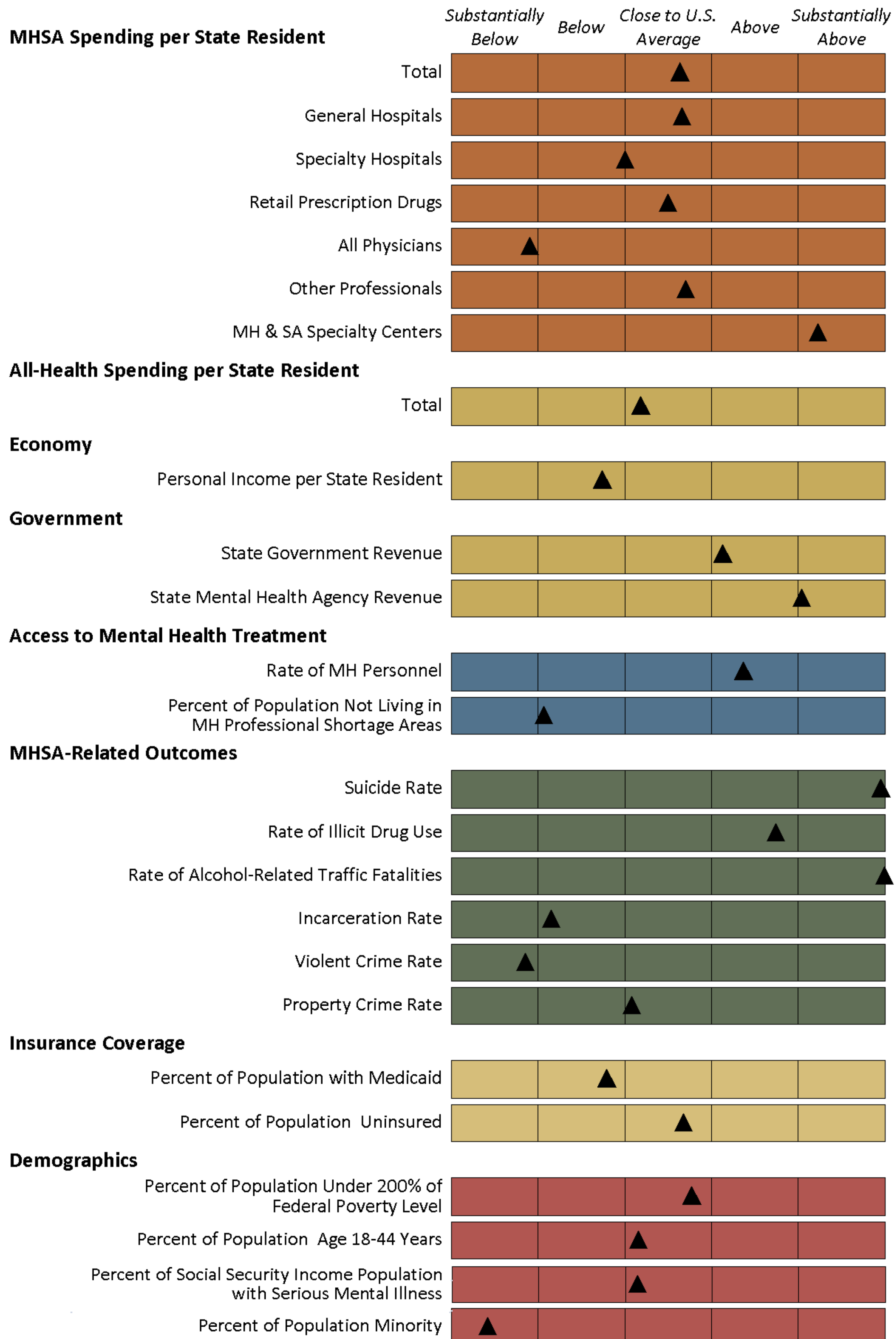
In 2005, an estimated $0.4 billion was spent on MHSA treatment in Montana, or about 0.3% of all MHSA treatment spending in the United States. This translates into $435 spent per person in Montana, similar to the national average of $423 per person and above the Rocky Mountain regional average of $360 per person.




As shown above, in Montana, $102 per person was spent on retail prescription drugs for MHSA treatment, while $118 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $128, $38 and $49.

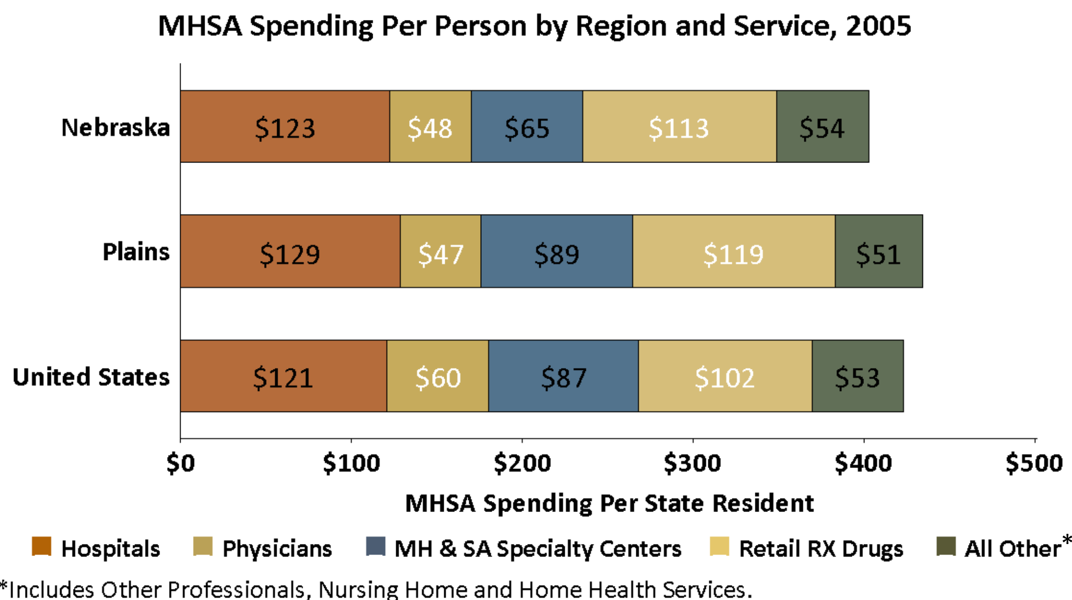
The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Montana rate compares to the national average.

- MHSA Treatment Access in Montana
  - The rate of MH personnel per person was above the U.S. average.
  - The percent of the population not living in MH professional shortage areas was below the U.S. average.
- MHSA-Related Outcomes in Montana
  - The suicide rate was substantially above the U.S. average.
  - The percent of the population using illicit drugs was above the U.S. average.
  - The rate of alcohol-related traffic fatalities was substantially above the U.S. average.
  - The incarceration rate was below the U.S. average.
  - The violent crime rate was substantially below the U.S. average.
  - The property crime rate was close to the U.S. average.


Montana Profile
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
MHSA Spending per State Resident
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

### *Nebraska Mental Health and Substance Abuse Treatment Spending*

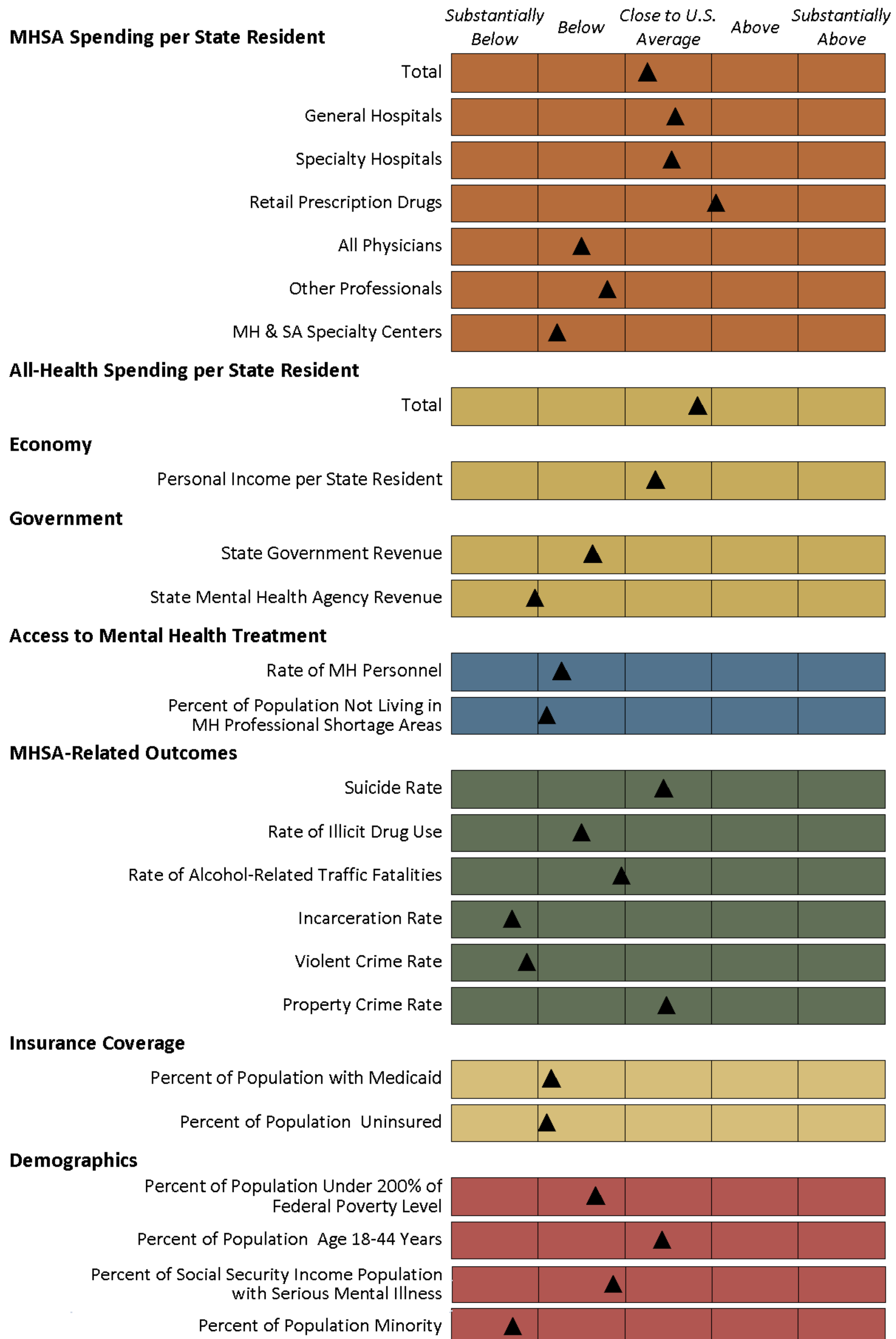
In 2005, an estimated $0.7 billion was spent on MHSA treatment in Nebraska, or about 0.6% of all MHSA treatment spending in the United States. This translates into $403 spent per person in Nebraska, similar to the national average of $423 per person and close to the Plains regional average of $435 per person.




As shown above, in Nebraska, $113 per person was spent on retail prescription drugs for MHSA treatment, while $123 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $65, $48 and $54.

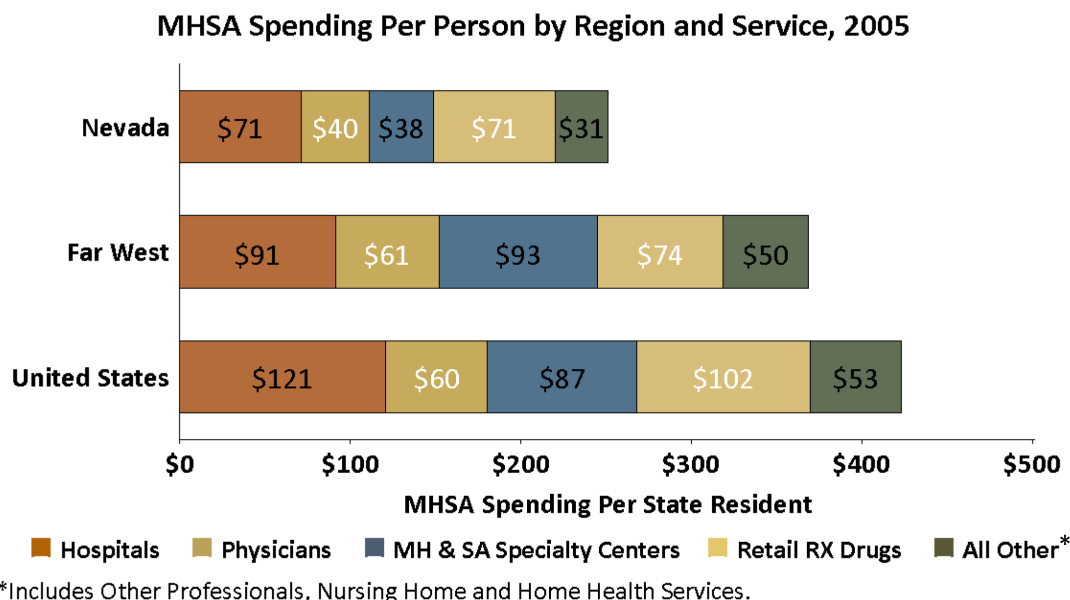
The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Nebraska rate compares to the national average.

- MHSA Treatment Access in Nebraska
    - The rate of MH personnel per person was below the U.S. average.
    - The percent of the population not living in MH professional shortage areas was below the U.S. average.
- MHSA-Related Outcomes in Nebraska
    - The suicide rate was close to the U.S. average.
    - The percent of the population using illicit drugs was below the U.S. average.
    - The rate of alcohol-related traffic fatalities was below the U.S. average.
    - The incarceration rate was substantially below the U.S. average.
    - The violent crime rate was substantially below the U.S. average.
    - The property crime rate was close to the U.S. average.


Nebraska Profile
MHSA Spending per State Resident
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

### *Nevada Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $0.6 billion was spent on MHSA treatment in Nevada, or about 0.5% of all MHSA treatment spending in the United States. This translates into $251 spent per person in Nevada, substantially below the national average of $423 per person and substantially below the Far West regional average of $369 per person.

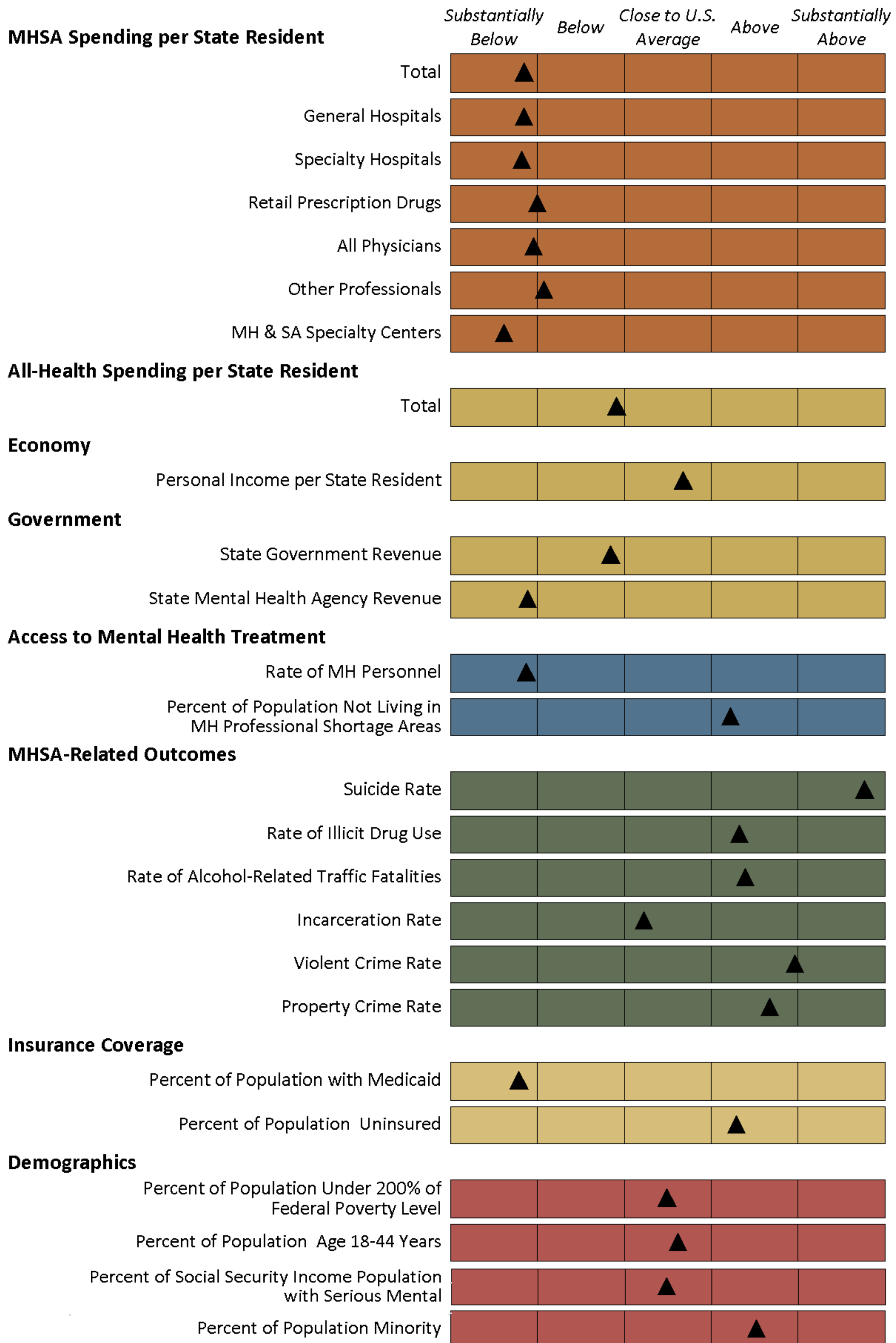



*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in Nevada, $71 per person was spent on retail prescription drugs for MHSA treatment, while $71 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $38, $40 and $31.

The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Nevada rate compares to the national average.

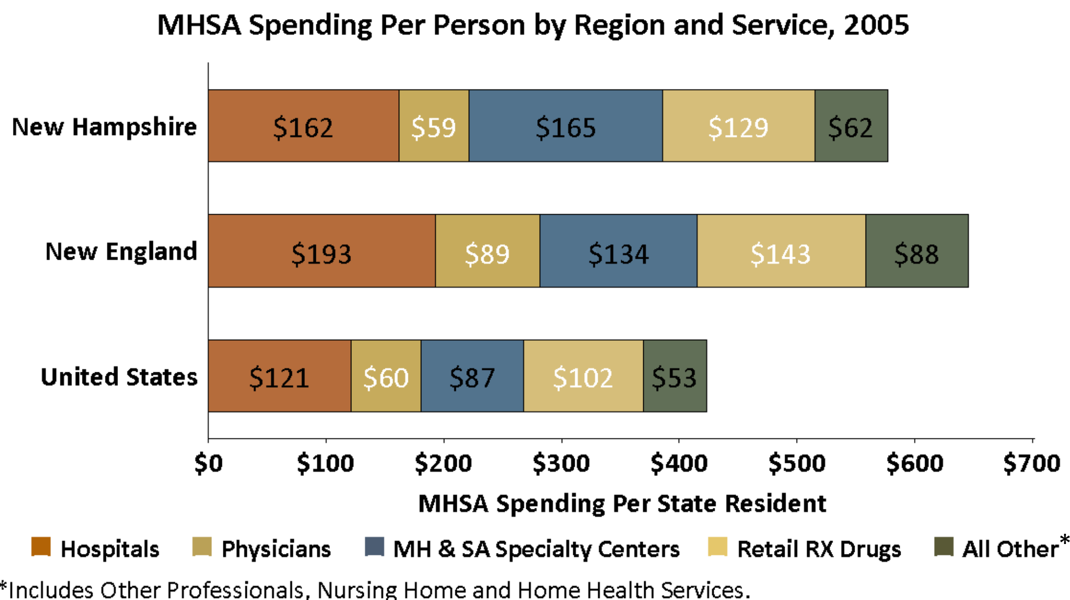
- MHSA Treatment Access in Nevada
  - The rate of MH personnel per person was substantially below the U.S. average.
  - The percent of the population not living in MH professional shortage areas was above the U.S. average.
- MHSA-Related Outcomes in Nevada
  - The suicide rate was substantially above the U.S. average.
  - The percent of the population using illicit drugs was above the U.S. average.
  - The rate of alcohol-related traffic fatalities was above the U.S. average.
  - The incarceration rate was close to the U.S. average.
  - The violent crime rate was above the U.S. average.
  - The property crime rate was above the U.S. average.



Nevada Profile
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
MHSA Spending per State Resident
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental
Percent of Population Minority

### *New Hampshire Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $0.8 billion was spent on MHSA treatment in New Hampshire, or about 0.6% of all MHSA treatment spending in the United States. This translates into $577 spent per person in New Hampshire, substantially above the national average of $423 per person and below the New England regional average of $646 per person.



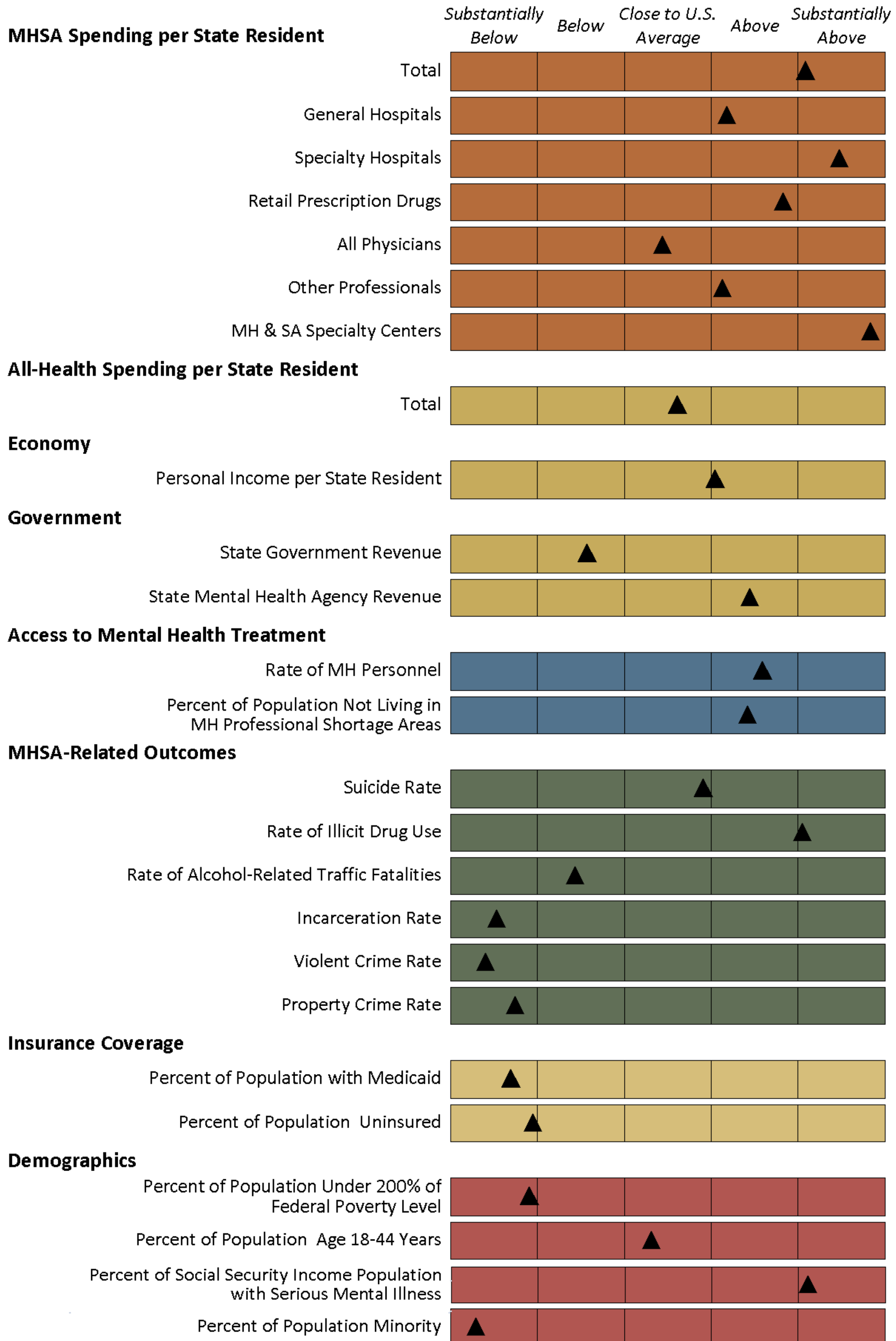

*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in New Hampshire, $129 per person was spent on retail prescription drugs for MHSA treatment, while $162 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $165, $59 and $62.

The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the New Hampshire rate compares to the national average.

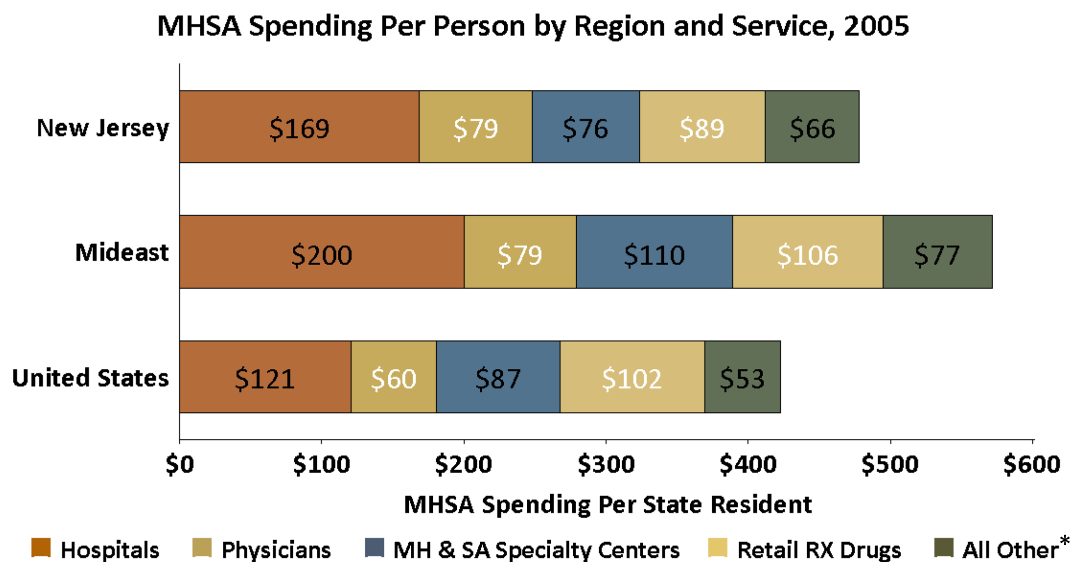
- MHSA Treatment Access in New Hampshire
  - The rate of MH personnel per person was above the U.S. average.
  - The percent of the population not living in MH professional shortage areas was above the U.S. average.
- MHSA-Related Outcomes in New Hampshire
  - The suicide rate was close to the U.S. average.
  - The percent of the population using illicit drugs was substantially above the U.S. average.
  - The rate of alcohol-related traffic fatalities was below the U.S. average.
  - The incarceration rate was substantially below the U.S. average.
  - The violent crime rate was substantially below the U.S. average.
  - The property crime rate was substantially below the U.S. average.

## New Hampshire Profile



## *New Jersey Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $4.1 billion was spent on MHSA treatment in New Jersey, or about 3.3% of all MHSA treatment spending in the United States. This translates into $478 spent per person in New Jersey, above the national average of $423 per person and below the Mideast regional average of $572 per person.

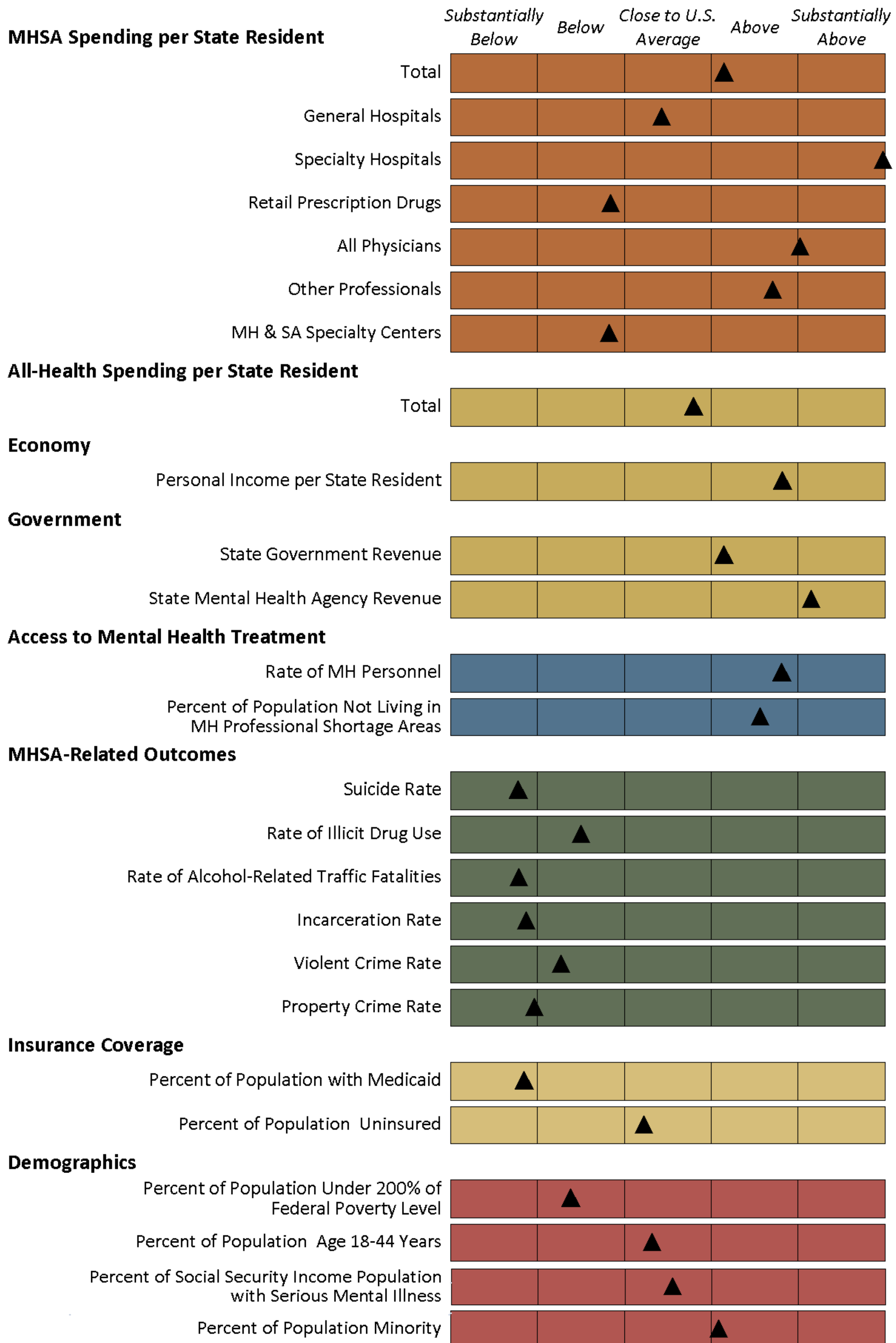



As shown above, in New Jersey, $89 per person was spent on retail prescription drugs for MHSA treatment, while $169 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $76, $79 and $66.

The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the New Jersey rate compares to the national average.

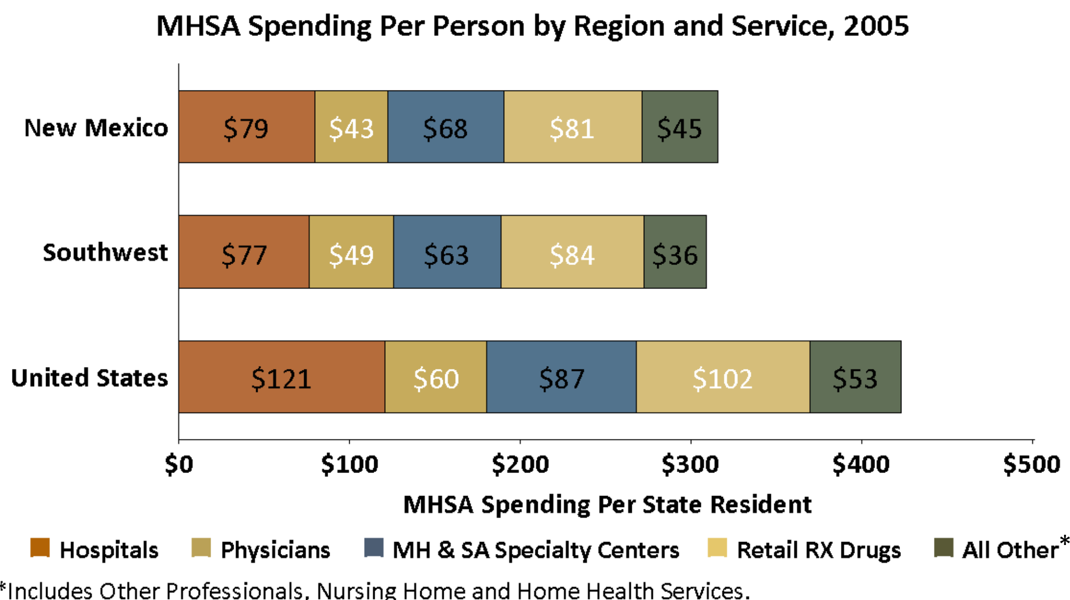
- MHSA Treatment Access in New Jersey
  - The rate of MH personnel per person was above the U.S. average.
  - The percent of the population not living in MH professional shortage areas was above the U.S. average.
- MHSA-Related Outcomes in New Jersey
  - The suicide rate was substantially below the U.S. average.
  - The percent of the population using illicit drugs was below the U.S. average.
  - The rate of alcohol-related traffic fatalities was substantially below the U.S. average.
  - The incarceration rate was substantially below the U.S. average.
  - The violent crime rate was below the U.S. average.
  - The property crime rate was substantially below the U.S. average.

## New Jersey Profile



### *New Mexico Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $0.6 billion was spent on MHSA treatment in New Mexico, or about 0.5% of all MHSA treatment spending in the United States. This translates into $316 spent per person in New Mexico, below the national average of $423 per person and close to the Southwest regional average of $309 per person.

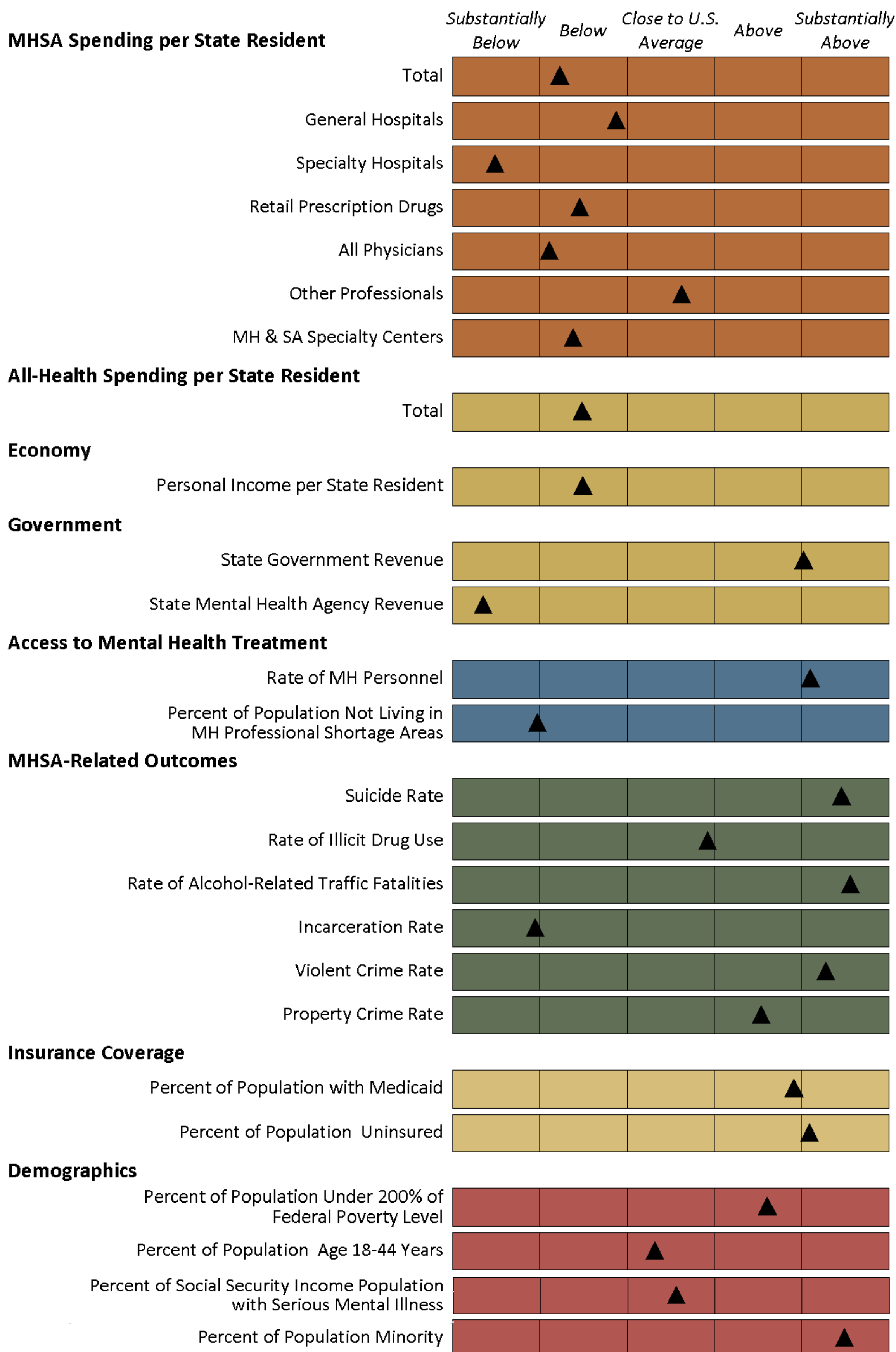



*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in New Mexico, $81 per person was spent on retail prescription drugs for MHSA treatment, while $79 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $68, $43 and $45.

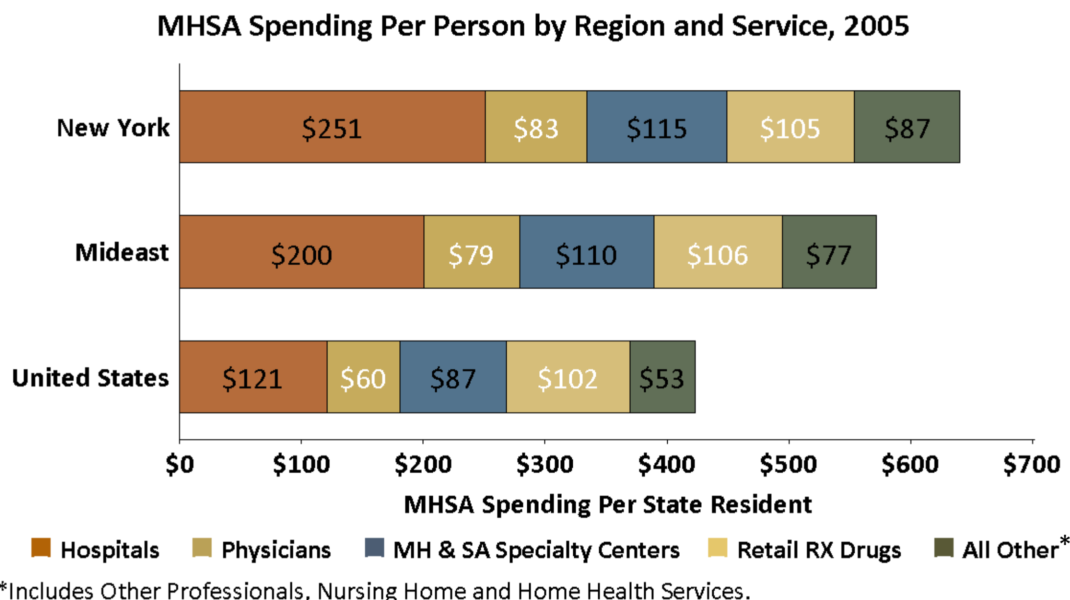
The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the New Mexico rate compares to the national average.

- MHSA Treatment Access in New Mexico
  - The rate of MH personnel per person was substantially above the U.S. average.
  - The percent of the population not living in MH professional shortage areas was substantially below the U.S. average.
- MHSA-Related Outcomes in New Mexico
  - The suicide rate was substantially above the U.S. average.
  - The percent of the population using illicit drugs was close to the U.S. average.
  - The rate of alcohol-related traffic fatalities was substantially above the U.S. average.
  - The incarceration rate was substantially below the U.S. average.
  - The violent crime rate was substantially above the U.S. average.
  - The property crime rate was above the U.S. average.


New Mexico Profile
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
MHSA Spending per State Resident
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

## *New York Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $12.4 billion was spent on MHSA treatment in New York, or about 9.9% of all MHSA treatment spending in the United States. This translates into $641 spent per person in New York, substantially above the national average of $423 per person and above the Mideast regional average of $572 per person.

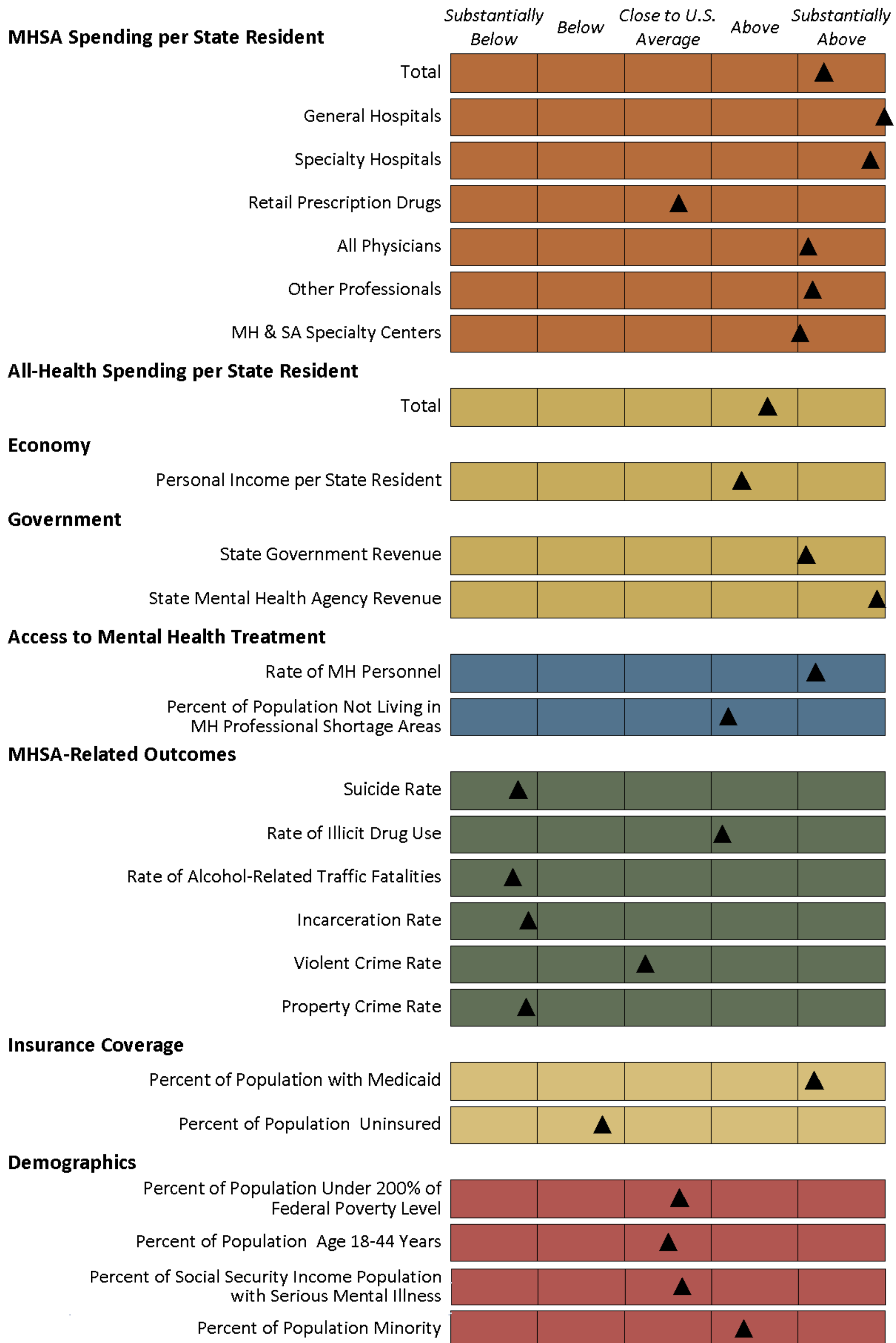



*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in New York, $105 per person was spent on retail prescription drugs for MHSA treatment, while $251 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $115, $83 and $87.

The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the New York rate compares to the national average.

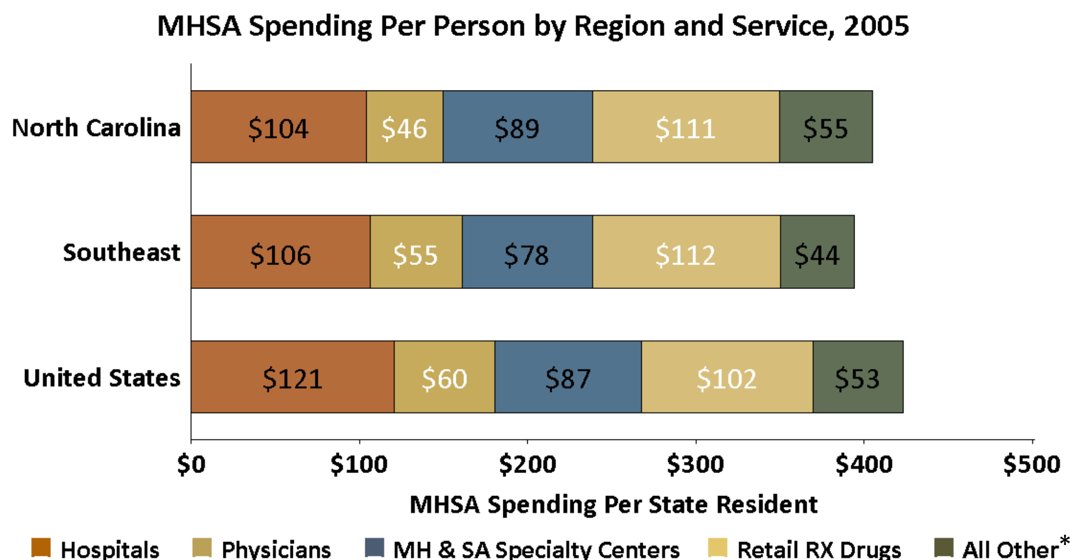
- MHSA Treatment Access in New York
  - The rate of MH personnel per person was substantially above the U.S. average.
  - The percent of the population not living in MH professional shortage areas was above the U.S. average.
- MHSA-Related Outcomes in New York
  - The suicide rate was substantially below the U.S. average.
  - The percent of the population using illicit drugs was above the U.S. average.
  - The rate of alcohol-related traffic fatalities was substantially below the U.S. average.
  - The incarceration rate was substantially below the U.S. average.
  - The violent crime rate was close to the U.S. average.
  - The property crime rate was substantially below the U.S. average.



New York Profile
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
MHSA Spending per State Resident
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

## *North Carolina Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $3.5 billion was spent on MHSA treatment in North Carolina, or about 2.8% of all MHSA treatment spending in the United States. This translates into $405 spent per person in North Carolina, similar to the national average of $423 per person and close to the Southeast regional average of $394 per person.



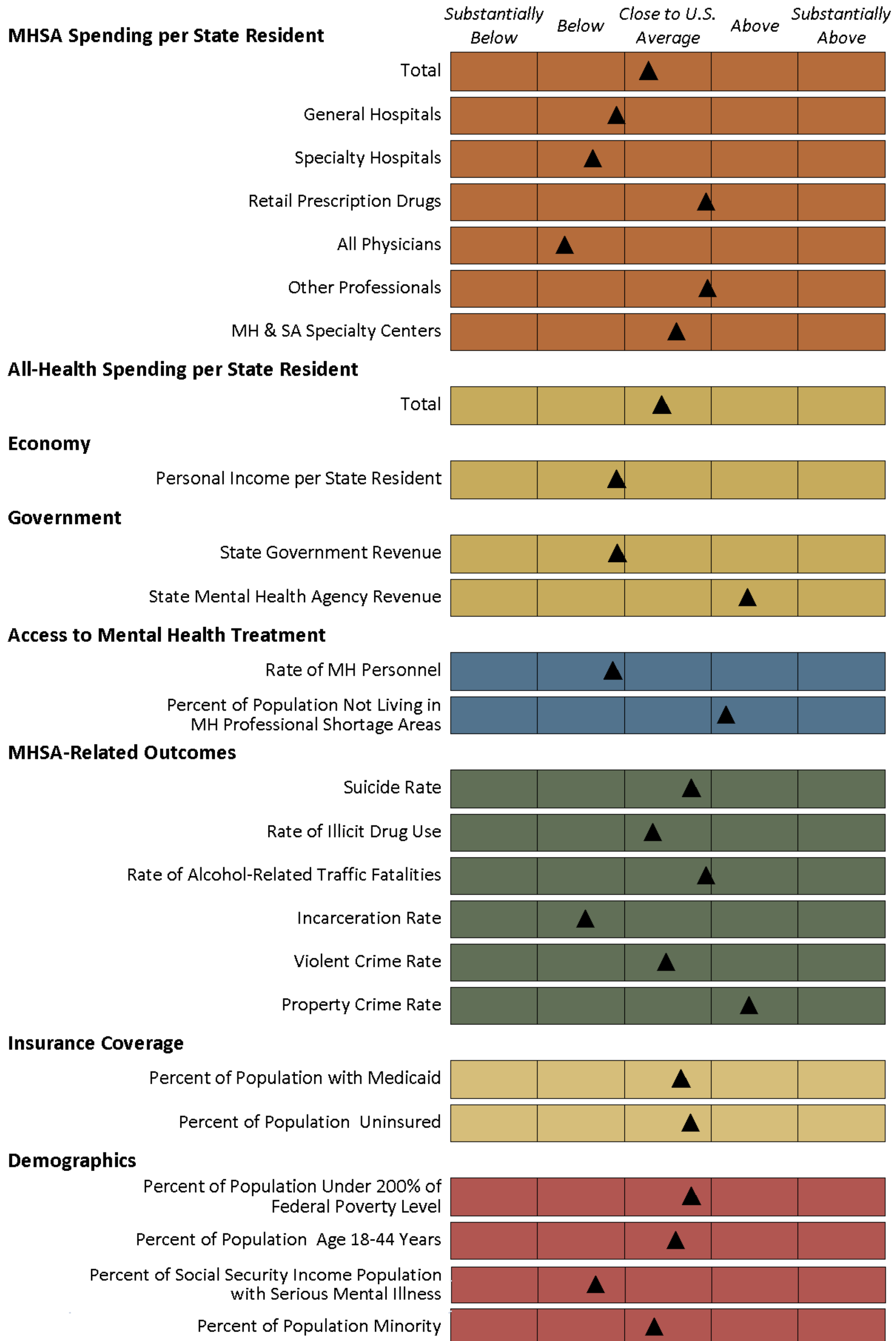
*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in North Carolina, $111 per person was spent on retail prescription drugs for MHSA treatment, while $104 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $89, $46 and $55.

The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the North Carolina rate compares to the national average.

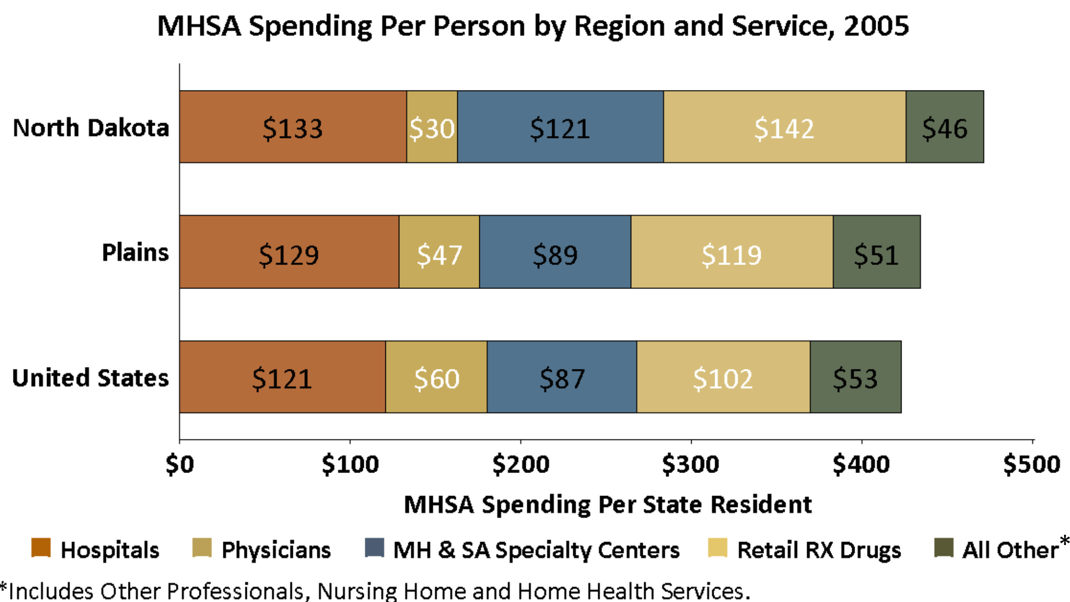
- MHSA Treatment Access in North Carolina
    - The rate of MH personnel per person was below the U.S. average.
    - The percent of the population not living in MH professional shortage areas was above the U.S. average.
- MHSA-Related Outcomes in North Carolina
    - The suicide rate was close to the U.S. average.
    - The percent of the population using illicit drugs was close to the U.S. average.
    - The rate of alcohol-related traffic fatalities was close to the U.S. average.
    - The incarceration rate was below the U.S. average.
    - The violent crime rate was close to the U.S. average.
    - The property crime rate was above the U.S. average.

## North Carolina Profile



### *North Dakota Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $0.3 billion was spent on MHSA treatment in North Dakota, or about 0.2% of all MHSA treatment spending in the United States. This translates into $471 spent per person in North Dakota, above the national average of $423 per person and close to the Plains regional average of $435 per person.

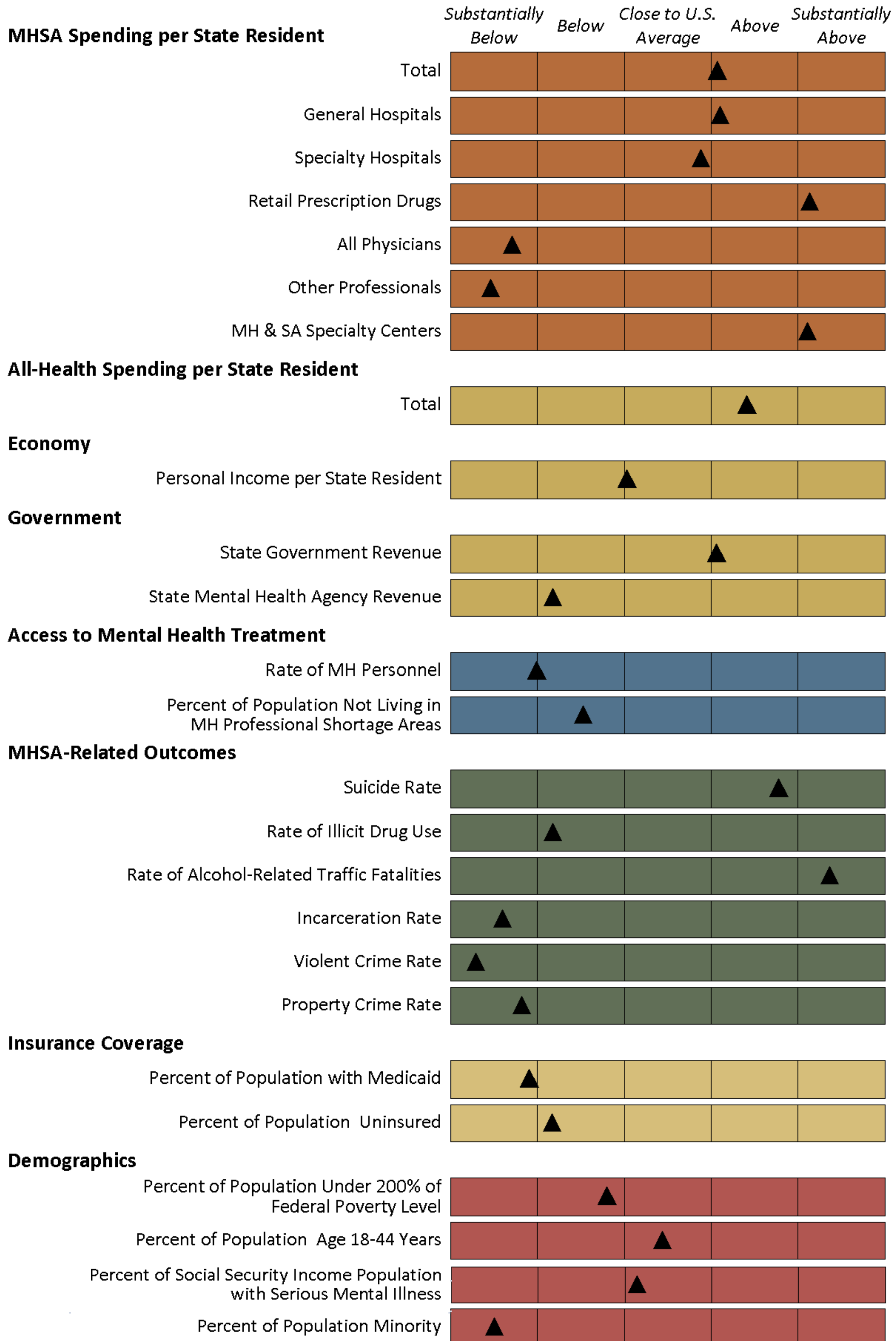



*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in North Dakota, $142 per person was spent on retail prescription drugs for MHSA treatment, while $133 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $121, $30 and $46.

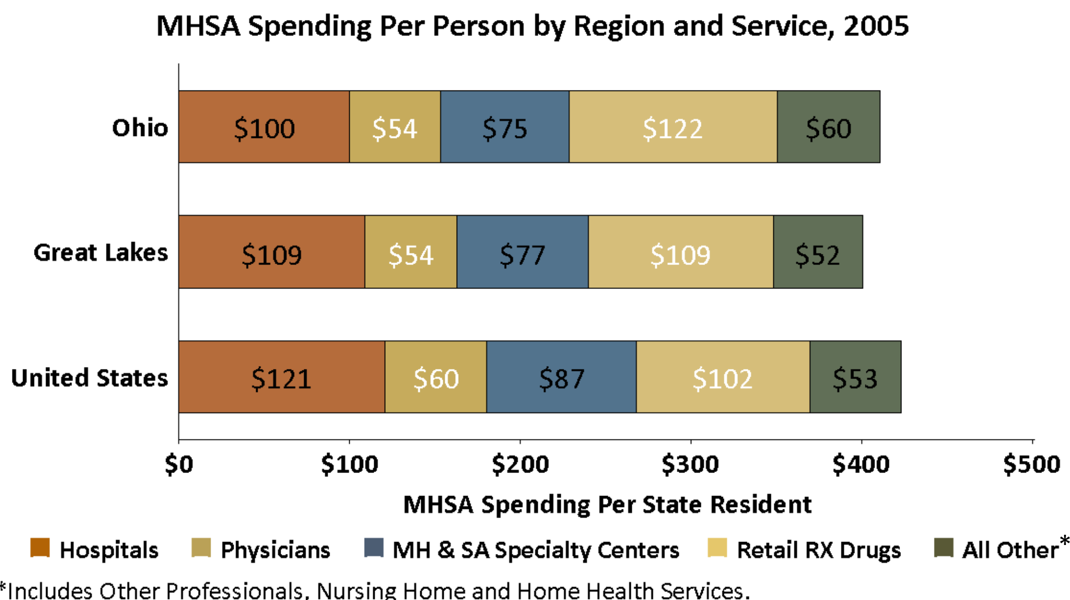
The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the North Dakota rate compares to the national average.

- MHSA Treatment Access in North Dakota
  - The rate of MH personnel per person was substantially below the U.S. average.
  - The percent of the population not living in MH professional shortage areas was below the U.S. average.
- MHSA-Related Outcomes in North Dakota
  - The suicide rate was above the U.S. average.
  - The percent of the population using illicit drugs was below the U.S. average.
  - The rate of alcohol-related traffic fatalities was substantially above the U.S. average.
  - The incarceration rate was substantially below the U.S. average.
  - The violent crime rate was substantially below the U.S. average.
  - The property crime rate was substantially below the U.S. average.


North Dakota Profile
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
MHSA Spending per State Resident
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

### *Ohio Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $4.7 billion was spent on MHSA treatment in Ohio, or about 3.8% of all MHSA treatment spending in the United States. This translates into $411 spent per person in Ohio, similar to the national average of $423 per person and close to the Great Lakes regional average of $401 per person.

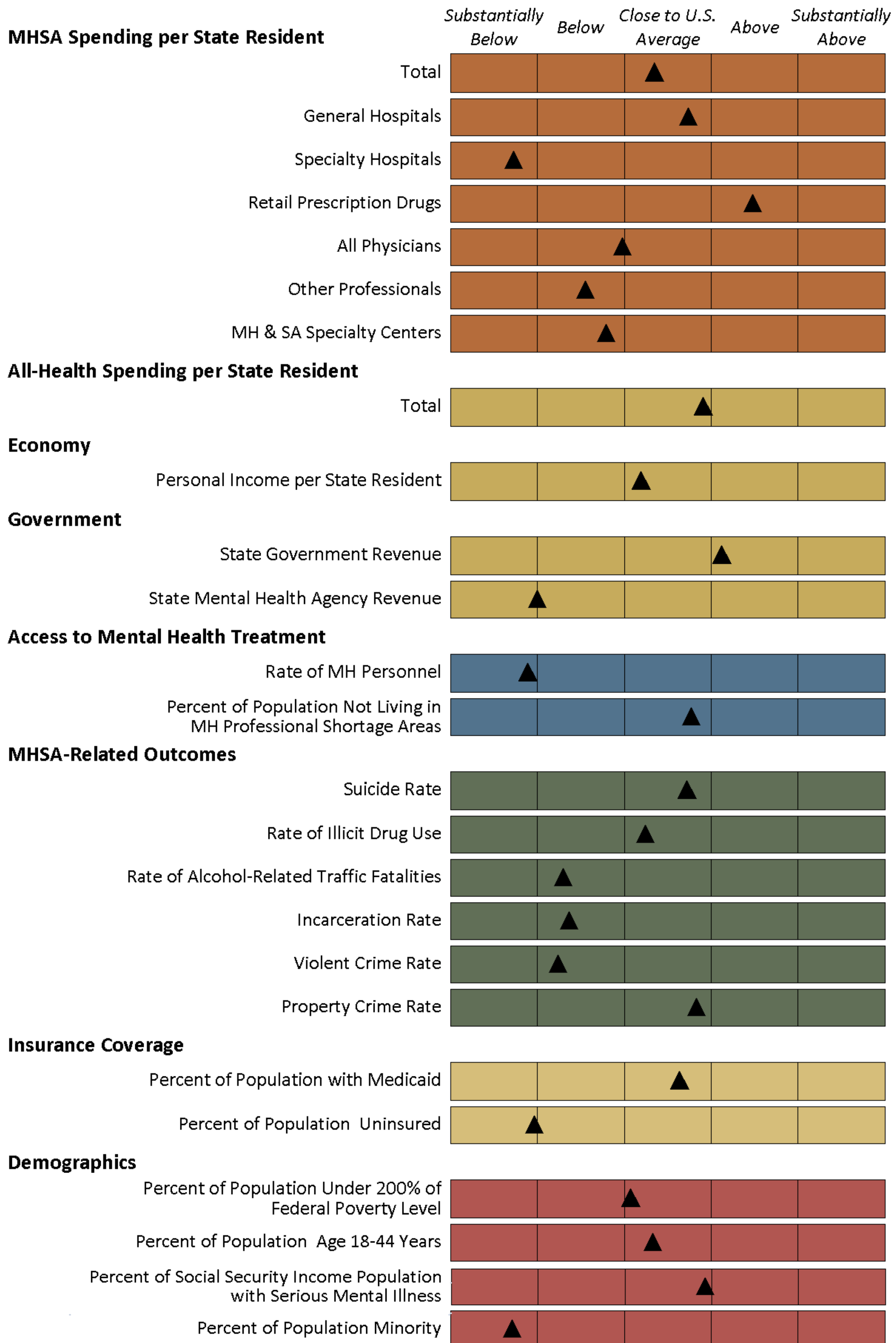



As shown above, in Ohio, $122 per person was spent on retail prescription drugs for MHSA treatment, while $100 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $75, $54 and $60.

The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Ohio rate compares to the national average.

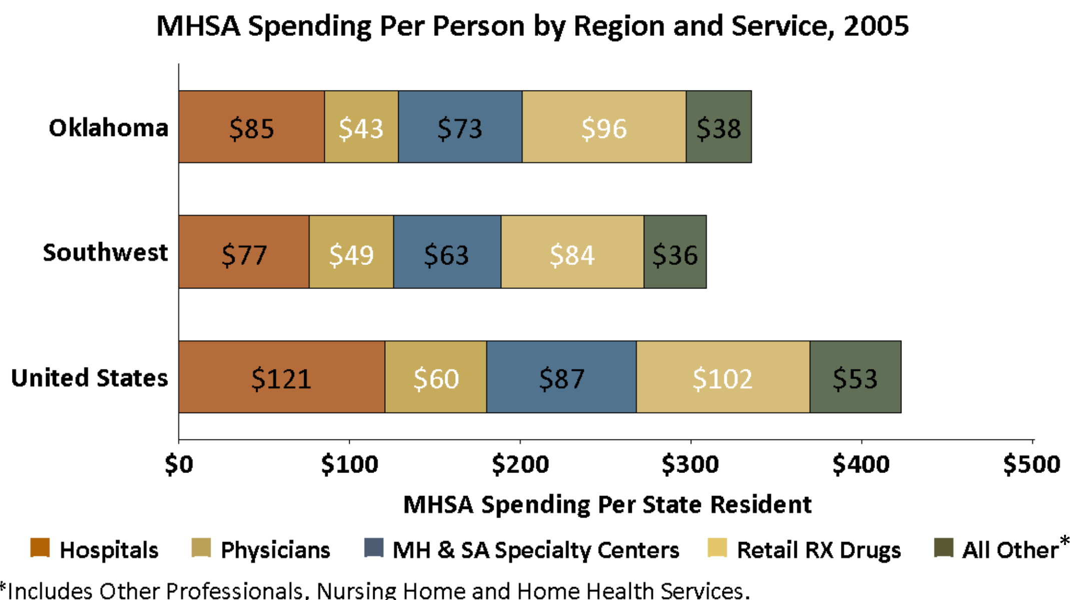
- MHSA Treatment Access in Ohio
  - The rate of MH personnel per person was substantially below the U.S. average.
  - The percent of the population not living in MH professional shortage areas was close to the U.S. average.
- MHSA-Related Outcomes in Ohio
  - The suicide rate was close to the U.S. average.
  - The percent of the population using illicit drugs was close to the U.S. average.
  - The rate of alcohol-related traffic fatalities was below the U.S. average.
  - The incarceration rate was below the U.S. average.
  - The violent crime rate was below the U.S. average.
  - The property crime rate was close to the U.S. average.

## Ohio Profile



### *Oklahoma Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $1.2 billion was spent on MHSA treatment in Oklahoma, or about 0.9% of all MHSA treatment spending in the United States. This translates into $336 spent per person in Oklahoma, below the national average of $423 per person and close to the Southwest regional average of $309 per person.

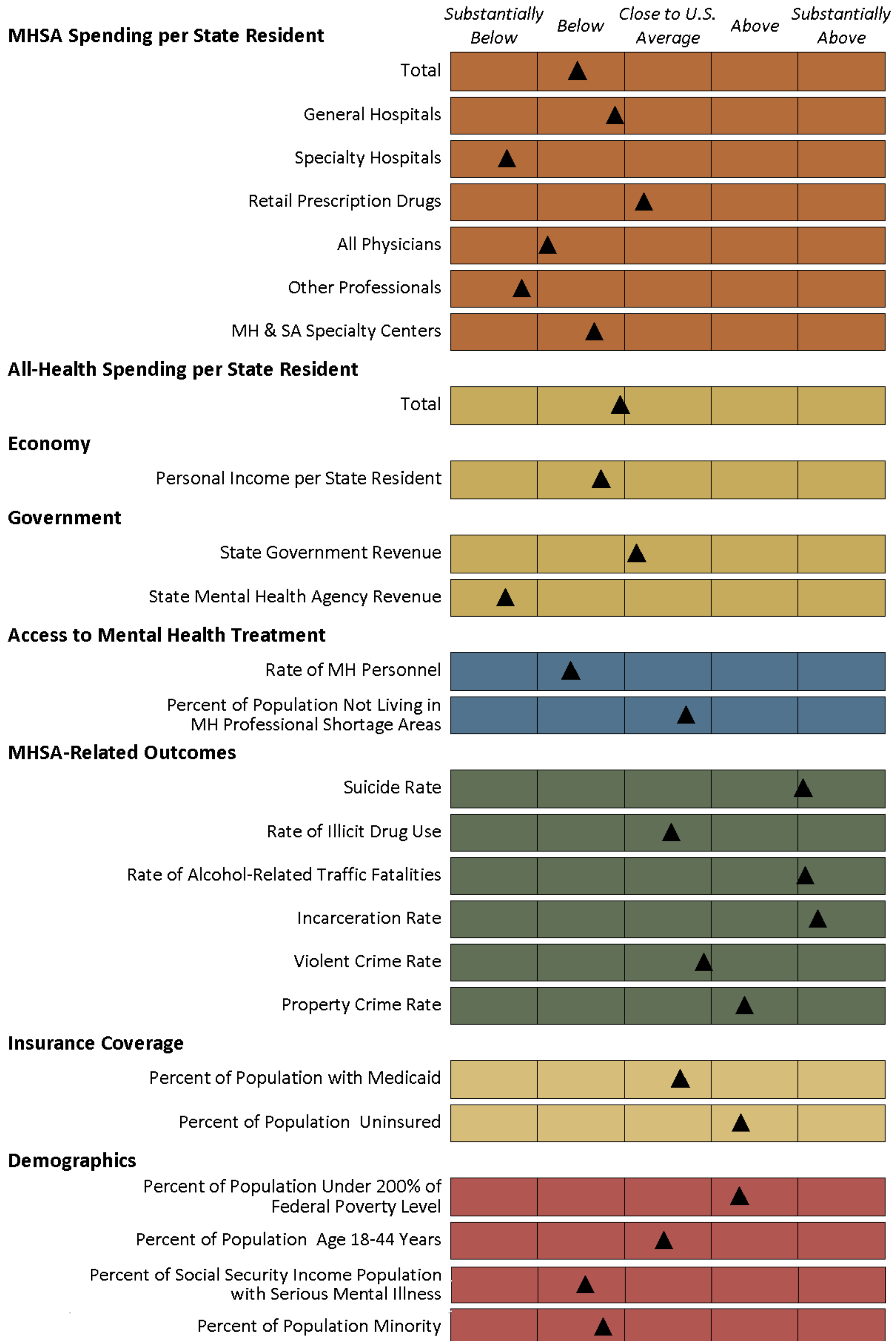



*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in Oklahoma, $96 per person was spent on retail prescription drugs for MHSA treatment, while $85 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $73, $43 and $38.

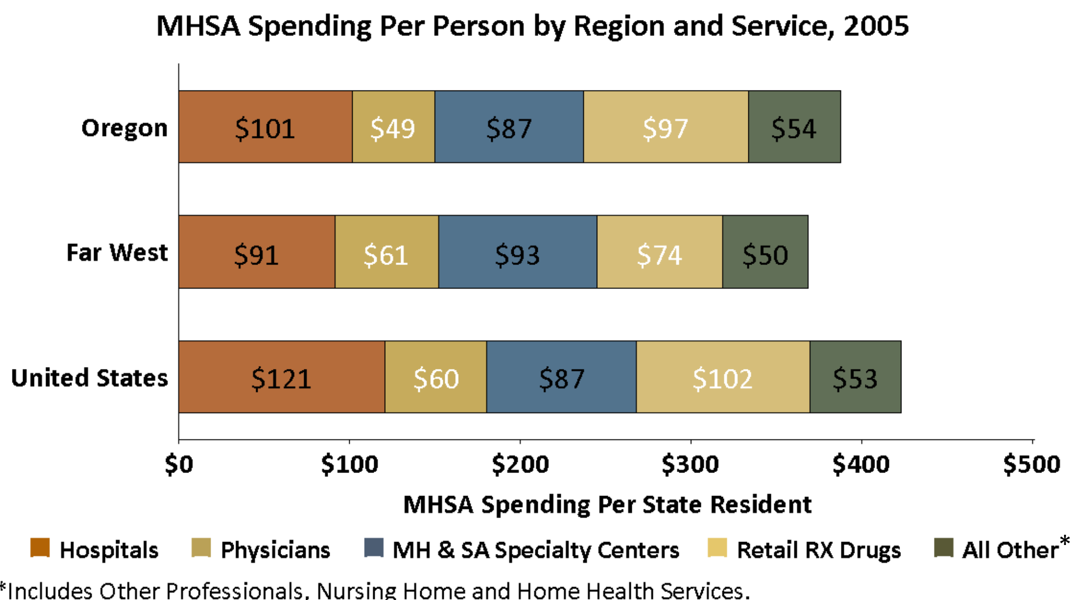
The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Oklahoma rate compares to the national average.

- MHSA Treatment Access in Oklahoma
    - The rate of MH personnel per person was below the U.S. average.
    - The percent of the population not living in MH professional shortage areas was close to the U.S. average.
- MHSA-Related Outcomes in Oklahoma
    - The suicide rate was substantially above the U.S. average.
    - The percent of the population using illicit drugs was close to the U.S. average.
    - The rate of alcohol-related traffic fatalities was substantially above the U.S. average.
    - The incarceration rate was substantially above the U.S. average.
    - The violent crime rate was close to the U.S. average.
    - The property crime rate was above the U.S. average.


Oklahoma Profile
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
MHSA Spending per State Resident
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

## *Oregon Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $1.4 billion was spent on MHSA treatment in Oregon, or about 1.1% of all MHSA treatment spending in the United States. This translates into $387 spent per person in Oregon, similar to the national average of $423 per person and close to the Far West regional average of $369 per person.

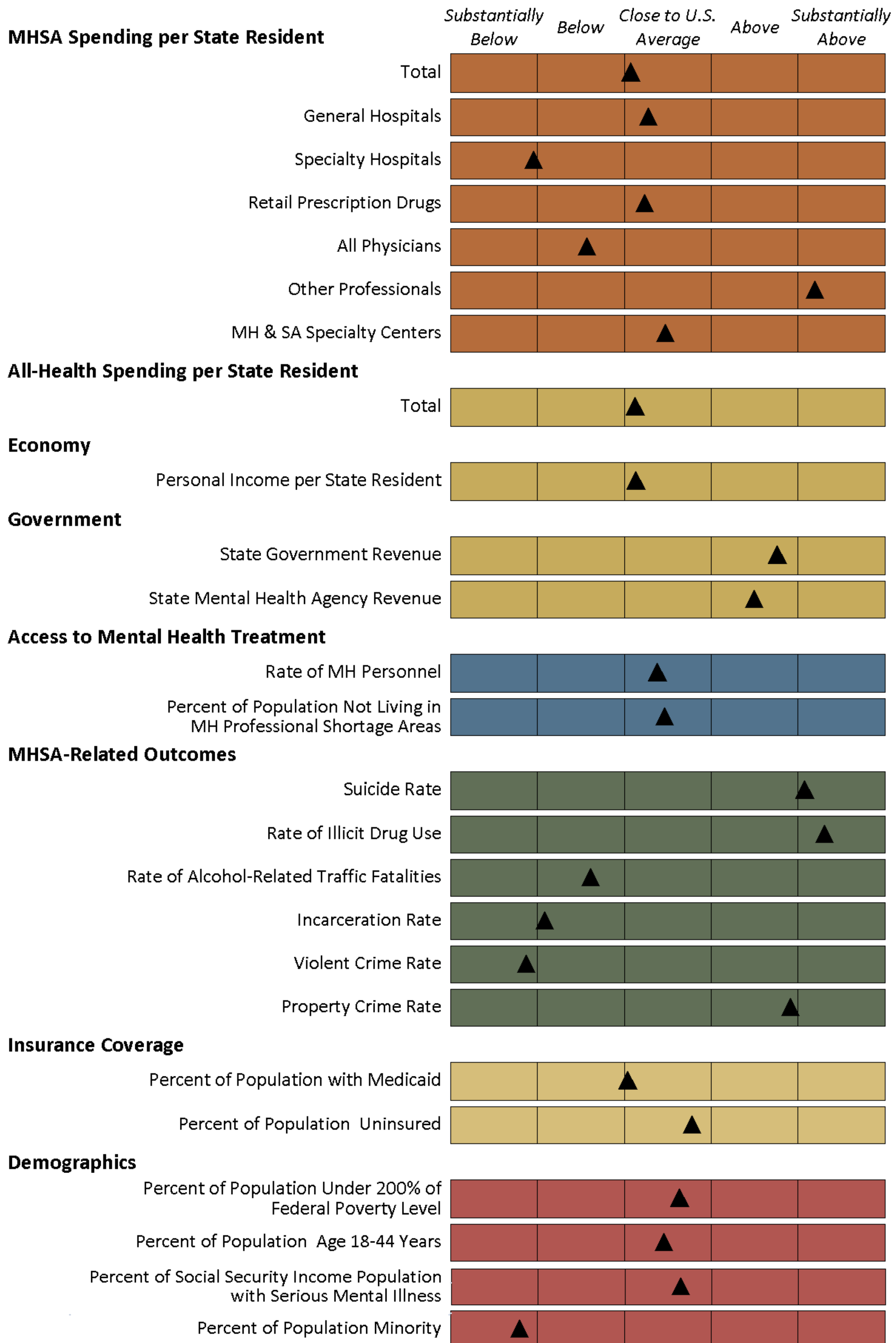



*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in Oregon, $97 per person was spent on retail prescription drugs for MHSA treatment, while $101 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $87, $49 and $54.

The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Oregon rate compares to the national average.

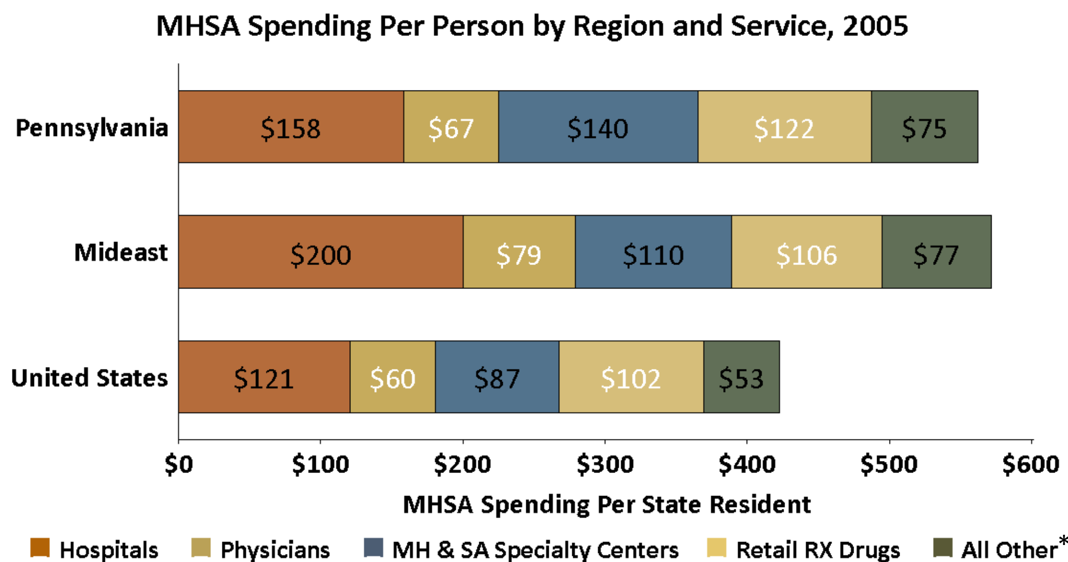
- MHSA Treatment Access in Oregon
  - The rate of MH personnel per person was close to the U.S. average.
  - The percent of the population not living in MH professional shortage areas was close to the U.S. average.
- MHSA-Related Outcomes in Oregon
  - The suicide rate was substantially above the U.S. average.
  - The percent of the population using illicit drugs was substantially above the U.S. average.
  - The rate of alcohol-related traffic fatalities was below the U.S. average.
  - The incarceration rate was below the U.S. average.
  - The violent crime rate was substantially below the U.S. average.
  - The property crime rate was above the U.S. average.



Oregon Profile
MHSA Spending per State Resident
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

### *Pennsylvania Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $7.0 billion was spent on MHSA treatment in Pennsylvania, or about 5.6% of all MHSA treatment spending in the United States. This translates into $562 spent per person in Pennsylvania, substantially above the national average of $423 per person and close to the Mideast regional average of $572 per person.

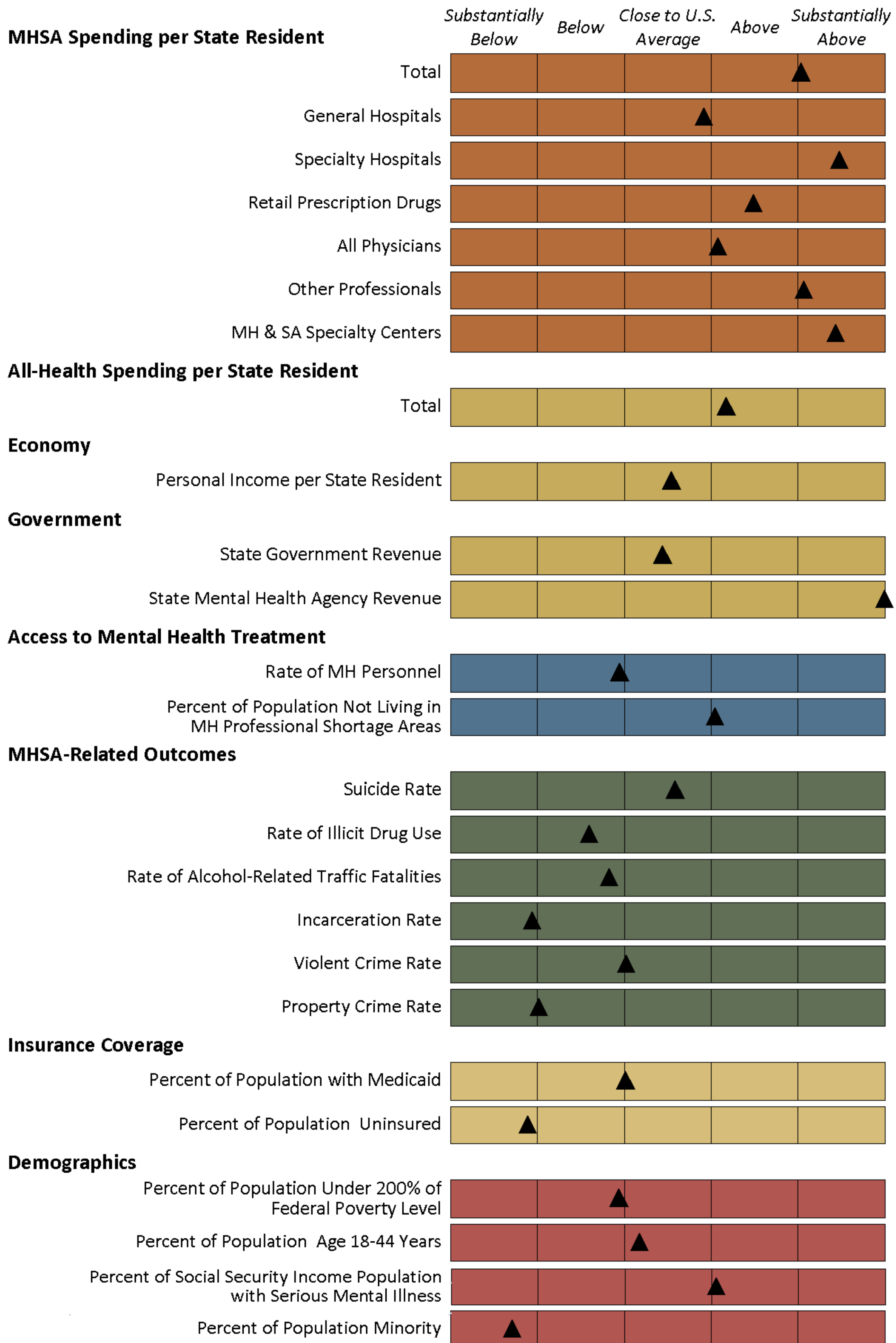



*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in Pennsylvania, $122 per person was spent on retail prescription drugs for MHSA treatment, while $158 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $140, $67 and $75.

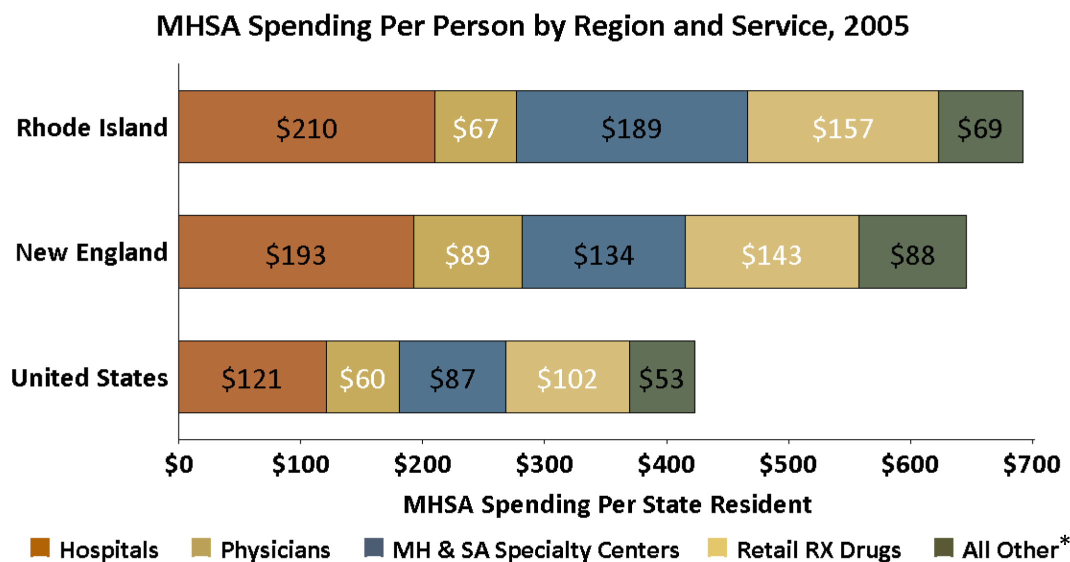
The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Pennsylvania rate compares to the national average.

- MHSA Treatment Access in Pennsylvania
  - The rate of MH personnel per person was below the U.S. average.
  - The percent of the population not living in MH professional shortage areas was above the U.S. average.
- MHSA-Related Outcomes in Pennsylvania
  - The suicide rate was close to the U.S. average.
  - The percent of the population using illicit drugs was below the U.S. average.
  - The rate of alcohol-related traffic fatalities was below the U.S. average.
  - The incarceration rate was substantially below the U.S. average.
  - The violent crime rate was close to the U.S. average.
  - The property crime rate was below the U.S. average.


Pennsylvania Profile
MHSA Spending per State Resident
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

### *Rhode Island Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $0.7 billion was spent on MHSA treatment in Rhode Island, or about 0.6% of all MHSA treatment spending in the United States. This translates into $692 spent per person in Rhode Island, substantially above the national average of $423 per person and close to the New England regional average of $646 per person.



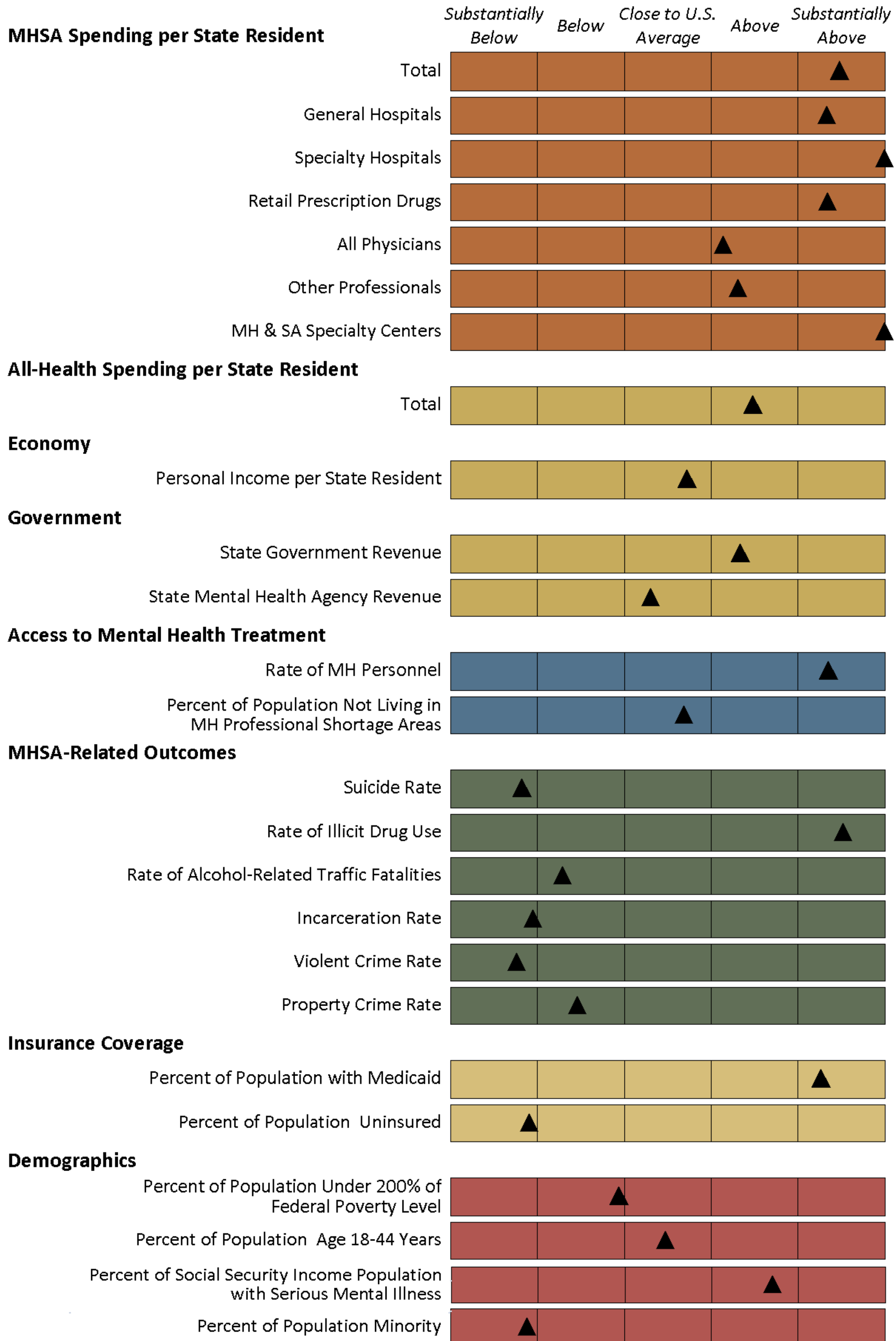
*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in Rhode Island, $157 per person was spent on retail prescription drugs for MHSA treatment, while $210 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $189, $67 and $69.

The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Rhode Island rate compares to the national average.

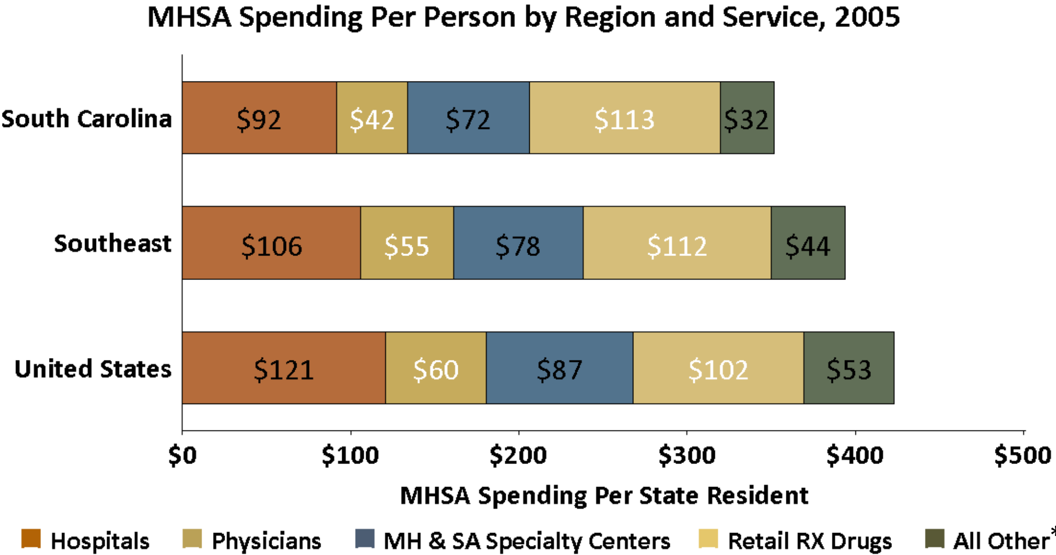
- MHSA Treatment Access in Rhode Island
  - The rate of MH personnel per person was substantially above the U.S. average.
  - The percent of the population not living in MH professional shortage areas was close to the U.S. average.
- MHSA-Related Outcomes in Rhode Island
  - The suicide rate was substantially below the U.S. average.
  - The percent of the population using illicit drugs was substantially above the U.S. average.
  - The rate of alcohol-related traffic fatalities was below the U.S. average.
  - The incarceration rate was substantially below the U.S. average.
  - The violent crime rate was substantially below the U.S. average.
  - The property crime rate was below the U.S. average.

## Rhode Island Profile



### *South Carolina Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $1.5 billion was spent on MHSA treatment in South Carolina, or about 1.2% of all MHSA treatment spending in the United States. This translates into $352 spent per person in South Carolina, below the national average of $423 per person and below the Southeast regional average of $394 per person.



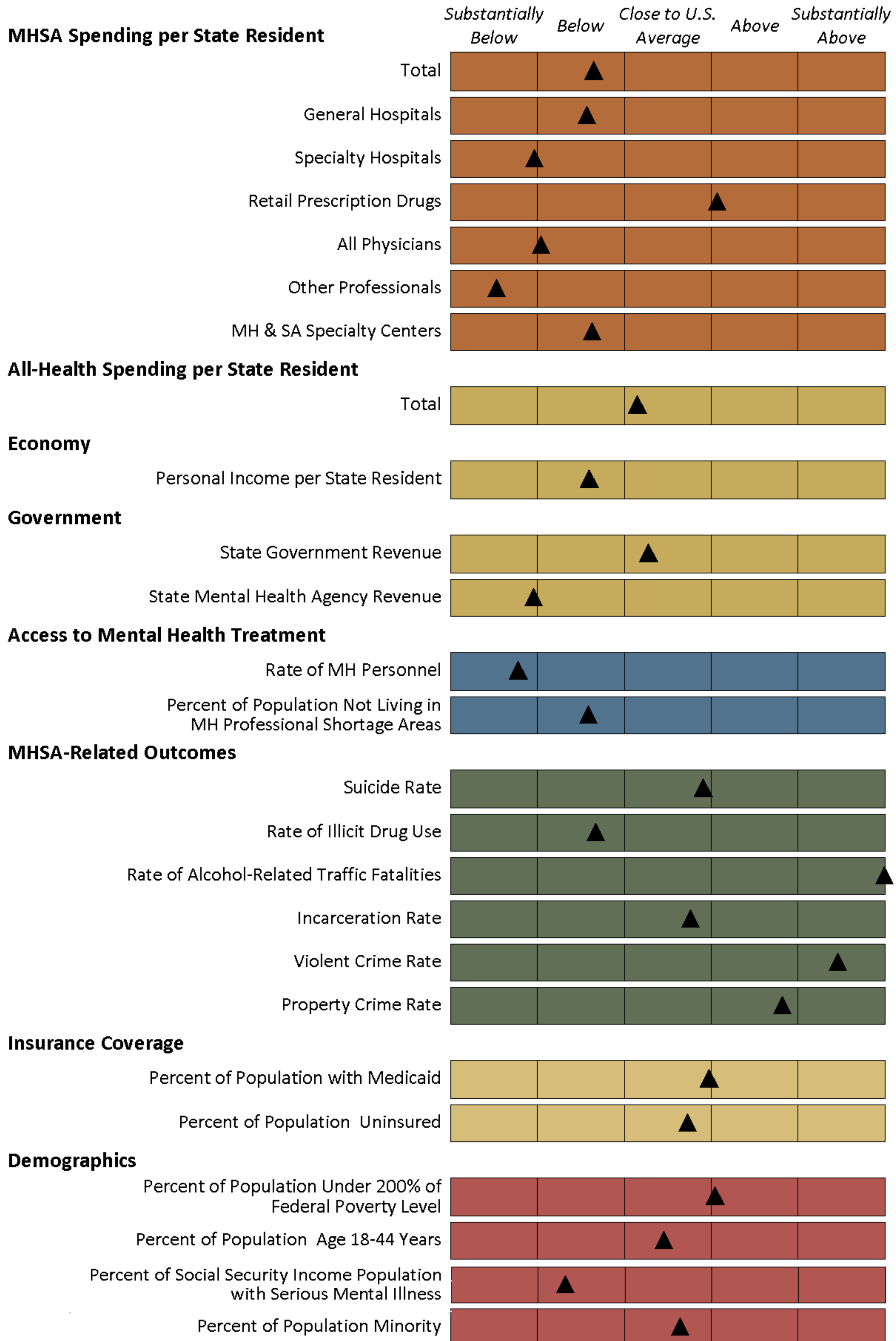

*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in South Carolina, $113 per person was spent on retail prescription drugs for MHSA treatment, while $92 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $72, $42 and $32.

The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the South Carolina rate compares to the national average.

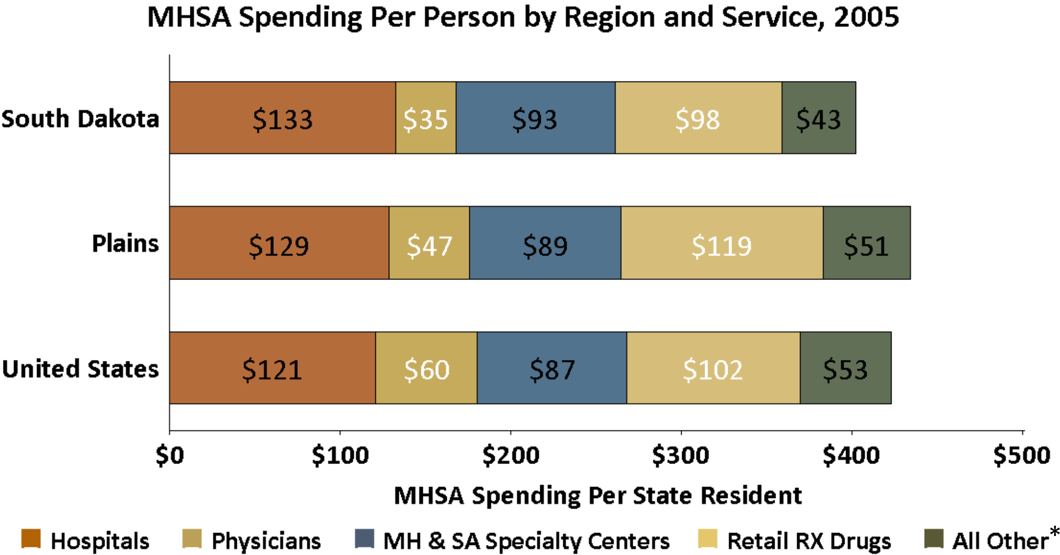
- MHSA Treatment Access in South Carolina
  - The rate of MH personnel per person was substantially below the U.S. average.
  - The percent of the population not living in MH professional shortage areas was below the U.S. average.
- MHSA-Related Outcomes in South Carolina
  - The suicide rate was close to the U.S. average.
  - The percent of the population using illicit drugs was below the U.S. average.
  - The rate of alcohol-related traffic fatalities was substantially above the U.S. average.
  - The incarceration rate was close to the U.S. average.
  - The violent crime rate was substantially above the U.S. average.
  - The property crime rate was above the U.S. average.

## South Carolina Profile



## *South Dakota Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $0.3 billion was spent on MHSA treatment in South Dakota, or about 0.3% of all MHSA treatment spending in the United States. This translates into $402 spent per person in South Dakota, similar to the national average of $423 per person and close to the Plains regional average of $435 per person.

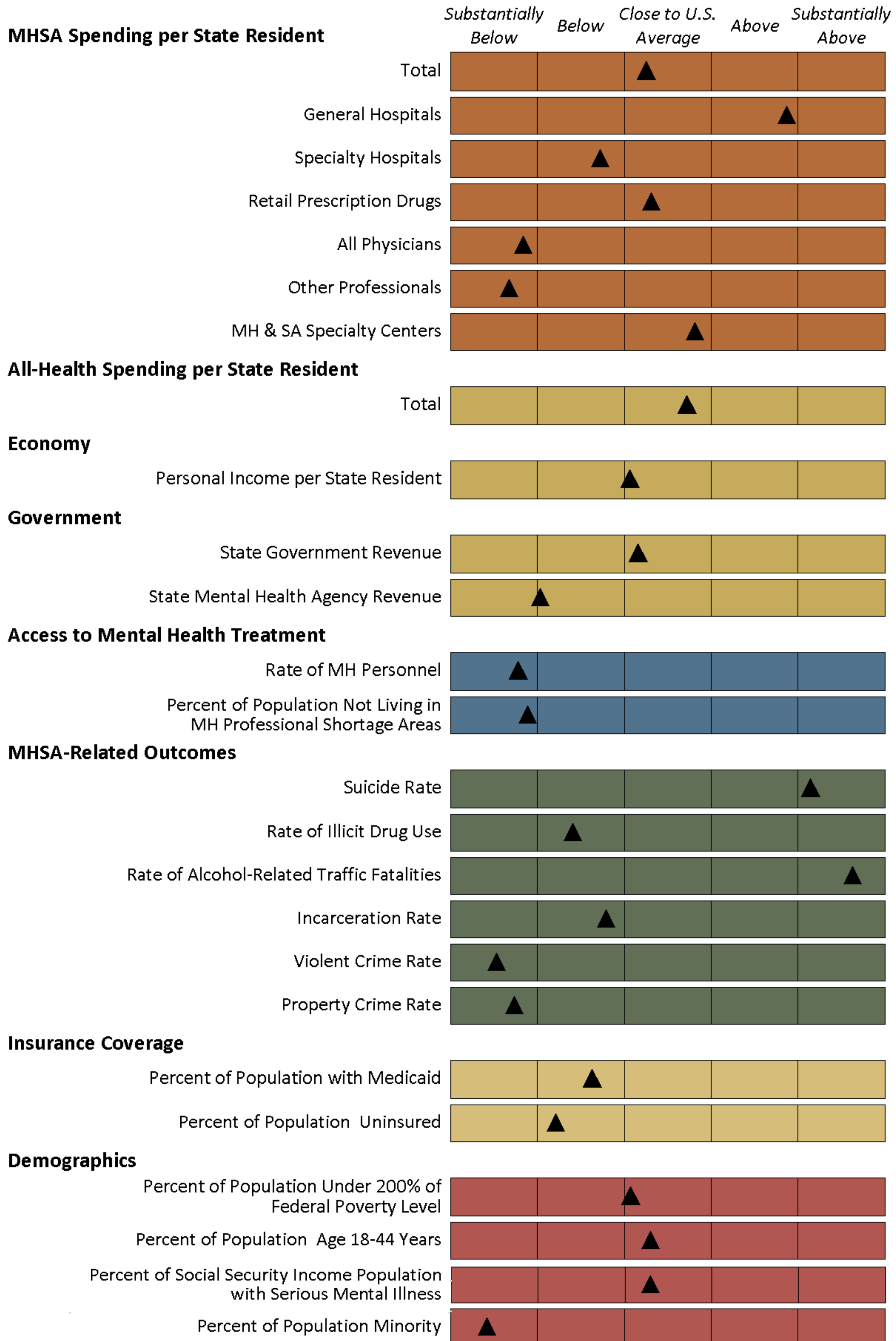


*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in South Dakota, $98 per person was spent on retail prescription drugs for MHSA treatment, while $133 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $93, $35 and $43.

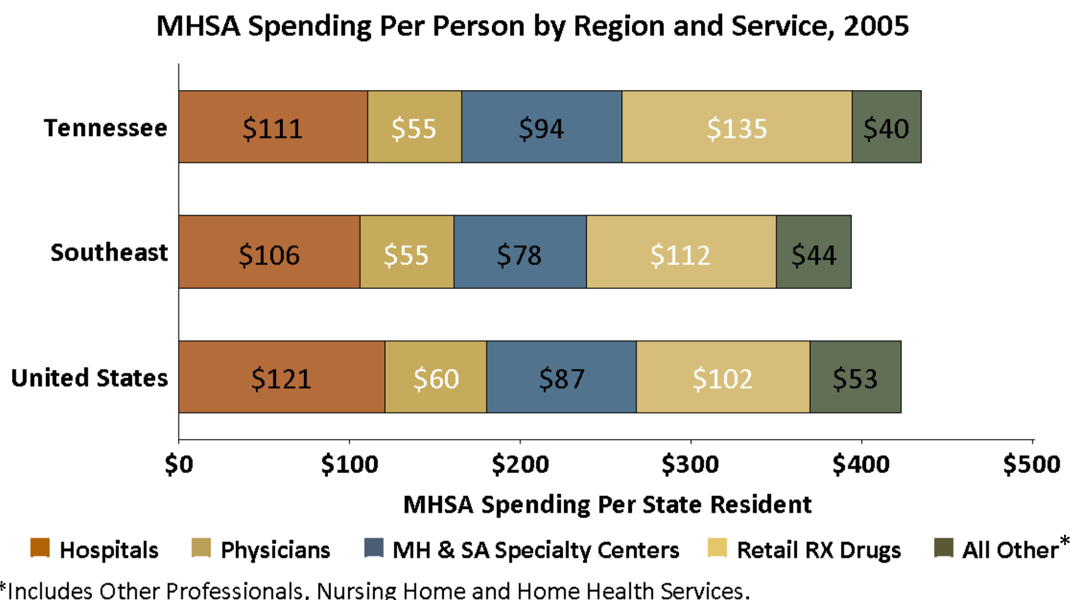
The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the South Dakota rate compares to the national average.

- MHSA Treatment Access in South Dakota
    - The rate of MH personnel per person was substantially below the U.S. average.
    - The percent of the population not living in MH professional shortage areas was substantially below the U.S. average.
- MHSA-Related Outcomes in South Dakota
    - The suicide rate was substantially above the U.S. average.
    - The percent of the population using illicit drugs was below the U.S. average.
    - The rate of alcohol-related traffic fatalities was substantially above the U.S. average.
    - The incarceration rate was below the U.S. average.
    - The violent crime rate was substantially below the U.S. average.
    - The property crime rate was substantially below the U.S. average.


South Dakota Profile
MHSA Spending per State Resident
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

## *Tennessee Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $2.6 billion was spent on MHSA treatment in Tennessee, or about 2.1% of all MHSA treatment spending in the United States. This translates into $435 spent per person in Tennessee, similar to the national average of $423 per person and above the Southeast regional average of $394 per person.

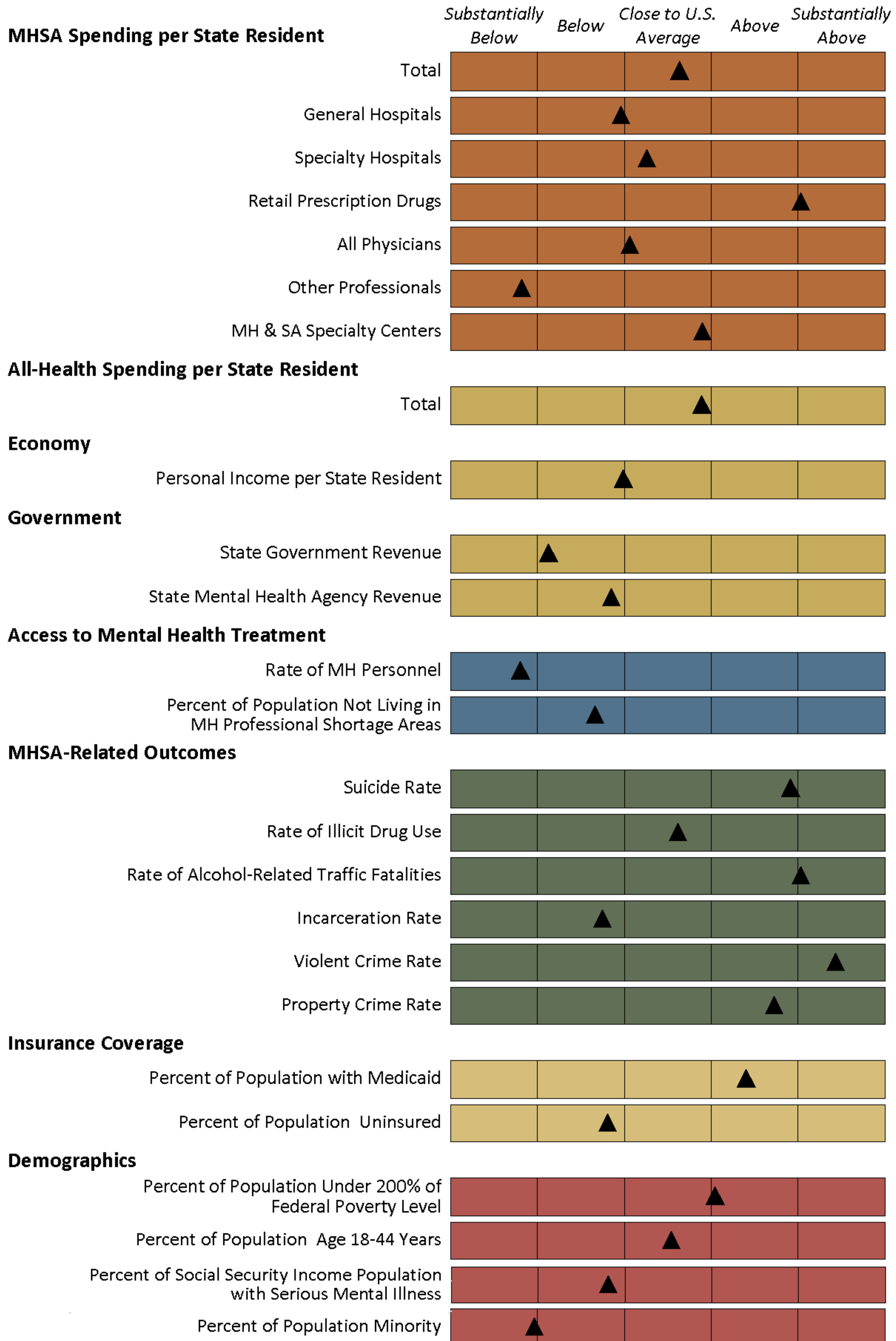



*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in Tennessee, $135 per person was spent on retail prescription drugs for MHSA treatment, while $111 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $94, $55 and $40.

The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Tennessee rate compares to the national average.

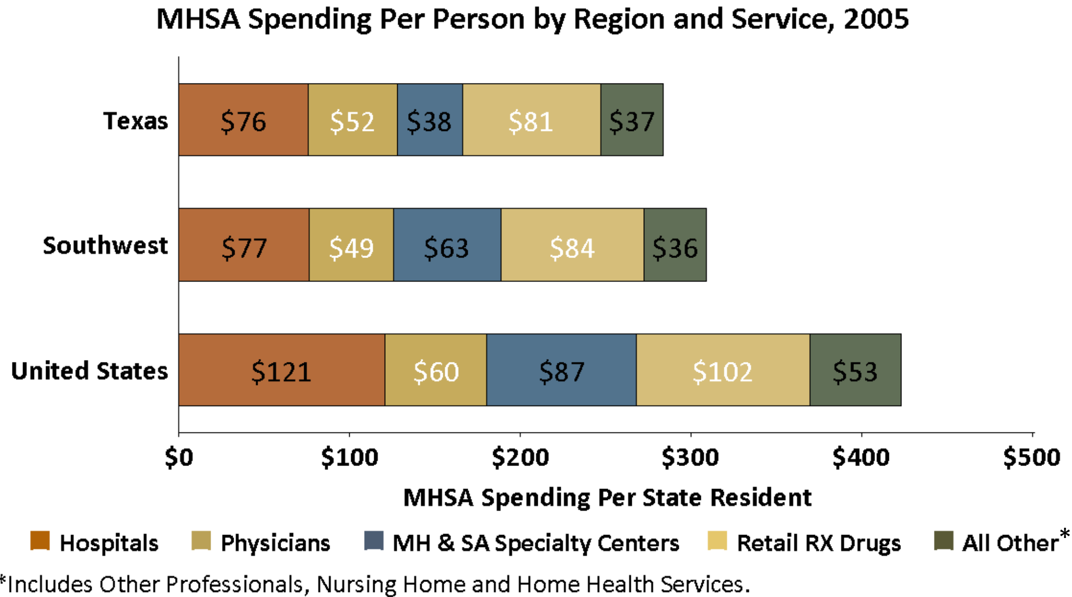
- MHSA Treatment Access in Tennessee
  - The rate of MH personnel per person was substantially below the U.S. average.
  - The percent of the population not living in MH professional shortage areas was below the U.S. average.
- MHSA-Related Outcomes in Tennessee
  - The suicide rate was above the U.S. average.
  - The percent of the population using illicit drugs was close to the U.S. average.
  - The rate of alcohol-related traffic fatalities was substantially above the U.S. average.
  - The incarceration rate was below the U.S. average.
  - The violent crime rate was substantially above the U.S. average.
  - The property crime rate was above the U.S. average.



Tennessee Profile
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
MHSA Spending per State Resident
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

## *Texas Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $6.5 billion was spent on MHSA treatment in Texas, or about 5.2% of all MHSA treatment spending in the United States. This translates into $284 spent per person in Texas, substantially below the national average of $423 per person and close to the Southwest regional average of $309 per person.

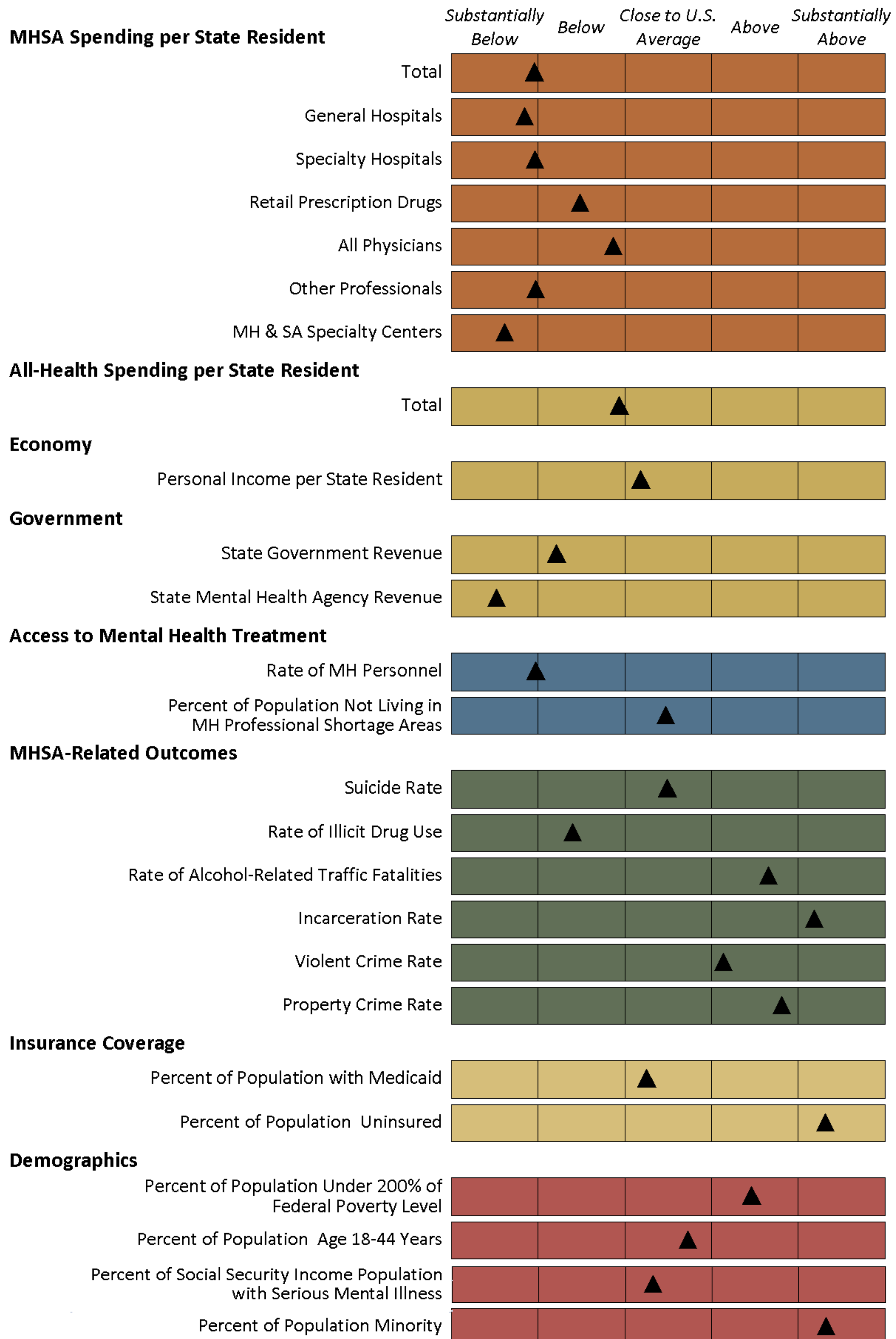



*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in Texas, $81 per person was spent on retail prescription drugs for MHSA treatment, while $76 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $38, $52 and $37.

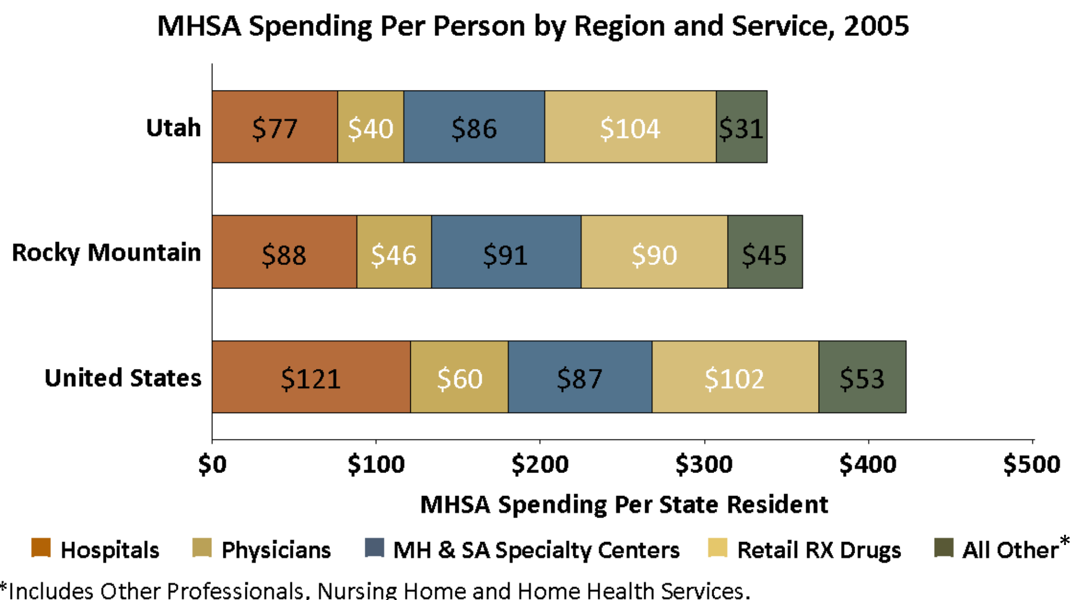
The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Texas rate compares to the national average.

- MHSA Treatment Access in Texas
  - The rate of MH personnel per person was substantially below the U.S. average.
  - The percent of the population not living in MH professional shortage areas was close to the U.S. average.
- MHSA-Related Outcomes in Texas
  - The suicide rate was close to the U.S. average.
  - The percent of the population using illicit drugs was below the U.S. average.
  - The rate of alcohol-related traffic fatalities was above the U.S. average.
  - The incarceration rate was substantially above the U.S. average.
  - The violent crime rate was above the U.S. average.
  - The property crime rate was above the U.S. average.


Texas Profile
MHSA Spending per State Resident
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

### *Utah Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $0.8 billion was spent on MHSA treatment in Utah, or about 0.7% of all MHSA treatment spending in the United States. This translates into $338 spent per person in Utah, below the national average of $423 per person and close to the Rocky Mountain regional average of $360 per person.

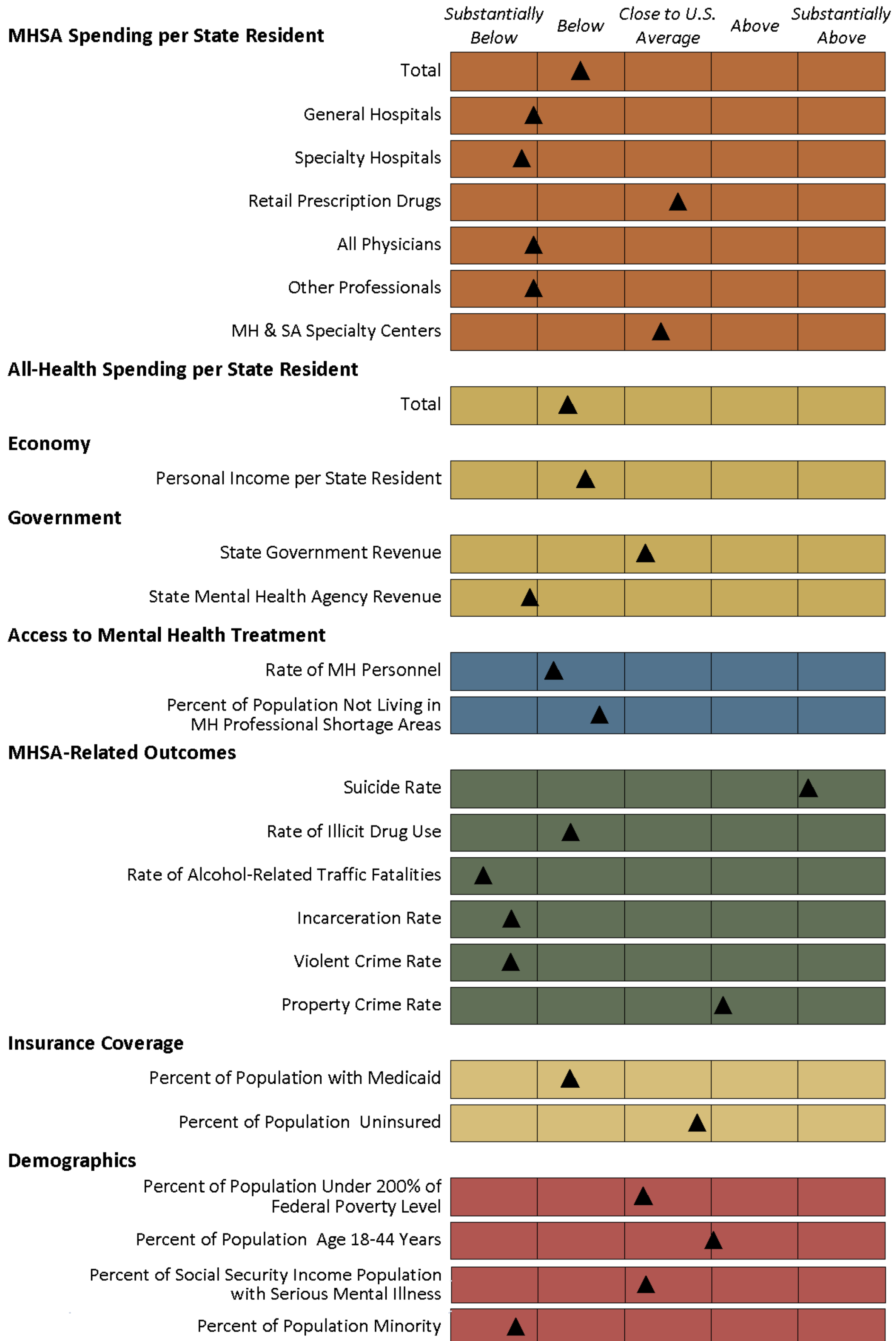



*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in Utah, $104 per person was spent on retail prescription drugs for MHSA treatment, while $77 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $86, $40 and $31.

The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Utah rate compares to the national average.

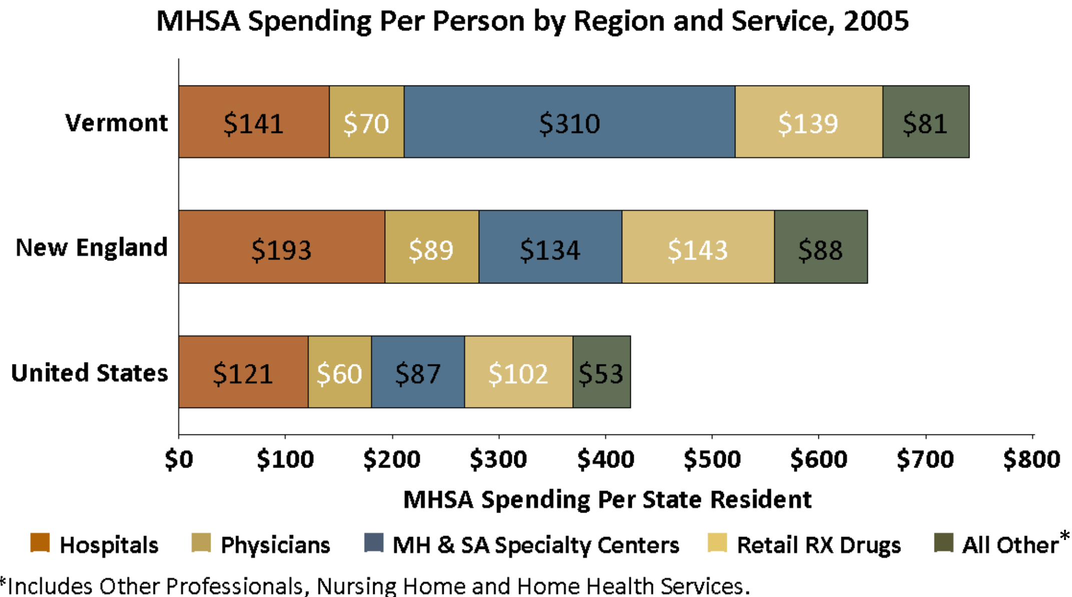
- MHSA Treatment Access in Utah
  - The rate of MH personnel per person was below the U.S. average.
  - The percent of the population not living in MH professional shortage areas was below the U.S. average.
- MHSA-Related Outcomes in Utah
  - The suicide rate was substantially above the U.S. average.
  - The percent of the population using illicit drugs was below the U.S. average.
  - The rate of alcohol-related traffic fatalities was substantially below the U.S. average.
  - The incarceration rate was substantially below the U.S. average.
  - The violent crime rate was substantially below the U.S. average.
  - The property crime rate was above the U.S. average.



Utah Profile
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
MHSA Spending per State Resident
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

## *Vermont Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $0.5 billion was spent on MHSA treatment in Vermont, or about 0.4% of all MHSA treatment spending in the United States. This translates into $741 spent per person in Vermont, substantially above the national average of $423 per person and above the New England regional average of $646 per person.

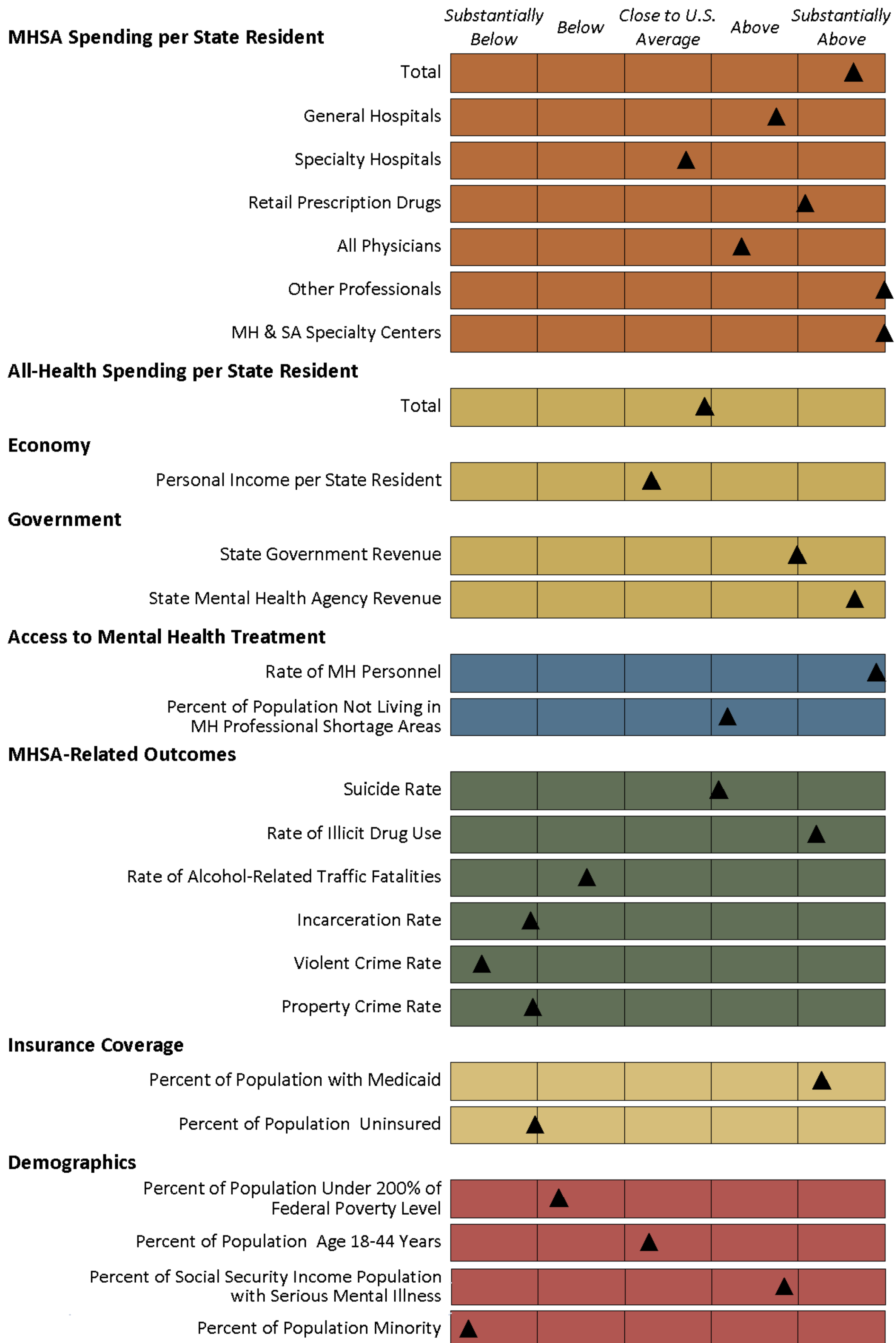


*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in Vermont, $139 per person was spent on retail prescription drugs for MHSA treatment, while $141 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $310, $70 and $81.

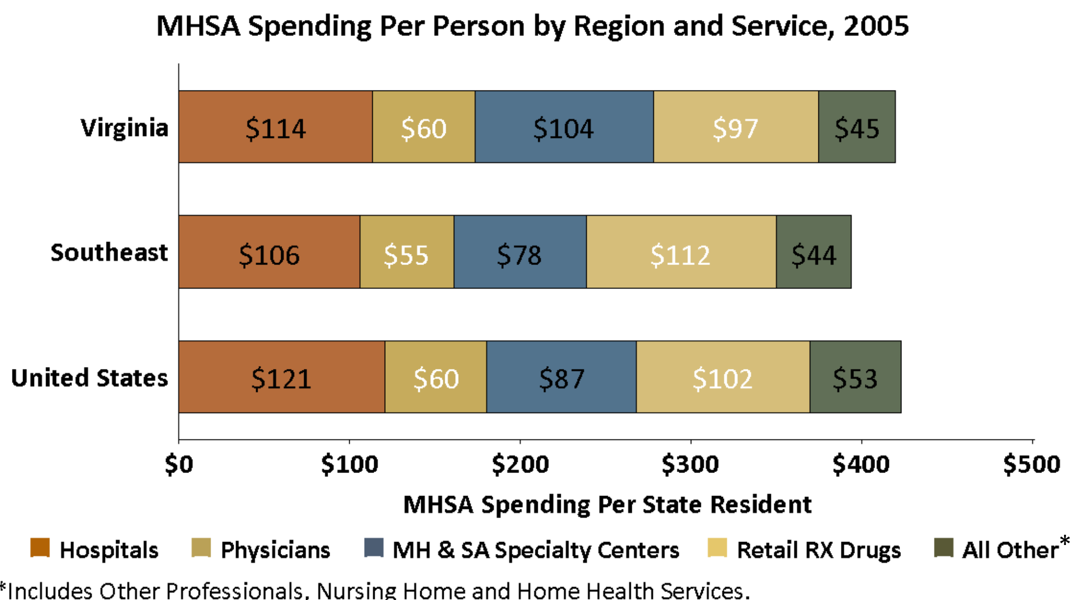
The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Vermont rate compares to the national average.

- MHSA Treatment Access in Vermont
    - The rate of MH personnel per person was substantially above the U.S. average.
    - The percent of the population not living in MH professional shortage areas was above the U.S. average.
- MHSA-Related Outcomes in Vermont
    - The suicide rate was above the U.S. average.
    - The percent of the population using illicit drugs was substantially above the U.S. average.
    - The rate of alcohol-related traffic fatalities was below the U.S. average.
    - The incarceration rate was substantially below the U.S. average.
    - The violent crime rate was substantially below the U.S. average.
    - The property crime rate was substantially below the U.S. average.


Vermont Profile
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
MHSA Spending per State Resident
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

### *Virginia Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $3.2 billion was spent on MHSA treatment in Virginia, or about 2.5% of all MHSA treatment spending in the United States. This translates into $420 spent per person in Virginia, similar to the national average of $423 per person and close to the Southeast regional average of $394 per person.

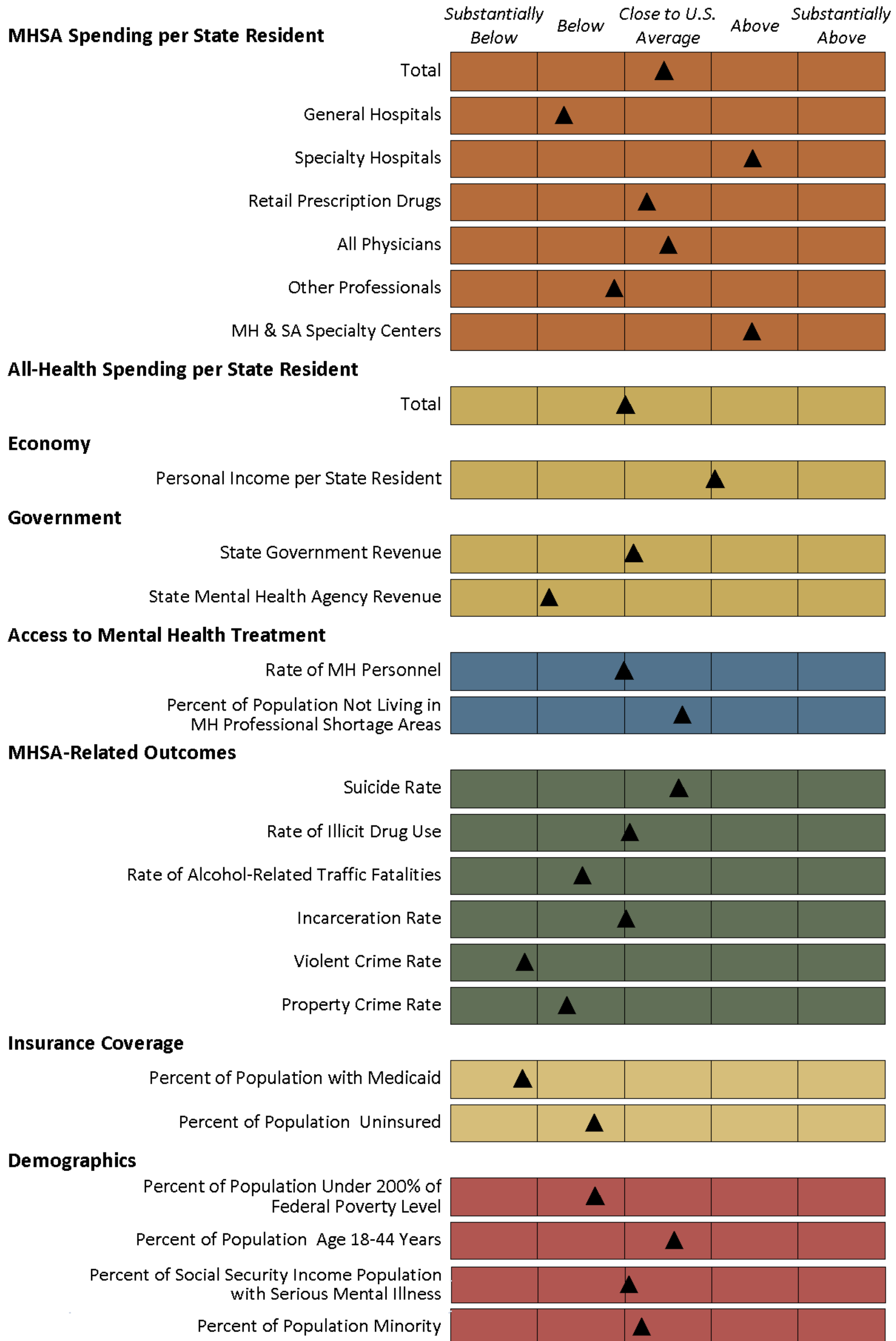


*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in Virginia, $97 per person was spent on retail prescription drugs for MHSA treatment, while $114 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $104, $60 and $45.

The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Virginia rate compares to the national average.

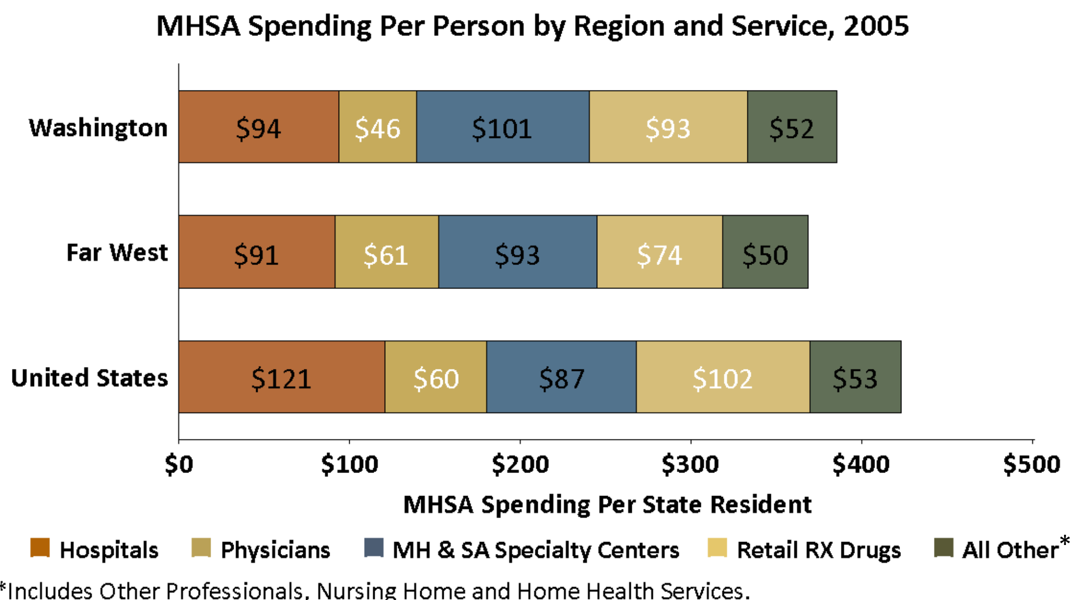
- MHSA Treatment Access in Virginia
  - The rate of MH personnel per person was close to the U.S. average.
  - The percent of the population not living in MH professional shortage areas was close to the U.S. average.
- MHSA-Related Outcomes in Virginia
  - The suicide rate was close to the U.S. average.
  - The percent of the population using illicit drugs was close to the U.S. average.
  - The rate of alcohol-related traffic fatalities was below the U.S. average.
  - The incarceration rate was close to the U.S. average.
  - The violent crime rate was substantially below the U.S. average.
  - The property crime rate was below the U.S. average.



Virginia Profile
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
MHSA Spending per State Resident
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

## *Washington Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $2.4 billion was spent on MHSA treatment in Washington, or about 1.9% of all MHSA treatment spending in the United States. This translates into $385 spent per person in Washington, similar to the national average of $423 per person and close to the Far West regional average of $369 per person.

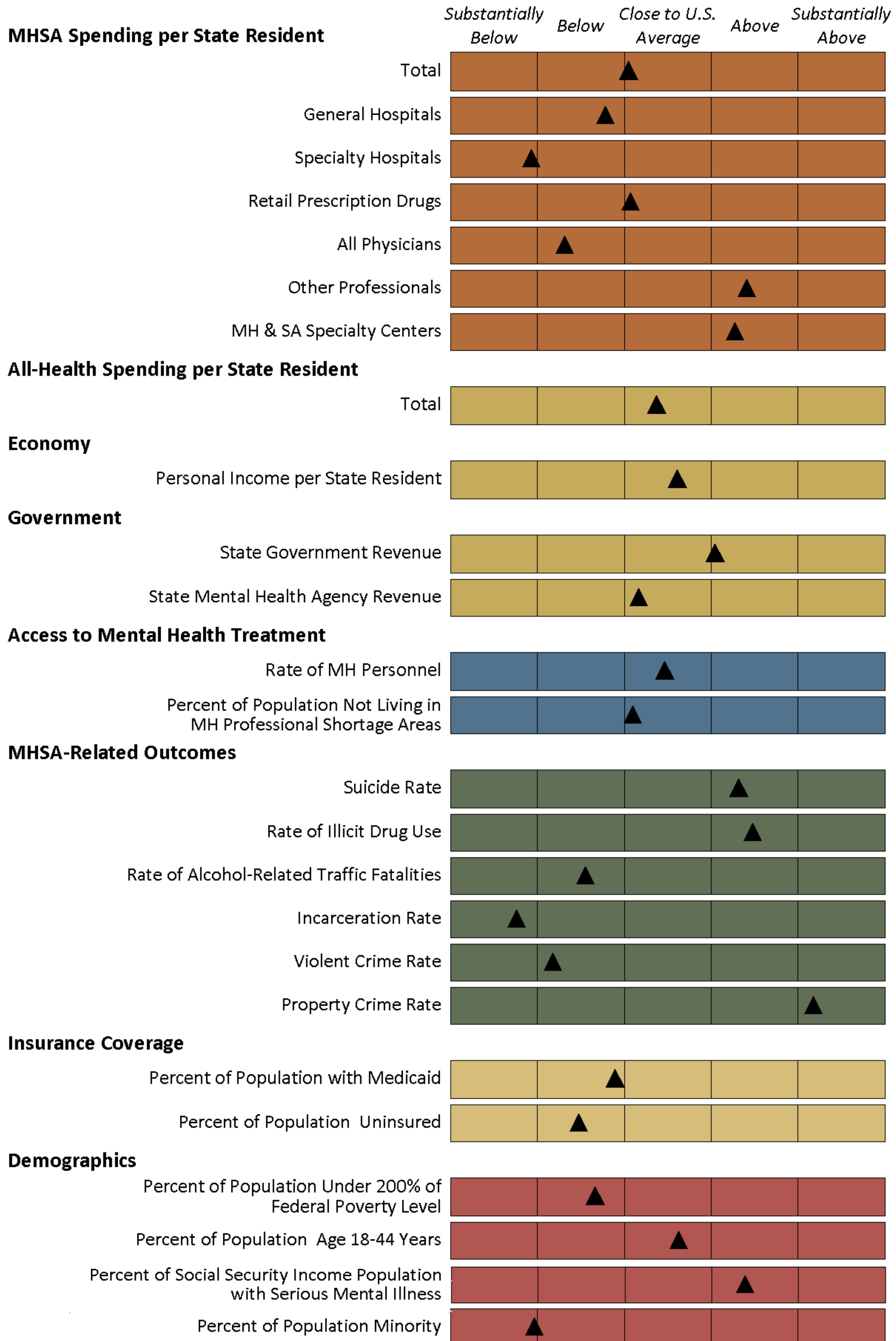



*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in Washington, $93 per person was spent on retail prescription drugs for MHSA treatment, while $94 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $101, $46 and $52.

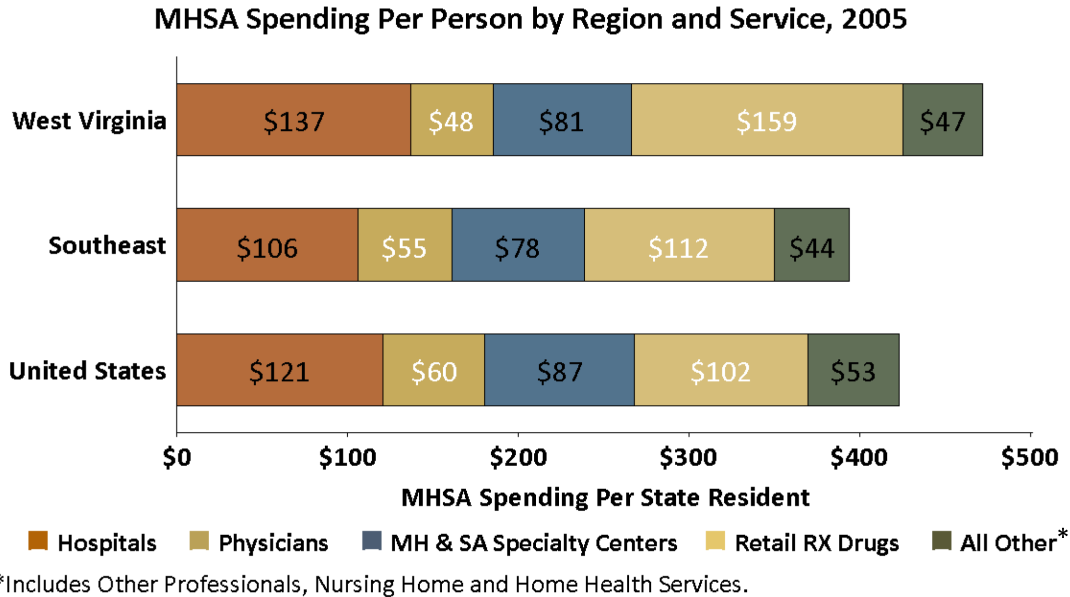
The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Washington rate compares to the national average.

- MHSA Treatment Access in Washington
  - The rate of MH personnel per person was close to the U.S. average.
  - The percent of the population not living in MH professional shortage areas was close to the U.S. average.
- MHSA-Related Outcomes in Washington
  - The suicide rate was above the U.S. average.
  - The percent of the population using illicit drugs was above the U.S. average.
  - The rate of alcohol-related traffic fatalities was below the U.S. average.
  - The incarceration rate was substantially below the U.S. average.
  - The violent crime rate was below the U.S. average.
  - The property crime rate was substantially above the U.S. average.


Washington Profile
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
MHSA Spending per State Resident
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

### *West Virginia Mental Health and Substance Abuse Treatment Spending*

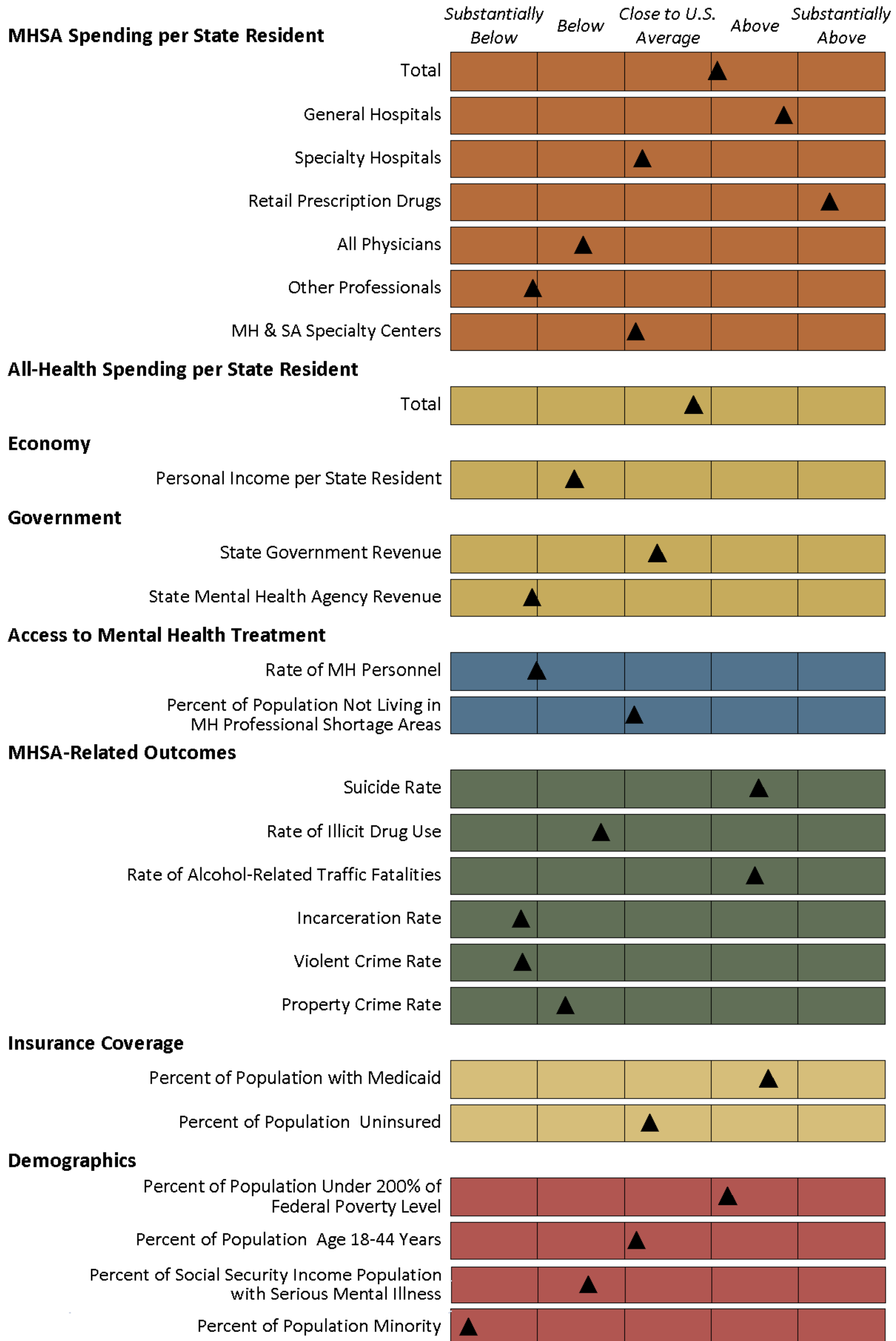
In 2005, an estimated $0.9 billion was spent on MHSA treatment in West Virginia, or about 0.7% of all MHSA treatment spending in the United States. This translates into $472 spent per person in West Virginia, above the national average of $423 per person and above the Southeast regional average of $394 per person.




As shown above, in West Virginia, $159 per person was spent on retail prescription drugs for MHSA treatment, while $137 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $81, $48 and $47.

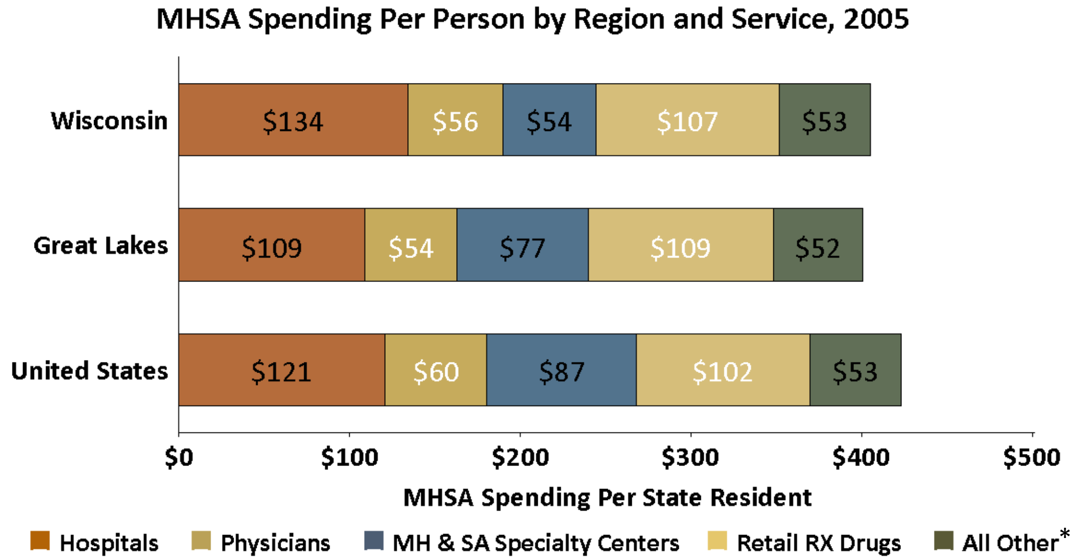
The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the West Virginia rate compares to the national average.

- MHSA Treatment Access in West Virginia
    - The rate of MH personnel per person was substantially below the U.S. average.
    - The percent of the population not living in MH professional shortage areas was close to the U.S. average.
- MHSA-Related Outcomes in West Virginia
    - The suicide rate was above the U.S. average.
    - The percent of the population using illicit drugs was below the U.S. average.
    - The rate of alcohol-related traffic fatalities was above the U.S. average.
    - The incarceration rate was substantially below the U.S. average.
    - The violent crime rate was substantially below the U.S. average.
    - The property crime rate was below the U.S. average.


West Virginia Profile
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
MHSA Spending per State Resident
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

### *Wisconsin Mental Health and Substance Abuse Treatment Spending*

In 2005, an estimated $2.2 billion was spent on MHSA treatment in Wisconsin, or about 1.8% of all MHSA treatment spending in the United States. This translates into $405 spent per person in Wisconsin, similar to the national average of $423 per person and close to the Great Lakes regional average of $401 per person.

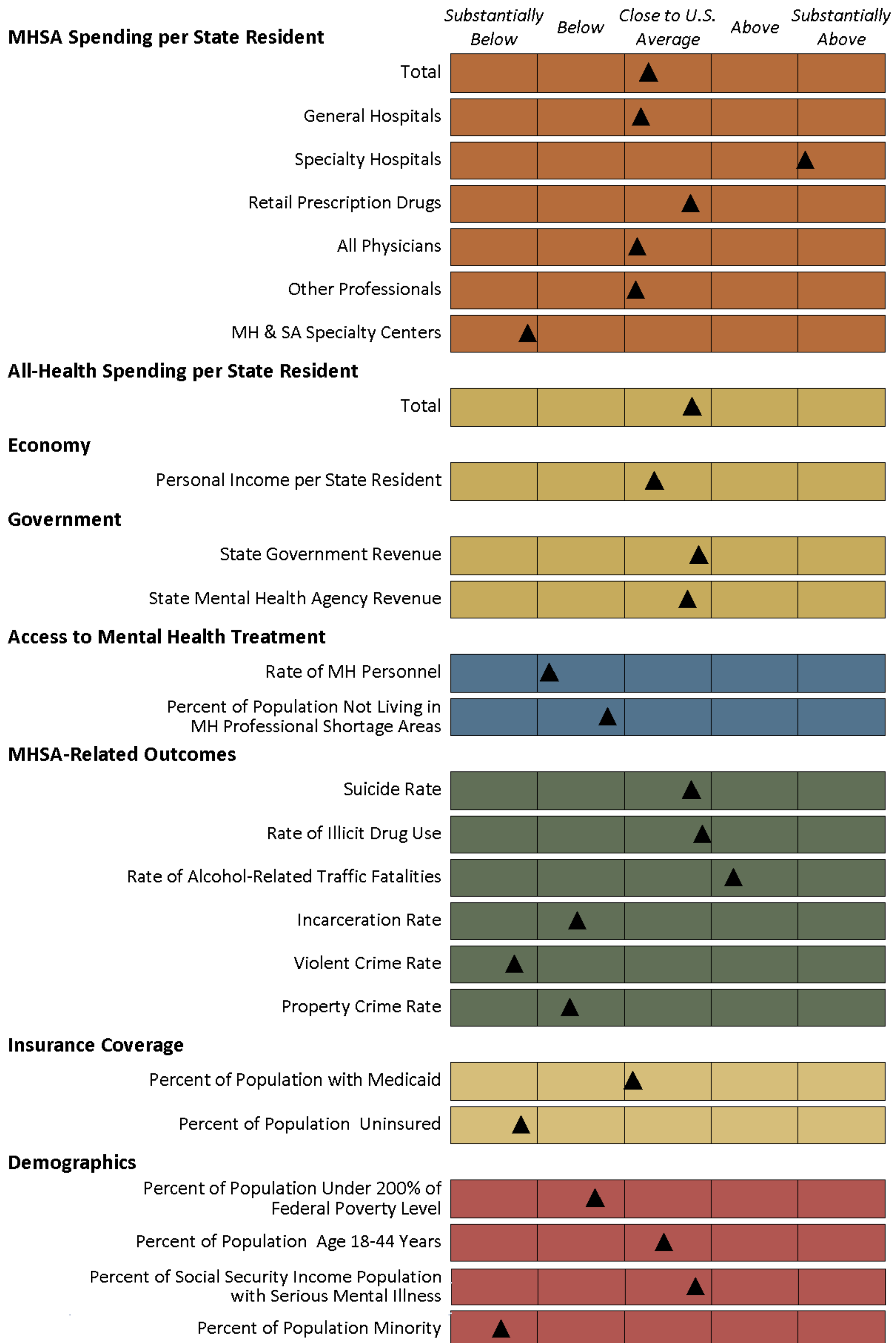



*Includes Other Professionals, Nursing Home and Home Health Services.

As shown above, in Wisconsin, $107 per person was spent on retail prescription drugs for MHSA treatment, while $134 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $54, $56 and $53.

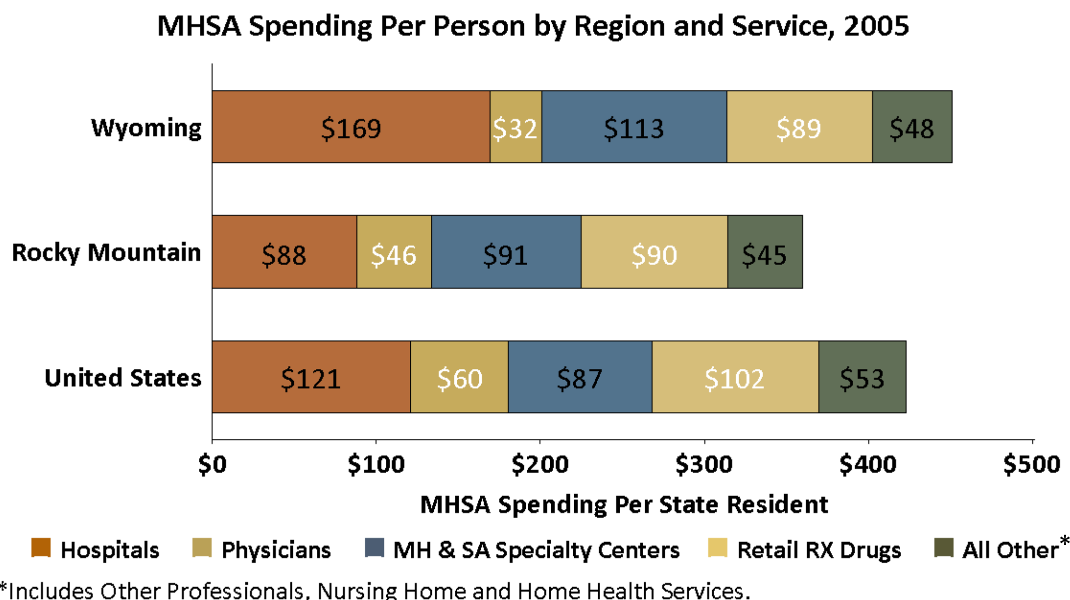
The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Wisconsin rate compares to the national average.

- MHSA Treatment Access in Wisconsin
    - The rate of MH personnel per person was below the U.S. average.
    - The percent of the population not living in MH professional shortage areas was below the U.S. average.
- MHSA-Related Outcomes in Wisconsin
    - The suicide rate was close to the U.S. average.
    - The percent of the population using illicit drugs was close to the U.S. average.
    - The rate of alcohol-related traffic fatalities was above the U.S. average.
    - The incarceration rate was below the U.S. average.
    - The violent crime rate was substantially below the U.S. average.
    - The property crime rate was below the U.S. average.


Wisconsin Profile
MHSA Spending per State Resident
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

## *Wyoming Mental Health and Substance Abuse Treatment Spending*

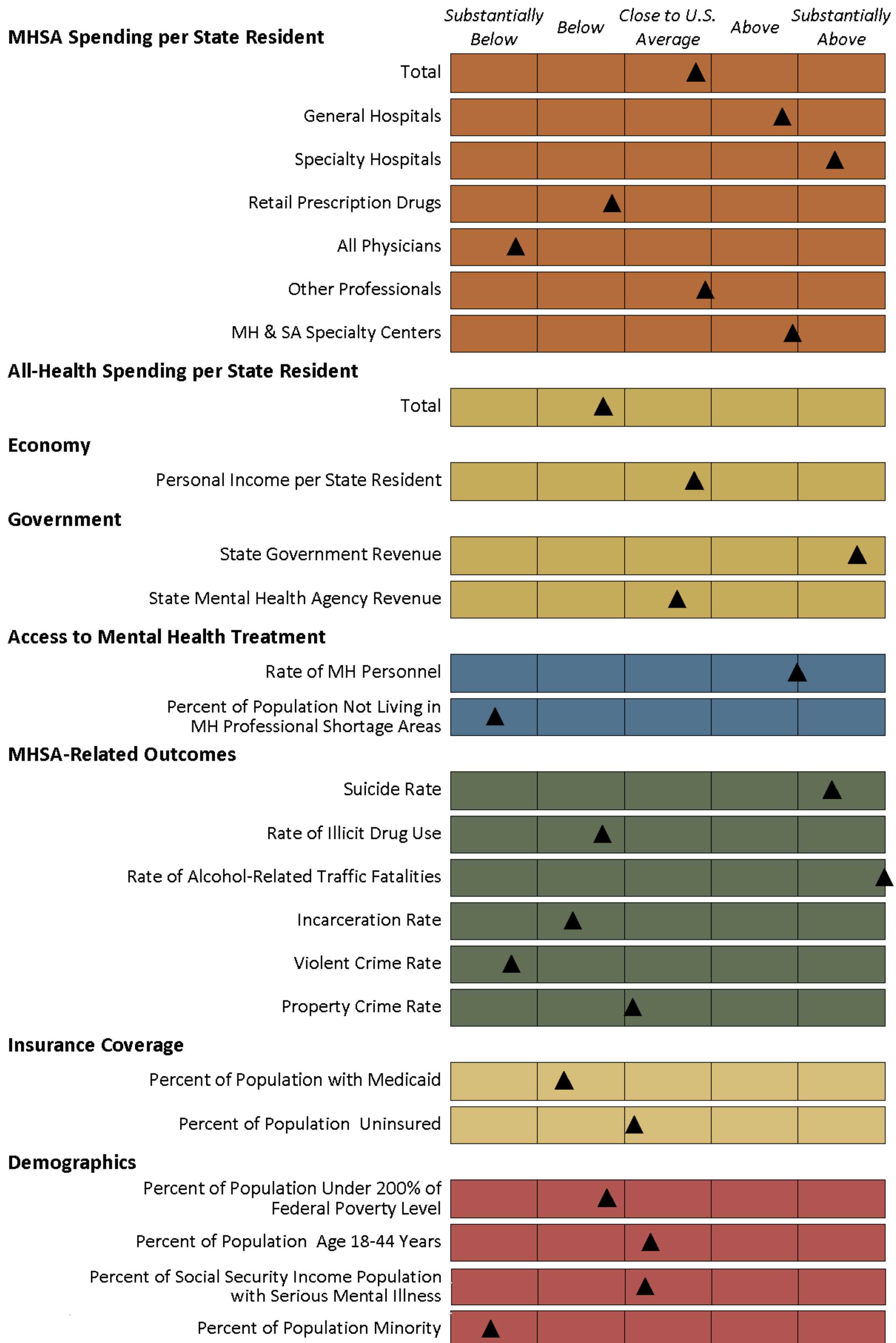
In 2005, an estimated $0.2 billion was spent on MHSA treatment in Wyoming, or about 0.2% of all MHSA treatment spending in the United States. This translates into $451 spent per person in Wyoming, similar to the national average of $423 per person and above the Rocky Mountain regional average of $360 per person.




As shown above, in Wyoming, $89 per person was spent on retail prescription drugs for MHSA treatment, while $169 per person went to hospital-based services. MH and SA specialty centers, physicians, and all other services respectively accounted for per person spending of $113, $32 and $48.

The next page provides a profile of characteristics related to spending, access and outcomes for MHSA conditions, along with measures of resources, insurance coverage, and demographics for the State population. For each measure, the arrow indicates how the Wyoming rate compares to the national average.

- MHSA Treatment Access in Wyoming
  - The rate of MH personnel per person was above the U.S. average.
  - The percent of the population not living in MH professional shortage areas was substantially below the U.S. average.
- MHSA-Related Outcomes in Wyoming
  - The suicide rate was substantially above the U.S. average.
  - The percent of the population using illicit drugs was below the U.S. average.
  - The rate of alcohol-related traffic fatalities was substantially above the U.S. average.
  - The incarceration rate was below the U.S. average.
  - The violent crime rate was substantially below the U.S. average.
  - The property crime rate was close to the U.S. average.


Wyoming Profile
Substantially Below
Below
Close to U.S. Average
Above
Substantially Above
MHSA Spending per State Resident
Total
General Hospitals
Specialty Hospitals
Retail Prescription Drugs
All Physicians
Other Professionals
MH & SA Specialty Centers
All-Health Spending per State Resident
Total
Economy
Personal Income per State Resident
Government
State Government Revenue
State Mental Health Agency Revenue
Access to Mental Health Treatment
Rate of MH Personnel
Percent of Population Not Living in MH Professional Shortage Areas
MHSA-Related Outcomes
Suicide Rate
Rate of Illicit Drug Use
Rate of Alcohol-Related Traffic Fatalities
Incarceration Rate
Violent Crime Rate
Property Crime Rate
Insurance Coverage
Percent of Population with Medicaid
Percent of Population Uninsured
Demographics
Percent of Population Under 200% of Federal Poverty Level
Percent of Population Age 18-44 Years
Percent of Social Security Income Population with Serious Mental Illness
Percent of Population Minority

## References

Atdjian, S., and Vega, W. (2005). Disparities in mental health treatment in U.S. racial and ethnic minority groups: implications for psychiatrists*. Psychiatric Services*, 56: 1600–1602.

Centers for Disease Control and Prevention, Office of Minority Health & Health Disparities. *Eliminate disparities in mental health.* http://www.cdc.gov/omhd/amh/factsheets/mental.htm

Cunningham, P. (2009). Beyond parity: primary care physicians' perspectives on access to mental health care*. Health Affairs*, 28(3): w490–w501.

Desai, M.M., Rosencheck, R.A., & Desai, R.A. (2007). Time trends and predictors of suicide among mental health outpatients in the Department of Veterans Affairs*. Journal of Behavioral Health Services Research,* 35(1): 115–124.

Hendryx, M. (2008). State mental health funding and mental health system performance. *Journal of Mental Health Policy and Economics*, 11(1):17–25.

Hoffman, C. (2009). Health insurance and access to care. Kaiser Family Foundation video. http://www.kaiseredu.org/tutorials/hcaccess/player.html

Jans, L., Stoddard, S., & Kraus, L. (2004). ***Chartbook on mental health and disability in the United States.*** An InfoUse Report. Washington, DC: National Institute on Disability and Rehabilitation Research, U.S. Department of Education.

Levit, K.R., Kassed, C.A., Coffey, R.M., Mark, T.L., McKusick, D.R., King, E.C., Vandivort-Warren, R., Buck, J.A., Ryan, K., & Stranges, E. (2008). *Projections of national expenditures for mental health services and substance abuse treatment, 2004–2014.* Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

Mark, T.L., Levit, K.R., Vandivort-Warren, R., Buck, J.A., & Coffey, R.M. (2011). Changes in US spending on mental health and substance abuse treatment, 1986–2005, and implications for policy. *Health Affairs*, 30(2): 284–292.

National Center for Health Statistics. (2009). *Health, United States, 2008 with chartbook.* Hyattsville, MD.

National Institute of Mental Illness. *Prevalence of serious mental illness among U.S. adults by age, sex, and race, 2008*. http://www.nimh.nih.gov/statistics/SMI_AASR.shtml

Owens, P.L., Mutter, R., & Stocks, C. (2010). *Mental health and substance abuse-related emergency department visits among adults, 2007*. HCUP Statistical Brief #92. July 2010. Agency for Healthcare Research and Quality, Rockville, MD. http://www.hcup-us.ahrq.gov/reports/statbriefs/sb92.pdf.

Science Daily. (2006). Long-term poverty affects mental health of children.

Substance Abuse and Mental Health Services Administration. (2010a). *Mental Health, United States, 2008.* (HHS Publication No. (SMA) 10-4590). Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

Substance Abuse and Mental Health Services Administration. (2010b). *National expenditures on mental health treatment and substance abuse services, 1986-2005.* Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. From http://www.samhsa.gov/Financing/post/National-Expenditures-for-Mental-Health-Services-Substance-Abuse-Treatment-1986-2005.aspx.

Substance Abuse and Mental Health Services Administration. (2010c). *Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of National Findings*. (NSDUH Series H-38A, HHS Publication No. SMA 10-4586). Rockville, MD: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. From http://oas.samhsa.gov/NSDUH/2k9NSDUH/2k9ResultsP.pdf.

Schildhaus, S., Gerstein, D., Brittingham, A., Cerbone, F., & Dugoni, B. (2000). Services research outcomes study: overview of drug treatment population and outcomes. *Substance Use and Misuse*, 35(12–14): 1849–1877.

Wier, L.M., Levit, K., Stranges, E., Ryan, K., Pfuntner, A., Vandivort, R., Santora, P., Owens, P., Stocks, C., & Elixhauser, A. (2010). *HCUP Facts and Figures: Statistics on Hospital-based Care in the United States, 2008.* Rockville, MD: Agency for Healthcare Research and Quality. From http://www.hcup-us.ahrq.gov/reports/factsandfigures.jsp.

# Appendix A: Data Tables

This section of the report presents data tables by State and region. Unless otherwise noted, rates per population were calculated using U.S. Census State population data. *Data year* was selected based on the data year of the original data source. The source of each data item is listed below by table number.

A1-A7. MHSA Treatment Spending by State. Deliverable under SAMHSA Contract Number HHS-S-270-2006-00023C: Development of Spending Estimates for Mental Health and Substance Abuse Treatment Services, May, 2011.

B1. All-Health Spending, Economy & Government

**All-Health Spending per State Resident**

Data Series: Health expenditures by State of residence, 2004.

Source: Centers for Medicare & Medicaid Services, **Health Expenditures by State of Residence, 1991-2004. Retrieved July 15, 2011 from** https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsStateHealthAccountsResidence.html**.**

**Personal Income per State Resident**

Data Series: Personal income per capita, 2004-2005.

Source: Table 1. Per Capita Personal Income, Personal Income, and Population, by State and Region, 2004-2005. U.S. Bureau of Economic Analysis and Bureau of the Census, 2005. Retrieved July 8, 2011 from http://www.bea.gov/newsreleases/regional/spi/2006/spi0306.htm.

**State Government Revenue per State Resident**

Data Series: Total State government revenue, 2007.

Source: U.S. Census Bureau. (2010). *Statistical Abstract of the United States: 2011 (130th Edition).* Table 450: State Government Summary of Revenue, by State: 2007. Washington, DC. Retrieved April 15, 2011 from http://www.census.gov/prod/2011pubs/11statab/stlocgov.pdf. Data Source: Census Bureau, Finance, Survey of State Government Finances, 2007.

**State Mental Health Agency Revenue per State Resident**

Data Series: State Mental Health Agency revenue per capita, 2005.

Source: National Association of Mental Health Policy Director's Research Institute, Revenue and Expenditures by State, 2005. Retrieved July 15, 2011 from http://www.nri-inc.org/projects/profiles/data_search.cfm.

B2. Access to Mental Health Treatment

**MH Personnel per 1,000 Population**

Data Series: Rate of clinically active or clinically trained psychiatrists, psychologists, social workers, advance practice psychiatric nurses, and marriage and family therapists for United States and each State, 2006, and rate of clinically active or clinically trained counselors for United States and each State, 2008.

Source: Substance Abuse and Mental Health Services Administration. (2010). *Mental Health, United States, 2008*. Table II.6: Number and Rate per 100,000 of Clinically Active or Clinically Trained Mental Health Personnel, by Discipline: United States and Each State, Selected Years. HHS Publication No. (SMA) 10-4590, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. Data Source: Various.

**Percent of Population *Not* Living in MH Professional Shortage Areas**

Data Series: Estimated underserved population living in Mental Health Professional Shortage Areas (HPSAs), 2008.

Source: Calculated using data from the Office of Shortage Designation, Bureau of Health Professions, Health Resources and Services Administration (HRSA), Special Data Request, April 2009 and 2008 population data from Annual Population Estimates by State, July 1, 2008 Population, U.S. Census Bureau; available at http://www.census.gov/popest/data/historical/2000s/vintage_2009/index.html.

B3. MHSA-Related Outcomes

**Suicide Rate per 1,000 Population**

Data Series: Age-adjusted rate of suicide deaths in United States and each State, 2005.

Source: Substance Abuse and Mental Health Services Administration. (2010). *Mental Health, United States, 2008*. Table I.13: Number and Death Rates for Suicide: United States and Each State, 2005 (age adjusted). HHS Publication No. (SMA) 10-4590, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, 2005.

**Illicit Drug Use Rate per 1,000 Population**

Data Series: Rate of any illicit drug use by State, 2007-2008 average.

Source: U.S. Census Bureau. (2010). *Statistical Abstract of the United States: 2011 (130th Edition).* Table 204: Estimated Use of Selected Drugs by State 2007-2008. Washington, DC. Retrieved April 15, 2011 from http://www.census.gov/prod/2011pubs/11statab/health.pdf. Data Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies, National Survey on Drug Use and Health, 2007 and 2008.

**Alcohol-Related Traffic Fatalities per 1,000 Population**

Data Series: Number of Alcohol-Related Traffic Fatalities by State, 2005.

Source: U.S. Department of Transportation, National Highway Traffic Safety Administration, National Center for Statistics and Analysis. (2007). *Research Note: 2006 Traffic Safety Annual Assessment—Alcohol-Related Fatalities*. DOT HS 810 821, Washington, DC: National Highway Traffic Safety Administration.

**Incarceration Rate per 1,000 Population**

Data Series: Rate of prisoners under jurisdiction of Federal or State correctional authorities by State, 2005.

Source: U.S. Census Bureau. (2010). *Statistical Abstract of the United States: 2011 (130th Edition).* Table 347: Prisoners Under Jurisdiction of Federal or State Correctional Authorities—Summary by State: (per 1000 population). Washington, DC. Retrieved April 15, 2011 from http://www.census.gov/compendia/statab/cats/law_enforcement_courts_prisons.html. Data Source*:* Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, Prisoners in 2008; Series NCJ 228417; and earlier reports; see also http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=1763.

**Property Crime Rate per 100,000 Population**

Data Series: Property crime rate per 100,000 population, 2005.

Source: Table 5, Crime in the United States by State. United States Department of Justice, Federal Bureau of Investigation. (September 2010). *Crime in the United States, 2005*. Retrieved May 15, 2011, from http://www2.fbi.gov/ucr/05cius/data/table_05.html.

**Violent Crime Rate per 100,000 Population**

Violent crime rate per 100,000 population, 2005.

Source: Table 5, Crime in the United States by State. United States Department of Justice, Federal Bureau of Investigation. (September 2010). *Crime in the United States, 2005*. Retrieved May 15, 2011, from http://www2.fbi.gov/ucr/05cius/data/table_05.html.

B4. Insurance Coverage

**Percent of Population with Medicaid**

Data Series: Estimated Number of Medicaid Covered Individuals by State, 2005-2006.

Source: The Kaiser Family Foundation, www.statehealthfacts.org. Data Source: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2006 and 2007 Current Population Survey (CPS: Annual Social and Economic Supplements).

**Percent of Population Uninsured**

Data Series: Estimated Number of Uninsured Individuals by State, 2005-2006.

Source: The Kaiser Family Foundation, www.statehealthfacts.org. Data Source: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2006 and 2007 Current Population Survey (CPS: Annual Social and Economic Supplements).

B5. Demographics

**Percent of Population Under 200% of FPL**

Data Series: Percent of total population under 200% of the Federal poverty level in United States and individual States, 2005-2006.

Source: The Kaiser Family Foundation, www.statehealthfacts.org. Data Source: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2006 and 2007 Current Population Survey (CPS: Annual Social and Economic Supplements).

**Percent of Population Age 18-44**

Data Series: Percent of population age 18-44 years by State, 2005.

Source: U.S. Census Bureau, Table 1: Estimates of the Population by Selected Age Groups for the United States and States and for Puerto Rico: July 1, 2005 (SC-EST2005-01). Population Division, U.S. Census Bureau, Release Date: August 4, 2006, http://www.census.gov/popest/data/historical/2000s/vintage_2005/state.html.

**Percent of Population Receiving Social Security Income for Serious Mental Illness**

Data Series: Percent of United States population under the age of 65 years receiving SSI for serious mental illness by State, 2007.

Source: Substance Abuse and Mental Health Services Administration. (2010). *Mental Health, United States, 2008*. Table I.11: Total Number of SSI Recipients and Number and Percentage with Mental Disorders for Persons under 65 Years of Age: United States and Each State, 2007. HHS Publication No. (SMA) 10-4590, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. Data Source: Social Security Administration, Supplemental Security Record (Characteristic Extract Record format), 100 percent data. File available from US Social Security Administration, Office of Retirement and Disability Policy SSI Annual Statistical Report, 2007, http://www.socialsecurity.gov/policy/docs/statcomps/ssi_asr/2007/.

**Percent of Population Minority**

Data Series: Percent of non-white population by United States and State, 2005–2006 average.

Source: The Kaiser Family Foundation, www.statehealthfacts.org. Data Source: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2006 and 2007 Current Population Survey (CPS: Annual Social and Economic Supplements).

## Table A1. Mental Health and Substance Abuse (MHSA) Treatment Spending by State

| | MHSA Spending | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Total in Billions | | Per State Resident in Dollars | | Per State Resident Divided by MHSA Spending per U.S. Resident | | Average Annual Growth per State Resident | Share of All-Health Spending |
| State | 1997 | 2005 | 1997 | 2005 | 1997 | 2005 | 1997-2005 | 2004 |
| United States | 73,979 | 125,103 | 276 | 423 | 1.00 | 1.00 | 5.5% | 7.6% |
| New England | 5,412 | 9,187 | 405 | 646 | 1.46 | 1.53 | 6.0% | 9.5% |
| Connecticut | 1,253 | 2,150 | 383 | 618 | 1.39 | 1.46 | 6.2% | 9.1% |
| Maine | 522 | 883 | 419 | 673 | 1.52 | 1.59 | 6.1% | 10.2% |
| Massachusetts | 2,440 | 4,209 | 399 | 652 | 1.44 | 1.54 | 6.3% | 9.1% |
| New Hampshire | 524 | 751 | 447 | 577 | 1.62 | 1.36 | 3.2% | 10.0% |
| Rhode Island | 427 | 737 | 433 | 692 | 1.57 | 1.64 | 6.0% | 10.3% |
| Vermont | 246 | 458 | 417 | 741 | 1.51 | 1.75 | 7.4% | 11.7% |
| Mideast | 16,864 | 27,086 | 378 | 572 | 1.37 | 1.35 | 5.3% | 8.9% |
| Delaware | 245 | 408 | 333 | 486 | 1.21 | 1.15 | 4.8% | 7.5% |
| District of Columbia | 333 | 493 | 630 | 848 | 2.28 | 2.00 | 3.8% | 9.8% |
| Maryland | 1,627 | 2,696 | 320 | 483 | 1.16 | 1.14 | 5.3% | 8.2% |
| New Jersey | 2,506 | 4,122 | 311 | 478 | 1.13 | 1.13 | 5.5% | 7.8% |
| New York | 7,941 | 12,384 | 438 | 641 | 1.58 | 1.51 | 4.9% | 9.5% |
| Pennsylvania | 4,211 | 6,983 | 350 | 562 | 1.27 | 1.33 | 6.1% | 9.1% |
| Southeast | 16,964 | 29,173 | 260 | 394 | 0.94 | 0.93 | 5.3% | 7.3% |
| Alabama | 1,157 | 1,971 | 268 | 434 | 0.97 | 1.03 | 6.2% | 8.1% |
| Arkansas | 628 | 1,123 | 249 | 404 | 0.90 | 0.96 | 6.3% | 7.8% |
| Florida | 3,861 | 6,500 | 263 | 365 | 0.95 | 0.86 | 4.2% | 6.4% |
| Georgia | 1,848 | 2,957 | 247 | 325 | 0.89 | 0.77 | 3.5% | 6.9% |
| Kentucky | 1,127 | 1,900 | 288 | 454 | 1.04 | 1.07 | 5.8% | 8.2% |
| Louisiana | 1,149 | 1,819 | 264 | 404 | 0.96 | 0.96 | 5.5% | 7.8% |
| Mississippi | 715 | 1,262 | 262 | 435 | 0.95 | 1.03 | 6.6% | 8.1% |
| North Carolina | 1,805 | 3,510 | 243 | 405 | 0.88 | 0.96 | 6.6% | 7.4% |
| South Carolina | 838 | 1,497 | 221 | 352 | 0.80 | 0.83 | 6.0% | 6.7% |
| Tennessee | 1,539 | 2,607 | 286 | 435 | 1.04 | 1.03 | 5.4% | 7.9% |
| Virginia | 1,828 | 3,176 | 272 | 420 | 0.98 | 0.99 | 5.6% | 8.2% |
| West Virginia | 469 | 851 | 258 | 472 | 0.93 | 1.12 | 7.8% | 7.6% |
| Great Lakes | 11,243 | 18,441 | 255 | 401 | 0.92 | 0.95 | 5.8% | 7.1% |
| Illinois | 3,069 | 4,843 | 255 | 382 | 0.92 | 0.90 | 5.2% | 6.7% |
| Indiana | 1,432 | 2,455 | 244 | 393 | 0.88 | 0.93 | 6.1% | 7.1% |
| Michigan | 2,840 | 4,186 | 290 | 415 | 1.05 | 0.98 | 4.6% | 7.8% |
| Ohio | 2,728 | 4,712 | 243 | 411 | 0.88 | 0.97 | 6.8% | 6.9% |
| Wisconsin | 1,173 | 2,244 | 226 | 405 | 0.82 | 0.96 | 7.6% | 6.8% |
| Plains | 4,850 | 8,592 | 261 | 435 | 0.94 | 1.03 | 6.6% | 7.4% |
| Iowa | 647 | 1,134 | 227 | 385 | 0.82 | 0.91 | 6.8% | 6.7% |
| Kansas | 740 | 1,237 | 283 | 451 | 1.02 | 1.07 | 6.0% | 7.9% |
| Minnesota | 1,248 | 2,303 | 266 | 451 | 0.96 | 1.07 | 6.8% | 7.3% |
| Missouri | 1,499 | 2,599 | 277 | 448 | 1.00 | 1.06 | 6.2% | 7.7% |
| Nebraska | 368 | 706 | 222 | 403 | 0.80 | 0.95 | 7.7% | 6.6% |
| North Dakota | 172 | 300 | 269 | 471 | 0.97 | 1.11 | 7.3% | 7.8% |
| South Dakota | 176 | 314 | 241 | 402 | 0.87 | 0.95 | 6.6% | 7.4% |
| Southwest | 6,479 | 10,570 | 224 | 309 | 0.81 | 0.73 | 4.1% | 6.6% |
| Arizona | 1,226 | 2,305 | 269 | 386 | 0.97 | 0.91 | 4.6% | 9.2% |
| New Mexico | 363 | 605 | 211 | 316 | 0.76 | 0.75 | 5.2% | 6.7% |
| Oklahoma | 762 | 1,185 | 230 | 336 | 0.83 | 0.79 | 4.8% | 6.4% |
| Texas | 4,129 | 6,475 | 213 | 284 | 0.77 | 0.67 | 3.6% | 6.0% |
| Rocky Mountains | 2,076 | 3,607 | 244 | 360 | 0.88 | 0.85 | 5.0% | 7.5% |
| Colorado | 1,101 | 1,653 | 283 | 355 | 1.02 | 0.84 | 2.9% | 7.3% |
| Idaho | 232 | 474 | 192 | 333 | 0.69 | 0.79 | 7.1% | 7.2% |
| Montana | 229 | 407 | 260 | 435 | 0.94 | 1.03 | 6.6% | 8.1% |
| Utah | 390 | 845 | 189 | 338 | 0.68 | 0.80 | 7.5% | 7.9% |
| Wyoming | 124 | 228 | 259 | 451 | 0.94 | 1.07 | 7.2% | 8.0% |
| Far West | 10,090 | 18,447 | 227 | 369 | 0.82 | 0.87 | 6.3% | 7.3% |
| Alaska | 203 | 341 | 333 | 509 | 1.20 | 1.20 | 5.5% | 7.7% |
| California | 7,219 | 13,198 | 224 | 369 | 0.81 | 0.87 | 6.4% | 7.4% |
| Hawaii | 243 | 490 | 205 | 387 | 0.74 | 0.91 | 8.3% | 7.2% |
| Nevada | 283 | 605 | 169 | 251 | 0.61 | 0.59 | 5.1% | 5.3% |
| Oregon | 753 | 1,402 | 232 | 387 | 0.84 | 0.92 | 6.6% | 7.4% |
| Washington | 1,389 | 2,412 | 248 | 385 | 0.90 | 0.91 | 5.7% | 7.3% |

## Table A2. All Hospital Mental Health and Substance Abuse (MHSA) Treatment Spending by State

| | MHSA All Hospital Spending | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Total in Billions | | Per State Resident in Dollars | | Per State Resident Divided by MHSA All Hospital Spending per U.S. Resident | | Average Annual Growth per State Resident | Share of MHSA Spending |
| State | 1997 | 2005 | 1997 | 2005 | 1997 | 2005 | 1997-2005 | 2005 |
| United States | 25,970 | 35,723 | 97 | 121 | 1.00 | 1.00 | 2.8% | 28.6% |
| New England | 1,951 | 2,743 | 146 | 193 | 1.50 | 1.60 | 3.6% | 29.9% |
| Connecticut | 424 | 615 | 130 | 177 | 1.34 | 1.46 | 3.9% | 28.6% |
| Maine | 194 | 286 | 156 | 218 | 1.61 | 1.80 | 4.3% | 32.4% |
| Massachusetts | 937 | 1,321 | 153 | 205 | 1.58 | 1.69 | 3.7% | 31.4% |
| New Hampshire | 164 | 211 | 140 | 162 | 1.44 | 1.34 | 1.9% | 28.1% |
| Rhode Island | 164 | 223 | 166 | 210 | 1.72 | 1.74 | 2.9% | 30.3% |
| Vermont | 67 | 87 | 114 | 141 | 1.17 | 1.17 | 2.7% | 19.0% |
| Mideast | 7,384 | 9,480 | 166 | 200 | 1.71 | 1.66 | 2.4% | 35.0% |
| Delaware | 111 | 141 | 152 | 168 | 1.56 | 1.39 | 1.3% | 34.7% |
| District of Columbia | 144 | 184 | 273 | 315 | 2.82 | 2.61 | 1.8% | 37.2% |
| Maryland | 602 | 878 | 118 | 157 | 1.22 | 1.30 | 3.6% | 32.6% |
| New Jersey | 1,039 | 1,455 | 129 | 169 | 1.33 | 1.40 | 3.4% | 35.3% |
| New York | 3,671 | 4,856 | 202 | 251 | 2.09 | 2.08 | 2.7% | 39.2% |
| Pennsylvania | 1,816 | 1,966 | 151 | 158 | 1.56 | 1.31 | 0.6% | 28.2% |
| Southeast | 5,739 | 7,870 | 88 | 106 | 0.91 | 0.88 | 2.4% | 27.0% |
| Alabama | 454 | 569 | 105 | 125 | 1.08 | 1.04 | 2.2% | 28.9% |
| Arkansas | 228 | 330 | 90 | 119 | 0.93 | 0.98 | 3.5% | 29.4% |
| Florida | 1,122 | 1,631 | 76 | 92 | 0.79 | 0.76 | 2.3% | 25.1% |
| Georgia | 578 | 691 | 77 | 76 | 0.80 | 0.63 | -0.2% | 23.4% |
| Kentucky | 362 | 584 | 93 | 140 | 0.95 | 1.16 | 5.3% | 30.7% |
| Louisiana | 489 | 556 | 112 | 124 | 1.16 | 1.02 | 1.2% | 30.6% |
| Mississippi | 304 | 447 | 111 | 154 | 1.15 | 1.28 | 4.1% | 35.4% |
| North Carolina | 649 | 901 | 87 | 104 | 0.90 | 0.86 | 2.2% | 25.7% |
| South Carolina | 308 | 391 | 81 | 92 | 0.84 | 0.76 | 1.6% | 26.1% |
| Tennessee | 462 | 664 | 86 | 111 | 0.89 | 0.92 | 3.2% | 25.5% |
| Virginia | 629 | 859 | 93 | 114 | 0.96 | 0.94 | 2.5% | 27.0% |
| West Virginia | 155 | 247 | 85 | 137 | 0.88 | 1.13 | 6.1% | 29.0% |
| Great Lakes | 3,815 | 5,017 | 87 | 109 | 0.89 | 0.90 | 2.9% | 27.2% |
| Illinois | 1,187 | 1,465 | 99 | 116 | 1.02 | 0.96 | 2.0% | 30.2% |
| Indiana | 492 | 700 | 84 | 112 | 0.86 | 0.93 | 3.7% | 28.5% |
| Michigan | 897 | 961 | 92 | 95 | 0.94 | 0.79 | 0.5% | 23.0% |
| Ohio | 837 | 1,147 | 75 | 100 | 0.77 | 0.83 | 3.7% | 24.3% |
| Wisconsin | 402 | 745 | 77 | 134 | 0.80 | 1.11 | 7.2% | 33.2% |
| Plains | 1,752 | 2,543 | 94 | 129 | 0.97 | 1.06 | 4.0% | 29.6% |
| Iowa | 197 | 288 | 69 | 98 | 0.71 | 0.81 | 4.5% | 25.4% |
| Kansas | 288 | 315 | 110 | 115 | 1.14 | 0.95 | 0.5% | 25.4% |
| Minnesota | 418 | 686 | 89 | 134 | 0.92 | 1.11 | 5.3% | 29.8% |
| Missouri | 558 | 852 | 103 | 147 | 1.06 | 1.21 | 4.5% | 32.8% |
| Nebraska | 160 | 215 | 96 | 123 | 0.99 | 1.01 | 3.0% | 30.4% |
| North Dakota | 57 | 85 | 89 | 133 | 0.91 | 1.10 | 5.2% | 28.3% |
| South Dakota | 75 | 104 | 102 | 133 | 1.05 | 1.10 | 3.3% | 33.0% |
| Southwest | 1,873 | 2,619 | 65 | 77 | 0.67 | 0.63 | 2.1% | 24.8% |
| Arizona | 227 | 436 | 50 | 73 | 0.51 | 0.60 | 4.9% | 18.9% |
| New Mexico | 105 | 152 | 61 | 79 | 0.63 | 0.66 | 3.3% | 25.2% |
| Oklahoma | 251 | 301 | 76 | 85 | 0.78 | 0.71 | 1.5% | 25.4% |
| Texas | 1,290 | 1,729 | 67 | 76 | 0.69 | 0.63 | 1.6% | 26.7% |
| Rocky Mountains | 584 | 883 | 69 | 88 | 0.71 | 0.73 | 3.2% | 24.5% |
| Colorado | 254 | 371 | 65 | 80 | 0.67 | 0.66 | 2.5% | 22.4% |
| Idaho | 74 | 124 | 61 | 87 | 0.63 | 0.72 | 4.5% | 26.2% |
| Montana | 79 | 111 | 89 | 118 | 0.92 | 0.98 | 3.6% | 27.2% |
| Utah | 124 | 191 | 60 | 77 | 0.62 | 0.63 | 3.1% | 22.6% |
| Wyoming | 54 | 86 | 112 | 169 | 1.16 | 1.40 | 5.3% | 37.6% |
| Far West | 2,871 | 4,568 | 64 | 91 | 0.66 | 0.76 | 4.4% | 24.8% |
| Alaska | 68 | 112 | 112 | 167 | 1.16 | 1.38 | 5.1% | 32.9% |
| California | 1,995 | 3,193 | 62 | 89 | 0.64 | 0.74 | 4.7% | 24.2% |
| Hawaii | 96 | 139 | 81 | 110 | 0.84 | 0.91 | 3.9% | 28.3% |
| Nevada | 94 | 171 | 56 | 71 | 0.58 | 0.59 | 3.1% | 28.3% |
| Oregon | 210 | 367 | 65 | 101 | 0.67 | 0.84 | 5.7% | 26.2% |
| Washington | 407 | 586 | 73 | 94 | 0.75 | 0.77 | 3.2% | 24.3% |

## Table A3. All Physician Mental Health and Substance Abuse (MHSA) Treatment Spending by State

| | MHSA All Physician Spending | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Total in Billions | | Per State Resident in Dollars | | Per State Resident Divided by MHSA All Physician Spending per U.S. Resident | | Average Annual Growth per State Resident | Share of MHSA Spending |
| State | 1997 | 2005 | 1997 | 2005 | 1997 | 2005 | 1997-2005 | 2005 |
| United States | 10,688 | 17,672 | 40 | 60 | 1.00 | 1.00 | 5.2% | 14.1% |
| New England | 711 | 1,264 | 53 | 89 | 1.33 | 1.49 | 6.6% | 13.8% |
| Connecticut | 206 | 333 | 63 | 96 | 1.58 | 1.60 | 5.4% | 15.5% |
| Maine | 45 | 79 | 37 | 60 | 0.92 | 1.00 | 6.4% | 8.9% |
| Massachusetts | 352 | 661 | 58 | 102 | 1.44 | 1.71 | 7.4% | 15.7% |
| New Hampshire | 47 | 77 | 40 | 59 | 1.00 | 0.99 | 5.1% | 10.2% |
| Rhode Island | 36 | 72 | 36 | 67 | 0.91 | 1.13 | 8.1% | 9.7% |
| Vermont | 25 | 43 | 42 | 70 | 1.04 | 1.17 | 6.7% | 9.4% |
| Mideast | 2,189 | 3,734 | 49 | 79 | 1.23 | 1.32 | 6.1% | 13.8% |
| Delaware | 35 | 64 | 48 | 76 | 1.20 | 1.27 | 5.9% | 15.6% |
| District of Columbia | 37 | 65 | 70 | 112 | 1.76 | 1.88 | 6.0% | 13.3% |
| Maryland | 291 | 493 | 57 | 88 | 1.43 | 1.48 | 5.6% | 18.3% |
| New Jersey | 378 | 681 | 47 | 79 | 1.17 | 1.32 | 6.7% | 16.5% |
| New York | 980 | 1,602 | 54 | 83 | 1.35 | 1.39 | 5.5% | 12.9% |
| Pennsylvania | 468 | 829 | 39 | 67 | 0.98 | 1.12 | 7.0% | 11.9% |
| Southeast | 2,522 | 4,058 | 39 | 55 | 0.97 | 0.92 | 4.4% | 13.9% |
| Alabama | 149 | 275 | 35 | 61 | 0.87 | 1.01 | 7.3% | 14.0% |
| Arkansas | 85 | 147 | 34 | 53 | 0.85 | 0.88 | 5.7% | 13.1% |
| Florida | 710 | 1,207 | 48 | 68 | 1.21 | 1.14 | 4.3% | 18.6% |
| Georgia | 300 | 433 | 40 | 48 | 1.00 | 0.80 | 2.2% | 14.6% |
| Kentucky | 135 | 207 | 35 | 50 | 0.87 | 0.83 | 4.6% | 10.9% |
| Louisiana | 158 | 228 | 36 | 51 | 0.91 | 0.85 | 4.3% | 12.5% |
| Mississippi | 81 | 118 | 30 | 41 | 0.75 | 0.68 | 4.0% | 9.3% |
| North Carolina | 225 | 396 | 30 | 46 | 0.76 | 0.76 | 5.3% | 11.3% |
| South Carolina | 108 | 180 | 28 | 42 | 0.71 | 0.71 | 5.1% | 12.0% |
| Tennessee | 240 | 327 | 45 | 55 | 1.12 | 0.91 | 2.5% | 12.6% |
| Virginia | 268 | 453 | 40 | 60 | 1.00 | 1.00 | 5.3% | 14.3% |
| West Virginia | 62 | 87 | 34 | 48 | 0.86 | 0.81 | 4.4% | 10.2% |
| Great Lakes | 1,564 | 2,493 | 35 | 54 | 0.89 | 0.91 | 5.4% | 13.5% |
| Illinois | 502 | 778 | 42 | 61 | 1.05 | 1.03 | 4.9% | 16.1% |
| Indiana | 157 | 244 | 27 | 39 | 0.67 | 0.65 | 4.9% | 10.0% |
| Michigan | 349 | 547 | 36 | 54 | 0.89 | 0.91 | 5.4% | 13.1% |
| Ohio | 386 | 615 | 34 | 54 | 0.86 | 0.90 | 5.7% | 13.1% |
| Wisconsin | 170 | 308 | 33 | 56 | 0.82 | 0.93 | 6.9% | 13.7% |
| Plains | 556 | 933 | 30 | 47 | 0.75 | 0.79 | 5.9% | 10.9% |
| Iowa | 89 | 130 | 31 | 44 | 0.78 | 0.74 | 4.4% | 11.5% |
| Kansas | 75 | 136 | 28 | 50 | 0.71 | 0.83 | 7.2% | 11.0% |
| Minnesota | 155 | 262 | 33 | 51 | 0.83 | 0.86 | 5.6% | 11.4% |
| Missouri | 166 | 275 | 31 | 47 | 0.77 | 0.79 | 5.6% | 10.6% |
| Nebraska | 42 | 84 | 25 | 48 | 0.63 | 0.80 | 8.3% | 11.9% |
| North Dakota | 12 | 19 | 19 | 30 | 0.49 | 0.50 | 5.4% | 6.3% |
| South Dakota | 17 | 28 | 24 | 35 | 0.59 | 0.59 | 5.1% | 8.8% |
| Southwest | 1,067 | 1,688 | 37 | 49 | 0.92 | 0.83 | 3.7% | 16.0% |
| Arizona | 137 | 261 | 30 | 44 | 0.76 | 0.73 | 4.7% | 11.3% |
| New Mexico | 41 | 83 | 24 | 43 | 0.60 | 0.72 | 7.6% | 13.7% |
| Oklahoma | 93 | 153 | 28 | 43 | 0.70 | 0.72 | 5.6% | 12.9% |
| Texas | 795 | 1,192 | 41 | 52 | 1.03 | 0.87 | 3.1% | 18.4% |
| Rocky Mountains | 290 | 458 | 34 | 46 | 0.85 | 0.76 | 3.7% | 12.7% |
| Colorado | 170 | 230 | 44 | 49 | 1.09 | 0.82 | 1.5% | 13.9% |
| Idaho | 35 | 76 | 29 | 54 | 0.72 | 0.90 | 8.2% | 16.1% |
| Montana | 20 | 36 | 22 | 38 | 0.56 | 0.64 | 6.8% | 8.8% |
| Utah | 57 | 100 | 28 | 40 | 0.69 | 0.67 | 4.8% | 11.9% |
| Wyoming | 9 | 16 | 20 | 32 | 0.49 | 0.53 | 6.1% | 7.0% |
| Far West | 1,789 | 3,045 | 40 | 61 | 1.01 | 1.02 | 5.3% | 16.5% |
| Alaska | 36 | 56 | 59 | 84 | 1.49 | 1.40 | 4.4% | 16.5% |
| California | 1,393 | 2,353 | 43 | 66 | 1.08 | 1.10 | 5.4% | 17.8% |
| Hawaii | 43 | 77 | 36 | 61 | 0.91 | 1.01 | 6.6% | 15.7% |
| Nevada | 50 | 97 | 30 | 40 | 0.74 | 0.67 | 3.8% | 16.0% |
| Oregon | 98 | 176 | 30 | 49 | 0.75 | 0.81 | 6.2% | 12.6% |
| Washington | 169 | 286 | 30 | 46 | 0.76 | 0.76 | 5.3% | 11.9% |

## Table A4. Mental Health and Substance Abuse (MHSA) Specialty Center Treatment Spending by State

| | MHSA Specialty Center Spending | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Total in Billions | | Per State Resident in Dollars | | Per State Resident Divided by MHSA Specialty Center Spending per U.S. Resident | | Average Annual Growth per State Resident | Share of MHSA Spending |
| State | 1997 | 2005 | 1997 | 2005 | 1997 | 2005 | 1997-2005 | 2005 |
| United States | 17,680 | 25,831 | 66 | 87 | 1.00 | 1.00 | 3.6% | 20.6% |
| New England | 1,303 | 1,904 | 97 | 134 | 1.48 | 1.53 | 4.0% | 20.7% |
| Connecticut | 228 | 379 | 70 | 109 | 1.06 | 1.25 | 5.7% | 17.6% |
| Maine | 162 | 223 | 130 | 170 | 1.97 | 1.95 | 3.4% | 25.3% |
| Massachusetts | 468 | 693 | 76 | 107 | 1.16 | 1.23 | 4.3% | 16.5% |
| New Hampshire | 203 | 215 | 173 | 165 | 2.62 | 1.89 | -0.6% | 28.6% |
| Rhode Island | 144 | 201 | 146 | 189 | 2.21 | 2.17 | 3.3% | 27.3% |
| Vermont | 99 | 192 | 168 | 310 | 2.54 | 3.55 | 8.0% | 41.9% |
| Mideast | 3,379 | 5,214 | 76 | 110 | 1.15 | 1.26 | 4.8% | 19.3% |
| Delaware | 40 | 56 | 54 | 67 | 0.82 | 0.77 | 2.8% | 13.8% |
| District of Columbia | 67 | 91 | 127 | 156 | 1.93 | 1.78 | 2.6% | 18.4% |
| Maryland | 310 | 443 | 61 | 79 | 0.92 | 0.91 | 3.4% | 16.4% |
| New Jersey | 474 | 652 | 59 | 76 | 0.89 | 0.87 | 3.2% | 15.8% |
| New York | 1,568 | 2,228 | 86 | 115 | 1.31 | 1.32 | 3.7% | 18.0% |
| Pennsylvania | 920 | 1,744 | 77 | 140 | 1.16 | 1.61 | 7.9% | 25.0% |
| Southeast | 4,008 | 5,743 | 62 | 78 | 0.93 | 0.89 | 2.9% | 19.7% |
| Alabama | 292 | 369 | 68 | 81 | 1.02 | 0.93 | 2.3% | 18.7% |
| Arkansas | 148 | 181 | 59 | 65 | 0.89 | 0.75 | 1.4% | 16.2% |
| Florida | 933 | 1,087 | 64 | 61 | 0.96 | 0.70 | -0.5% | 16.7% |
| Georgia | 452 | 614 | 60 | 68 | 0.91 | 0.77 | 1.4% | 20.8% |
| Kentucky | 296 | 368 | 76 | 88 | 1.15 | 1.01 | 1.9% | 19.4% |
| Louisiana | 166 | 264 | 38 | 59 | 0.58 | 0.67 | 5.5% | 14.5% |
| Mississippi | 168 | 278 | 62 | 96 | 0.93 | 1.10 | 5.7% | 22.1% |
| North Carolina | 426 | 773 | 57 | 89 | 0.87 | 1.02 | 5.7% | 22.0% |
| South Carolina | 189 | 307 | 50 | 72 | 0.76 | 0.83 | 4.7% | 20.5% |
| Tennessee | 354 | 566 | 66 | 94 | 1.00 | 1.08 | 4.6% | 21.7% |
| Virginia | 487 | 789 | 72 | 104 | 1.10 | 1.19 | 4.7% | 24.9% |
| West Virginia | 96 | 146 | 53 | 81 | 0.80 | 0.93 | 5.5% | 17.2% |
| Great Lakes | 2,603 | 3,522 | 59 | 77 | 0.89 | 0.88 | 3.3% | 19.1% |
| Illinois | 547 | 796 | 46 | 63 | 0.69 | 0.72 | 4.1% | 16.4% |
| Indiana | 357 | 502 | 61 | 80 | 0.92 | 0.92 | 3.5% | 20.4% |
| Michigan | 871 | 1,062 | 89 | 105 | 1.35 | 1.21 | 2.1% | 25.4% |
| Ohio | 598 | 860 | 53 | 75 | 0.81 | 0.86 | 4.4% | 18.3% |
| Wisconsin | 230 | 301 | 44 | 54 | 0.67 | 0.62 | 2.6% | 13.4% |
| Plains | 1,170 | 1,761 | 63 | 89 | 0.95 | 1.02 | 4.4% | 20.5% |
| Iowa | 153 | 225 | 53 | 76 | 0.81 | 0.87 | 4.5% | 19.8% |
| Kansas | 207 | 339 | 79 | 124 | 1.20 | 1.42 | 5.8% | 27.4% |
| Minnesota | 297 | 446 | 63 | 87 | 0.96 | 1.00 | 4.1% | 19.4% |
| Missouri | 362 | 488 | 67 | 84 | 1.01 | 0.96 | 2.9% | 18.8% |
| Nebraska | 59 | 114 | 35 | 65 | 0.54 | 0.75 | 7.9% | 16.1% |
| North Dakota | 55 | 77 | 85 | 121 | 1.29 | 1.38 | 4.4% | 25.6% |
| South Dakota | 39 | 72 | 53 | 93 | 0.80 | 1.06 | 7.3% | 23.1% |
| Southwest | 1,774 | 2,145 | 61 | 63 | 0.93 | 0.72 | 0.3% | 20.3% |
| Arizona | 597 | 894 | 131 | 150 | 1.99 | 1.71 | 1.7% | 38.8% |
| New Mexico | 124 | 130 | 72 | 68 | 1.09 | 0.78 | -0.7% | 21.5% |
| Oklahoma | 213 | 257 | 64 | 73 | 0.98 | 0.83 | 1.5% | 21.6% |
| Texas | 839 | 864 | 43 | 38 | 0.66 | 0.43 | -1.7% | 13.3% |
| Rocky Mountains | 605 | 912 | 71 | 91 | 1.07 | 1.04 | 3.1% | 25.3% |
| Colorado | 352 | 446 | 90 | 96 | 1.37 | 1.10 | 0.7% | 27.0% |
| Idaho | 57 | 74 | 47 | 52 | 0.71 | 0.59 | 1.2% | 15.6% |
| Montana | 72 | 119 | 82 | 128 | 1.25 | 1.46 | 5.6% | 29.3% |
| Utah | 90 | 215 | 43 | 86 | 0.66 | 0.99 | 8.9% | 25.5% |
| Wyoming | 34 | 57 | 71 | 113 | 1.08 | 1.29 | 5.9% | 25.0% |
| Far West | 2,839 | 4,631 | 64 | 93 | 0.97 | 1.06 | 4.8% | 25.1% |
| Alaska | 66 | 101 | 109 | 151 | 1.65 | 1.73 | 4.2% | 29.7% |
| California | 2,023 | 3,391 | 63 | 95 | 0.95 | 1.08 | 5.3% | 25.7% |
| Hawaii | 51 | 102 | 43 | 80 | 0.65 | 0.92 | 8.2% | 20.7% |
| Nevada | 51 | 91 | 31 | 38 | 0.46 | 0.43 | 2.7% | 15.1% |
| Oregon | 225 | 314 | 69 | 87 | 1.05 | 1.00 | 2.9% | 22.4% |
| Washington | 422 | 632 | 75 | 101 | 1.14 | 1.16 | 3.7% | 26.2% |

## Table A5. Retail Prescription Drug Mental Health and Substance Abuse (MHSA) Treatment Spending by State

| | MHSA Prescription Drug Spending | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Total in Billions | | Per State Resident in Dollars | | Per State Resident Divided by MHSA Prescription Drug Spending per U.S. Resident | | Average Annual Growth per State Resident | Share of MHSA Spending |
| State | 1997 | 2005 | 1997 | 2005 | 1997 | 2005 | 1997-2005 | 2005 |
| United States | 8,527 | 30,115 | 32 | 102 | 1.00 | 1.00 | 15.6% | 24.1% |
| New England | 530 | 2,029 | 40 | 143 | 1.24 | 1.40 | 17.4% | 22.1% |
| Connecticut | 135 | 473 | 41 | 136 | 1.30 | 1.34 | 16.0% | 22.0% |
| Maine | 54 | 201 | 44 | 153 | 1.37 | 1.50 | 17.0% | 22.7% |
| Massachusetts | 230 | 935 | 38 | 145 | 1.18 | 1.42 | 18.4% | 22.2% |
| New Hampshire | 48 | 168 | 41 | 129 | 1.29 | 1.27 | 15.4% | 22.4% |
| Rhode Island | 39 | 167 | 39 | 157 | 1.24 | 1.54 | 18.8% | 22.7% |
| Vermont | 23 | 86 | 39 | 139 | 1.22 | 1.36 | 17.3% | 18.8% |
| Mideast | 1,346 | 5,004 | 30 | 106 | 0.95 | 1.04 | 16.9% | 18.5% |
| Delaware | 26 | 103 | 35 | 123 | 1.10 | 1.21 | 17.0% | 25.3% |
| District of Columbia | 20 | 78 | 37 | 134 | 1.17 | 1.31 | 17.4% | 15.8% |
| Maryland | 141 | 524 | 28 | 94 | 0.87 | 0.92 | 16.4% | 19.4% |
| New Jersey | 193 | 763 | 24 | 89 | 0.75 | 0.87 | 17.7% | 18.5% |
| New York | 569 | 2,021 | 31 | 105 | 0.98 | 1.03 | 16.3% | 16.3% |
| Pennsylvania | 397 | 1,516 | 33 | 122 | 1.04 | 1.20 | 17.7% | 21.7% |
| Southeast | 2,425 | 8,268 | 37 | 112 | 1.17 | 1.10 | 14.7% | 28.3% |
| Alabama | 147 | 598 | 34 | 132 | 1.07 | 1.29 | 18.4% | 30.3% |
| Arkansas | 92 | 345 | 36 | 124 | 1.14 | 1.22 | 16.6% | 30.7% |
| Florida | 459 | 1,670 | 31 | 94 | 0.98 | 0.92 | 14.7% | 25.7% |
| Georgia | 290 | 899 | 39 | 99 | 1.22 | 0.97 | 12.4% | 30.4% |
| Kentucky | 177 | 576 | 45 | 138 | 1.42 | 1.35 | 14.9% | 30.3% |
| Louisiana | 187 | 590 | 43 | 131 | 1.35 | 1.29 | 15.0% | 32.5% |
| Mississippi | 102 | 317 | 37 | 109 | 1.17 | 1.07 | 14.4% | 25.1% |
| North Carolina | 254 | 961 | 34 | 111 | 1.08 | 1.09 | 15.8% | 27.4% |
| South Carolina | 133 | 483 | 35 | 113 | 1.10 | 1.11 | 15.8% | 32.3% |
| Tennessee | 284 | 808 | 53 | 135 | 1.66 | 1.32 | 12.4% | 31.0% |
| Virginia | 201 | 734 | 30 | 97 | 0.94 | 0.95 | 15.9% | 23.1% |
| West Virginia | 98 | 287 | 54 | 159 | 1.70 | 1.56 | 14.4% | 33.7% |
| Great Lakes | 1,457 | 4,996 | 33 | 109 | 1.04 | 1.07 | 16.0% | 27.1% |
| Illinois | 342 | 1,136 | 29 | 90 | 0.90 | 0.88 | 15.4% | 23.4% |
| Indiana | 216 | 725 | 37 | 116 | 1.16 | 1.14 | 15.4% | 29.5% |
| Michigan | 336 | 1,142 | 34 | 113 | 1.08 | 1.11 | 16.1% | 27.3% |
| Ohio | 409 | 1,398 | 37 | 122 | 1.15 | 1.20 | 16.3% | 29.7% |
| Wisconsin | 153 | 595 | 29 | 107 | 0.93 | 1.05 | 17.5% | 26.5% |
| Plains | 657 | 2,345 | 35 | 119 | 1.11 | 1.16 | 16.3% | 27.3% |
| Iowa | 114 | 352 | 40 | 119 | 1.25 | 1.17 | 14.7% | 31.0% |
| Kansas | 83 | 328 | 32 | 120 | 0.99 | 1.18 | 18.1% | 26.5% |
| Minnesota | 162 | 586 | 35 | 115 | 1.09 | 1.13 | 16.2% | 25.4% |
| Missouri | 202 | 714 | 37 | 123 | 1.17 | 1.21 | 16.0% | 27.5% |
| Nebraska | 45 | 198 | 27 | 113 | 0.86 | 1.11 | 19.4% | 28.1% |
| North Dakota | 29 | 90 | 45 | 142 | 1.41 | 1.40 | 15.5% | 30.2% |
| South Dakota | 22 | 77 | 31 | 98 | 0.96 | 0.96 | 15.7% | 24.4% |
| Southwest | 832 | 2,874 | 29 | 84 | 0.90 | 0.82 | 14.3% | 27.2% |
| Arizona | 129 | 527 | 28 | 88 | 0.89 | 0.87 | 15.2% | 22.8% |
| New Mexico | 36 | 155 | 21 | 81 | 0.65 | 0.79 | 18.5% | 25.6% |
| Oklahoma | 96 | 340 | 29 | 96 | 0.90 | 0.95 | 16.3% | 28.7% |
| Texas | 571 | 1,853 | 30 | 81 | 0.93 | 0.80 | 13.5% | 28.6% |
| Rocky Mountains | 263 | 899 | 31 | 90 | 0.97 | 0.88 | 14.3% | 24.9% |
| Colorado | 128 | 362 | 33 | 78 | 1.03 | 0.76 | 11.4% | 21.9% |
| Idaho | 29 | 136 | 24 | 95 | 0.74 | 0.94 | 19.1% | 28.6% |
| Montana | 25 | 95 | 28 | 102 | 0.88 | 1.00 | 17.4% | 23.4% |
| Utah | 69 | 261 | 34 | 104 | 1.06 | 1.03 | 15.2% | 30.9% |
| Wyoming | 12 | 45 | 26 | 89 | 0.81 | 0.87 | 16.7% | 19.7% |
| Far West | 1,018 | 3,700 | 23 | 74 | 0.72 | 0.73 | 15.8% | 20.1% |
| Alaska | 14 | 47 | 23 | 70 | 0.72 | 0.68 | 15.0% | 13.7% |
| California | 684 | 2,469 | 21 | 69 | 0.67 | 0.68 | 15.9% | 18.7% |
| Hawaii | 20 | 80 | 17 | 63 | 0.54 | 0.62 | 17.6% | 16.3% |
| Nevada | 42 | 172 | 25 | 71 | 0.78 | 0.70 | 14.1% | 28.4% |
| Oregon | 93 | 349 | 29 | 97 | 0.90 | 0.95 | 16.4% | 24.9% |
| Washington | 165 | 584 | 29 | 93 | 0.92 | 0.92 | 15.5% | 24.2% |

## Table A6. All Other Mental Health and Substance Abuse (MHSA) Treatment Spending by State

| | All Other Services Spending | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Total in Billions | | Per State Resident in Dollars | | Per State Resident Divided by MHSA All Other Services Spending per U.S. Resident | | Average Annual Growth per State Resident | Share of MHSA Spending |
| State | 1997 | 2005 | 1997 | 2005 | 1997 | 2005 | 1997-2005 | 2005 |
| United States | 11,115 | 15,762 | 42 | 53 | 1.00 | 1.00 | 4.5% | 12.6% |
| New England | 918 | 1,248 | 69 | 88 | 1.65 | 1.65 | 3.9% | 13.6% |
| Connecticut | 259 | 350 | 79 | 101 | 1.91 | 1.89 | 3.8% | 16.3% |
| Maine | 67 | 94 | 54 | 72 | 1.29 | 1.35 | 4.4% | 10.7% |
| Massachusetts | 453 | 600 | 74 | 93 | 1.78 | 1.74 | 3.6% | 14.3% |
| New Hampshire | 62 | 81 | 53 | 62 | 1.28 | 1.16 | 3.3% | 10.7% |
| Rhode Island | 44 | 73 | 45 | 69 | 1.09 | 1.29 | 6.4% | 9.9% |
| Vermont | 33 | 50 | 55 | 81 | 1.33 | 1.52 | 5.6% | 10.9% |
| Mideast | 2,567 | 3,654 | 58 | 77 | 1.39 | 1.45 | 4.5% | 13.5% |
| Delaware | 33 | 43 | 45 | 52 | 1.08 | 0.97 | 3.5% | 10.6% |
| District of Columbia | 65 | 76 | 122 | 130 | 2.95 | 2.44 | 2.0% | 15.4% |
| Maryland | 284 | 359 | 56 | 64 | 1.34 | 1.21 | 3.0% | 13.3% |
| New Jersey | 422 | 570 | 52 | 66 | 1.26 | 1.24 | 3.8% | 13.8% |
| New York | 1,154 | 1,677 | 64 | 87 | 1.53 | 1.63 | 4.8% | 13.5% |
| Pennsylvania | 610 | 929 | 51 | 75 | 1.22 | 1.40 | 5.4% | 13.3% |
| Southeast | 2,270 | 3,234 | 35 | 44 | 0.84 | 0.82 | 4.5% | 11.1% |
| Alabama | 115 | 160 | 27 | 35 | 0.64 | 0.66 | 4.2% | 8.1% |
| Arkansas | 75 | 121 | 30 | 43 | 0.72 | 0.82 | 6.1% | 10.7% |
| Florida | 636 | 905 | 43 | 51 | 1.04 | 0.95 | 4.5% | 13.9% |
| Georgia | 228 | 320 | 30 | 35 | 0.73 | 0.66 | 4.3% | 10.8% |
| Kentucky | 158 | 165 | 40 | 39 | 0.97 | 0.74 | 0.6% | 8.7% |
| Louisiana | 149 | 181 | 34 | 40 | 0.82 | 0.75 | 2.5% | 9.9% |
| Mississippi | 60 | 101 | 22 | 35 | 0.53 | 0.66 | 6.8% | 8.0% |
| North Carolina | 250 | 479 | 34 | 55 | 0.81 | 1.04 | 8.5% | 13.6% |
| South Carolina | 100 | 136 | 26 | 32 | 0.64 | 0.60 | 3.9% | 9.1% |
| Tennessee | 198 | 242 | 37 | 40 | 0.89 | 0.76 | 2.5% | 9.3% |
| Virginia | 243 | 341 | 36 | 45 | 0.87 | 0.85 | 4.3% | 10.7% |
| West Virginia | 58 | 84 | 32 | 47 | 0.77 | 0.88 | 4.8% | 9.9% |
| Great Lakes | 1,804 | 2,413 | 41 | 52 | 0.99 | 0.98 | 3.7% | 13.1% |
| Illinois | 490 | 669 | 41 | 53 | 0.98 | 0.99 | 4.0% | 13.8% |
| Indiana | 211 | 284 | 36 | 45 | 0.86 | 0.85 | 3.8% | 11.6% |
| Michigan | 387 | 473 | 40 | 47 | 0.95 | 0.88 | 2.5% | 11.3% |
| Ohio | 498 | 692 | 44 | 60 | 1.07 | 1.13 | 4.2% | 14.7% |
| Wisconsin | 218 | 295 | 42 | 53 | 1.01 | 1.00 | 3.8% | 13.2% |
| Plains | 716 | 1,011 | 38 | 51 | 0.93 | 0.96 | 4.4% | 11.8% |
| Iowa | 95 | 140 | 33 | 48 | 0.80 | 0.89 | 5.0% | 12.4% |
| Kansas | 88 | 119 | 34 | 43 | 0.81 | 0.81 | 3.8% | 9.6% |
| Minnesota | 217 | 323 | 46 | 63 | 1.11 | 1.19 | 5.1% | 14.0% |
| Missouri | 211 | 271 | 39 | 47 | 0.94 | 0.87 | 3.2% | 10.4% |
| Nebraska | 62 | 95 | 38 | 54 | 0.91 | 1.02 | 5.4% | 13.5% |
| North Dakota | 20 | 29 | 31 | 46 | 0.73 | 0.86 | 5.1% | 9.7% |
| South Dakota | 23 | 34 | 31 | 43 | 0.75 | 0.81 | 5.0% | 10.8% |
| Southwest | 934 | 1,245 | 32 | 36 | 0.78 | 0.68 | 3.7% | 11.8% |
| Arizona | 135 | 187 | 30 | 31 | 0.71 | 0.59 | 4.2% | 8.1% |
| New Mexico | 57 | 85 | 33 | 45 | 0.79 | 0.84 | 5.3% | 14.1% |
| Oklahoma | 109 | 135 | 33 | 38 | 0.79 | 0.71 | 2.7% | 11.4% |
| Texas | 633 | 837 | 33 | 37 | 0.79 | 0.69 | 3.6% | 12.9% |
| Rocky Mountains | 334 | 455 | 39 | 45 | 0.94 | 0.85 | 3.9% | 12.6% |
| Colorado | 198 | 244 | 51 | 52 | 1.22 | 0.98 | 2.6% | 14.7% |
| Idaho | 38 | 64 | 31 | 45 | 0.75 | 0.84 | 6.8% | 13.4% |
| Montana | 33 | 46 | 38 | 49 | 0.91 | 0.92 | 4.1% | 11.3% |
| Utah | 51 | 77 | 25 | 31 | 0.59 | 0.58 | 5.4% | 9.1% |
| Wyoming | 14 | 24 | 30 | 48 | 0.73 | 0.91 | 6.8% | 10.7% |
| Far West | 1,573 | 2,503 | 35 | 50 | 0.85 | 0.94 | 6.0% | 13.6% |
| Alaska | 18 | 25 | 29 | 37 | 0.71 | 0.69 | 4.1% | 7.2% |
| California | 1,123 | 1,792 | 35 | 50 | 0.84 | 0.94 | 6.0% | 13.6% |
| Hawaii | 32 | 93 | 27 | 74 | 0.65 | 1.38 | 14.2% | 19.0% |
| Nevada | 47 | 74 | 28 | 31 | 0.68 | 0.58 | 5.9% | 12.3% |
| Oregon | 127 | 195 | 39 | 54 | 0.94 | 1.01 | 5.6% | 13.9% |
| Washington | 226 | 324 | 40 | 52 | 0.97 | 0.97 | 4.6% | 13.4% |

## Table A7. Distribution of Mental Health and Substance Abuse (MHSA) Spending by Provider Type

| State, 2005 | Total | All Hospitals | All Physicians | Prescription Drugs | Specialty Centers | All Other Services |
|---|---|---|---|---|---|---|
| United States | 100% | 28.6% | 14.1% | 24.1% | 20.6% | 12.6% |
| New England | 100% | 29.9% | 13.8% | 22.1% | 20.7% | 13.6% |
| Connecticut | 100% | 28.6% | 15.5% | 22.0% | 17.6% | 16.3% |
| Maine | 100% | 32.4% | 8.9% | 22.7% | 25.3% | 10.7% |
| Massachusetts | 100% | 31.4% | 15.7% | 22.2% | 16.5% | 14.3% |
| New Hampshire | 100% | 28.1% | 10.2% | 22.4% | 28.6% | 10.7% |
| Rhode Island | 100% | 30.3% | 9.7% | 22.7% | 27.3% | 9.9% |
| Vermont | 100% | 19.0% | 9.4% | 18.8% | 41.9% | 10.9% |
| Mideast | 100% | 35.0% | 13.8% | 18.5% | 19.3% | 13.5% |
| Delaware | 100% | 34.7% | 15.6% | 25.3% | 13.8% | 10.6% |
| District of Columbia | 100% | 37.2% | 13.3% | 15.8% | 18.4% | 15.4% |
| Maryland | 100% | 32.6% | 18.3% | 19.4% | 16.4% | 13.3% |
| New Jersey | 100% | 35.3% | 16.5% | 18.5% | 15.8% | 13.8% |
| New York | 100% | 39.2% | 12.9% | 16.3% | 18.0% | 13.5% |
| Pennsylvania | 100% | 28.2% | 11.9% | 21.7% | 25.0% | 13.3% |
| Southeast | 100% | 27.0% | 13.9% | 28.3% | 19.7% | 11.1% |
| Alabama | 100% | 28.9% | 14.0% | 30.3% | 18.7% | 8.1% |
| Arkansas | 100% | 29.4% | 13.1% | 30.7% | 16.2% | 10.7% |
| Florida | 100% | 25.1% | 18.6% | 25.7% | 16.7% | 13.9% |
| Georgia | 100% | 23.4% | 14.6% | 30.4% | 20.8% | 10.8% |
| Kentucky | 100% | 30.7% | 10.9% | 30.3% | 19.4% | 8.7% |
| Louisiana | 100% | 30.6% | 12.5% | 32.5% | 14.5% | 9.9% |
| Mississippi | 100% | 35.4% | 9.3% | 25.1% | 22.1% | 8.0% |
| North Carolina | 100% | 25.7% | 11.3% | 27.4% | 22.0% | 13.6% |
| South Carolina | 100% | 26.1% | 12.0% | 32.3% | 20.5% | 9.1% |
| Tennessee | 100% | 25.5% | 12.6% | 31.0% | 21.7% | 9.3% |
| Virginia | 100% | 27.0% | 14.3% | 23.1% | 24.9% | 10.7% |
| West Virginia | 100% | 29.0% | 10.2% | 33.7% | 17.2% | 9.9% |
| Great Lakes | 100% | 27.2% | 13.5% | 27.1% | 19.1% | 13.1% |
| Illinois | 100% | 30.2% | 16.1% | 23.4% | 16.4% | 13.8% |
| Indiana | 100% | 28.5% | 10.0% | 29.5% | 20.4% | 11.6% |
| Michigan | 100% | 23.0% | 13.1% | 27.3% | 25.4% | 11.3% |
| Ohio | 100% | 24.3% | 13.1% | 29.7% | 18.3% | 14.7% |
| Wisconsin | 100% | 33.2% | 13.7% | 26.5% | 13.4% | 13.2% |
| Plains | 100% | 29.6% | 10.9% | 27.3% | 20.5% | 11.8% |
| Iowa | 100% | 25.4% | 11.5% | 31.0% | 19.8% | 12.4% |
| Kansas | 100% | 25.4% | 11.0% | 26.5% | 27.4% | 9.6% |
| Minnesota | 100% | 29.8% | 11.4% | 25.4% | 19.4% | 14.0% |
| Missouri | 100% | 32.8% | 10.6% | 27.5% | 18.8% | 10.4% |
| Nebraska | 100% | 30.4% | 11.9% | 28.1% | 16.1% | 13.5% |
| North Dakota | 100% | 28.3% | 6.3% | 30.2% | 25.6% | 9.7% |
| South Dakota | 100% | 33.0% | 8.8% | 24.4% | 23.1% | 10.8% |
| Southwest | 100% | 24.8% | 16.0% | 27.2% | 20.3% | 11.8% |
| Arizona | 100% | 18.9% | 11.3% | 22.8% | 38.8% | 8.1% |
| New Mexico | 100% | 25.2% | 13.7% | 25.6% | 21.5% | 14.1% |
| Oklahoma | 100% | 25.4% | 12.9% | 28.7% | 21.6% | 11.4% |
| Texas | 100% | 26.7% | 18.4% | 28.6% | 13.3% | 12.9% |
| Rocky Mountains | 100% | 24.5% | 12.7% | 24.9% | 25.3% | 12.6% |
| Colorado | 100% | 22.4% | 13.9% | 21.9% | 27.0% | 14.7% |
| Idaho | 100% | 26.2% | 16.1% | 28.6% | 15.6% | 13.4% |
| Montana | 100% | 27.2% | 8.8% | 23.4% | 29.3% | 11.3% |
| Utah | 100% | 22.6% | 11.9% | 30.9% | 25.5% | 9.1% |
| Wyoming | 100% | 37.6% | 7.0% | 19.7% | 25.0% | 10.7% |
| Far West | 100% | 24.8% | 16.5% | 20.1% | 25.1% | 13.6% |
| Alaska | 100% | 32.9% | 16.5% | 13.7% | 29.7% | 7.2% |
| California | 100% | 24.2% | 17.8% | 18.7% | 25.7% | 13.6% |
| Hawaii | 100% | 28.3% | 15.7% | 16.3% | 20.7% | 19.0% |
| Nevada | 100% | 28.3% | 16.0% | 28.4% | 15.1% | 12.3% |
| Oregon | 100% | 26.2% | 12.6% | 24.9% | 22.4% | 13.9% |
| Washington | 100% | 24.3% | 11.9% | 24.2% | 26.2% | 13.4% |

## Table B1. All-Health Spending, Economy, and Government Revenues

| State | All-Health Spending per State Resident | Personal Income per State Resident | State Government Revenue per State Resident | State Mental Health Agency Revenue per State Resident |
|---|---|---|---|---|
| United States | $ 5,283 | $ 34,586 | $ 6,764 | $ 100 |
| New England | $ 6,409 | $ 42,326 | $ 7,458 | $ 137 |
| Connecticut | $ 6,344 | $ 47,819 | $ 7,431 | $ 167 |
| Maine | $ 6,540 | $ 31,252 | $ 7,280 | $ 137 |
| Massachusetts | $ 6,683 | $ 44,289 | $ 7,699 | $ 128 |
| New Hampshire | $ 5,432 | $ 38,408 | $ 5,511 | $ 119 |
| Rhode Island | $ 6,193 | $ 36,153 | $ 7,904 | $ 96 |
| Vermont | $ 6,069 | $ 33,327 | $ 8,795 | $ 176 |
| Mideast | $ 6,151 | $ 39,895 | $ 7,821 | $ 181 |
| Delaware | $ 6,306 | $ 37,065 | $ 8,849 | $ 93 |
| District of Columbia | $ 8,295 | $ 54,985 | NA | $ 402 |
| Maryland | $ 5,590 | $ 41,760 | $ 6,299 | $ 139 |
| New Jersey | $ 5,807 | $ 43,771 | $ 7,644 | $ 141 |
| New York | $ 6,535 | $ 40,507 | $ 9,254 | $ 194 |
| Pennsylvania | $ 5,933 | $ 34,897 | $ 6,693 | $ 205 |
| Southeast | $ 5,172 | $ 31,007 | $ 5,920 | $ 64 |
| Alabama | $ 5,135 | $ 29,136 | $ 6,106 | $ 60 |
| Arkansas | $ 4,863 | $ 26,874 | $ 6,547 | $ 36 |
| Florida | $ 5,483 | $ 33,219 | $ 5,515 | $ 36 |
| Georgia | $ 4,600 | $ 31,121 | $ 4,964 | $ 49 |
| Kentucky | $ 5,473 | $ 28,513 | $ 6,079 | $ 50 |
| Louisiana | $ 5,040 | $ 24,820 | $ 7,420 | $ 57 |
| Mississippi | $ 5,059 | $ 25,318 | $ 7,755 | $ 105 |
| North Carolina | $ 5,191 | $ 30,553 | $ 5,986 | $ 119 |
| South Carolina | $ 5,114 | $ 28,352 | $ 6,468 | $ 67 |
| Tennessee | $ 5,464 | $ 31,107 | $ 4,918 | $ 87 |
| Virginia | $ 4,822 | $ 38,390 | $ 6,244 | $ 73 |
| West Virginia | $ 5,954 | $ 27,215 | $ 6,615 | $ 66 |
| Great Lakes | $ 5,394 | $ 33,588 | $ 6,371 | $ 85 |
| Illinois | $ 5,293 | $ 36,120 | $ 5,618 | $ 81 |
| Indiana | $ 5,295 | $ 31,276 | $ 5,223 | $ 83 |
| Michigan | $ 5,058 | $ 33,116 | $ 6,133 | $ 96 |
| Ohio | $ 5,725 | $ 32,478 | $ 7,609 | $ 70 |
| Wisconsin | $ 5,670 | $ 33,565 | $ 7,260 | $ 105 |
| Plains | $ 5,538 | $ 33,629 | $ 6,354 | $ 99 |
| Iowa | $ 5,380 | $ 32,315 | $ 6,460 | $ 81 |
| Kansas | $ 5,382 | $ 32,836 | $ 5,692 | $ 93 |
| Minnesota | $ 5,795 | $ 37,373 | $ 7,585 | $ 131 |
| Missouri | $ 5,444 | $ 31,899 | $ 5,637 | $ 100 |
| Nebraska | $ 5,599 | $ 33,616 | $ 5,590 | $ 68 |
| North Dakota | $ 5,808 | $ 31,395 | $ 7,533 | $ 74 |
| South Dakota | $ 5,327 | $ 31,614 | $ 6,315 | $ 71 |
| Southwest | $ 4,542 | $ 31,486 | $ 5,428 | $ 55 |
| Arizona | $ 4,103 | $ 30,267 | $ 5,337 | $ 143 |
| New Mexico | $ 4,471 | $ 27,644 | $ 8,924 | $ 25 |
| Oklahoma | $ 4,917 | $ 29,330 | $ 6,285 | $ 45 |
| Texas | $ 4,601 | $ 32,462 | $ 5,025 | $ 36 |
| Rocky Mountain | $ 4,557 | $ 33,233 | $ 6,509 | $ 74 |
| Colorado | $ 4,717 | $ 37,946 | $ 5,770 | $ 74 |
| Idaho | $ 4,444 | $ 28,158 | $ 6,382 | $ 41 |
| Montana | $ 5,080 | $ 29,387 | $ 7,625 | $ 134 |
| Utah | $ 3,972 | $ 28,061 | $ 6,423 | $ 64 |
| Wyoming | $ 5,265 | $ 36,778 | $ 12,032 | $ 102 |
| Far West | $ 4,740 | $ 36,338 | $ 8,302 | $ 116 |
| Alaska | $ 6,450 | $ 35,612 | $ 19,005 | $ 259 |
| California | $ 4,638 | $ 37,036 | $ 8,366 | $ 119 |
| Hawaii | $ 4,941 | $ 34,539 | $ 8,825 | $ 153 |
| Nevada | $ 4,569 | $ 35,883 | $ 5,888 | $ 62 |
| Oregon | $ 4,880 | $ 32,103 | $ 8,479 | $ 120 |
| Washington | $ 5,092 | $ 35,409 | $ 7,513 | $ 93 |

## Table B2. Access to Mental Health Treatment

| State | Rate of MH Personnel per State Resident | Percent of Population Not Living in MH Professional Shortage Areas |
|---|---|---|
| United States | 201 | 81% |
| New England | 387 | 96% |
| Connecticut | 337 | 98% |
| Maine | 367 | 91% |
| Massachusetts | 459 | 99% |
| New Hampshire | 246 | 96% |
| Rhode Island | 312 | 84% |
| Vermont | 389 | 93% |
| Mideast | 255 | 93% |
| Delaware | 186 | 100% |
| District of Columbia | 660 | 87% |
| Maryland | 268 | 94% |
| New Jersey | 254 | 99% |
| New York | 291 | 93% |
| Pennsylvania | 179 | 90% |
| Southeast | 138 | 76% |
| Alabama | 90 | 58% |
| Arkansas | 122 | 54% |
| Florida | 133 | 91% |
| Georgia | 126 | 71% |
| Kentucky | 113 | 62% |
| Louisiana | 206 | 52% |
| Mississippi | 101 | 60% |
| North Carolina | 176 | 92% |
| South Carolina | 111 | 67% |
| Tennessee | 114 | 68% |
| Virginia | 181 | 84% |
| West Virginia | 141 | 75% |
| Great Lakes | 169 | 82% |
| Illinois | 186 | 79% |
| Indiana | 138 | 85% |
| Michigan | 229 | 86% |
| Ohio | 126 | 86% |
| Wisconsin | 147 | 70% |
| Plains | 149 | 65% |
| Iowa | 124 | 62% |
| Kansas | 140 | 64% |
| Minnesota | 154 | 73% |
| Missouri | 169 | 64% |
| Nebraska | 152 | 59% |
| North Dakota | 140 | 66% |
| South Dakota | 111 | 51% |
| Southwest | 150 | 81% |
| Arizona | 147 | 86% |
| New Mexico | 277 | 55% |
| Oklahoma | 157 | 85% |
| Texas | 138 | 81% |
| Rocky Mountain | 206 | 72% |
| Colorado | 236 | 91% |
| Idaho | 166 | 38% |
| Montana | 237 | 58% |
| Utah | 149 | 69% |
| Wyoming | 262 | 29% |
| Far West | 208 | 88% |
| Alaska | 235 | 86% |
| California | 215 | 91% |
| Hawaii | 231 | 95% |
| Nevada | 124 | 93% |
| Oregon | 197 | 81% |
| Washington | 200 | 75% |

## Table B3. Mental Health and Substance Abuse (MHSA) Related Outcomes

| State | Suicide Rate per 1,000 Population | Illicit Drug Use per 1,000 Population | Alcohol-Related Traffic Fatalities per 100,000 Population | Incarceration Rate per 1,000 Population | Violent Crime Rate per 1,000 Population | Property Crime Rate per 1,000 Population |
|---|---|---|---|---|---|---|
| United States | 10.9 | 8.0 | 5.9 | 5.2 | 4.7 | 34.3 |
| New England | 8.5 | 9.4 | 3.6 | 2.8 | 3.2 | 23.9 |
| Connecticut | 8.1 | 8.2 | 3.7 | 5.6 | 2.7 | 25.6 |
| Maine | 12.3 | 9.1 | 4.6 | 1.5 | 1.1 | 24.1 |
| Massachusetts | 7.2 | 8.9 | 2.9 | 1.7 | 4.6 | 23.6 |
| New Hampshire | 11.8 | 10.7 | 4.7 | 1.9 | 1.3 | 18.0 |
| Rhode Island | 6.3 | 13.3 | 4.5 | 3.4 | 2.5 | 27.2 |
| Vermont | 12.2 | 11.6 | 4.8 | 3.4 | 1.2 | 22.8 |
| Mideast | 7.7 | 7.7 | 3.9 | 3.4 | 4.7 | 24.5 |
| Delaware | 9.6 | 9.1 | 7.6 | 8.3 | 6.3 | 31.1 |
| District of Columbia | 5.5 | 12.1 | 4.8 | NA | 14.6 | 47.5 |
| Maryland | 8.4 | 7.3 | 4.3 | 4.1 | 7.0 | 35.4 |
| New Jersey | 6.0 | 6.4 | 3.3 | 3.2 | 3.5 | 23.3 |
| New York | 6.0 | 9.0 | 3.0 | 3.2 | 4.5 | 21.1 |
| Pennsylvania | 11.1 | 6.6 | 5.1 | 3.4 | 4.2 | 24.2 |
| Southeast | 12.1 | 7.5 | 8.1 | 5.2 | 5.3 | 37.7 |
| Alabama | 11.5 | 6.7 | 9.8 | 6.1 | 4.3 | 38.9 |
| Arkansas | 14.2 | 8.0 | 7.9 | 4.9 | 5.3 | 40.6 |
| Florida | 12.6 | 7.8 | 8.7 | 5.0 | 7.1 | 40.1 |
| Georgia | 10.5 | 7.3 | 6.2 | 5.4 | 4.5 | 41.7 |
| Kentucky | 13.3 | 8.4 | 7.4 | 4.7 | 2.7 | 25.3 |
| Louisiana | 11.1 | 7.2 | 9.8 | 8.0 | 5.9 | 36.8 |
| Mississippi | 12.6 | 6.4 | 13.4 | 7.1 | 2.8 | 32.6 |
| North Carolina | 11.5 | 7.8 | 6.5 | 4.2 | 4.7 | 40.8 |
| South Carolina | 11.8 | 6.7 | 13.0 | 5.4 | 7.6 | 43.4 |
| Tennessee | 14.0 | 8.2 | 7.9 | 4.4 | 7.5 | 42.8 |
| Virginia | 11.2 | 7.3 | 4.8 | 4.7 | 2.8 | 26.4 |
| West Virginia | 13.2 | 6.8 | 7.2 | 2.9 | 2.7 | 26.3 |
| Great Lakes | 10.6 | 8.1 | 4.9 | 4.1 | 4.3 | 32.3 |
| Illinois | 8.5 | 7.2 | 4.7 | 3.5 | 5.5 | 30.8 |
| Indiana | 11.9 | 8.8 | 5.2 | 3.9 | 3.2 | 34.6 |
| Michigan | 10.8 | 9.0 | 4.3 | 4.9 | 5.5 | 30.9 |
| Ohio | 11.4 | 7.6 | 4.5 | 4.0 | 3.5 | 36.6 |
| Wisconsin | 11.5 | 8.7 | 6.9 | 4.1 | 2.4 | 26.6 |
| Plains | 11.7 | 6.9 | 6.2 | 3.4 | 3.6 | 33.3 |
| Iowa | 10.9 | 4.1 | 4.0 | 3.0 | 2.9 | 28.3 |
| Kansas | 13.1 | 6.8 | 5.2 | 3.3 | 3.9 | 37.9 |
| Minnesota | 10.3 | 8.2 | 4.1 | 1.8 | 3.0 | 30.8 |
| Missouri | 12.4 | 7.4 | 9.2 | 5.3 | 5.3 | 39.3 |
| Nebraska | 10.8 | 6.4 | 5.3 | 2.5 | 2.9 | 34.2 |
| North Dakota | 13.7 | 5.9 | 9.3 | 2.2 | 1.0 | 19.8 |
| South Dakota | 15.3 | 6.3 | 10.4 | 4.4 | 1.8 | 17.8 |
| Southwest | 12.6 | 7.1 | 7.8 | 6.9 | 5.3 | 43.8 |
| Arizona | 16.2 | 9.0 | 8.5 | 5.6 | 5.1 | 48.4 |
| New Mexico | 17.7 | 8.7 | 10.1 | 3.4 | 7.0 | 41.5 |
| Oklahoma | 14.7 | 8.1 | 8.1 | 7.6 | 5.1 | 40.4 |
| Texas | 10.9 | 6.3 | 7.3 | 7.4 | 5.3 | 43.3 |
| Rocky Mountain | 17.0 | 9.4 | 5.7 | 4.0 | 3.2 | 36.8 |
| Colorado | 17.3 | 11.7 | 5.4 | 4.6 | 4.0 | 40.4 |
| Idaho | 16.2 | 8.0 | 6.2 | 4.8 | 2.6 | 27.0 |
| Montana | 21.5 | 10.0 | 13.4 | 3.8 | 2.8 | 31.4 |
| Utah | 15.1 | 6.2 | 1.6 | 2.6 | 2.3 | 38.7 |
| Wyoming | 17.2 | 6.8 | 13.0 | 4.0 | 2.3 | 31.6 |
| Far West | 10.6 | 9.4 | 5.1 | 4.5 | 4.8 | 36.8 |
| Alaska | 20.2 | 11.8 | 5.5 | 7.2 | 6.3 | 36.1 |
| California | 9.1 | 9.1 | 4.9 | 4.8 | 5.3 | 33.2 |
| Hawaii | 8.3 | 9.9 | 5.7 | 4.9 | 2.6 | 47.9 |
| Nevada | 20.1 | 9.4 | 7.0 | 4.9 | 6.1 | 42.4 |
| Oregon | 14.8 | 12.2 | 4.9 | 3.7 | 2.9 | 44.0 |
| Washington | 12.7 | 9.6 | 4.8 | 2.8 | 3.5 | 48.9 |

## Table B4. Insurance Coverage

| State | Percent of Population with Medicaid | Percent of Population Uninsured |
|---|---|---|
| United States | 12.8% | 15.9% |
| New England | 13.3% | 10.0% |
| Connecticut | 10.6% | 10.2% |
| Maine | 18.7% | 9.8% |
| Massachusetts | 13.4% | 9.8% |
| New Hampshire | 6.3% | 10.6% |
| Rhode Island | 19.1% | 10.1% |
| Vermont | 19.2% | 10.9% |
| Mideast | 13.4% | 12.8% |
| Delaware | 10.2% | 12.2% |
| District of Columbia | 21.2% | 12.4% |
| Maryland | 8.9% | 13.7% |
| New Jersey | 7.6% | 15.0% |
| New York | 18.4% | 13.5% |
| Pennsylvania | 11.6% | 9.9% |
| Southeast | 12.6% | 17.3% |
| Alabama | 14.7% | 14.9% |
| Arkansas | 14.7% | 18.2% |
| Florida | 10.1% | 20.8% |
| Georgia | 12.8% | 18.1% |
| Kentucky | 14.5% | 14.0% |
| Louisiana | 14.6% | 19.9% |
| Mississippi | 19.0% | 18.9% |
| North Carolina | 13.3% | 16.7% |
| South Carolina | 14.1% | 16.6% |
| Tennessee | 15.2% | 13.7% |
| Virginia | 7.5% | 13.2% |
| West Virginia | 15.8% | 15.2% |
| Great Lakes | 12.1% | 11.6% |
| Illinois | 10.9% | 13.9% |
| Indiana | 10.9% | 12.7% |
| Michigan | 13.4% | 10.4% |
| Ohio | 13.2% | 10.7% |
| Wisconsin | 11.8% | 9.1% |
| Plains | 11.2% | 10.7% |
| Iowa | 12.5% | 9.4% |
| Kansas | 11.0% | 11.4% |
| Minnesota | 10.5% | 8.6% |
| Missouri | 12.3% | 12.5% |
| Nebraska | 9.4% | 11.4% |
| North Dakota | 8.2% | 11.7% |
| South Dakota | 10.6% | 11.8% |
| Southwest | 13.2% | 22.8% |
| Arizona | 16.2% | 20.3% |
| New Mexico | 16.5% | 21.7% |
| Oklahoma | 13.2% | 18.6% |
| Texas | 12.2% | 24.2% |
| Rocky Mountain | 9.5% | 16.5% |
| Colorado | 8.2% | 17.0% |
| Idaho | 12.0% | 15.1% |
| Montana | 11.0% | 16.5% |
| Utah | 10.0% | 17.0% |
| Wyoming | 9.8% | 14.7% |
| Far West | 14.4% | 17.6% |
| Alaska | 14.4% | 17.2% |
| California | 15.9% | 18.8% |
| Hawaii | 10.4% | 8.9% |
| Nevada | 7.1% | 18.4% |
| Oregon | 11.7% | 16.8% |
| Washington | 11.3% | 12.6% |

## Table B5. Demographics

| State | Percent of Population Under 200% of Federal Poverty Level | Percent of Population 18-44 Years Old | Percent of Social Security Income Population with Serious Mental Illness | Percent of Population that is Minority |
|---|---|---|---|---|
| United States | 36.0% | 38.2% | 39.8% | 34.0% |
| New England | 29.2% | 37.5% | 51.3% | 18.1% |
| Connecticut | 26.0% | 36.2% | 46.4% | 25.0% |
| Maine | 34.0% | 35.6% | 48.0% | 5.0% |
| Massachusetts | 31.0% | 38.6% | 54.3% | 20.0% |
| New Hampshire | 23.0% | 36.8% | 54.8% | 7.0% |
| Rhode Island | 32.0% | 38.0% | 49.4% | 21.0% |
| Vermont | 27.0% | 36.6% | 50.5% | 5.0% |
| Mideast | 33.1% | 37.4% | 41.3% | 34.2% |
| Delaware | 31.0% | 38.2% | 39.0% | 32.0% |
| District of Columbia | 41.0% | 44.0% | 44.0% | 68.0% |
| Maryland | 29.0% | 37.8% | 37.7% | 43.0% |
| New Jersey | 28.0% | 36.9% | 40.2% | 38.0% |
| New York | 37.0% | 38.3% | 41.1% | 40.0% |
| Pennsylvania | 32.0% | 35.8% | 44.2% | 17.0% |
| Southeast | 38.1% | 37.9% | 35.1% | 32.8% |
| Alabama | 41.0% | 37.4% | 29.8% | 32.0% |
| Arkansas | 45.0% | 37.1% | 31.5% | 24.0% |
| Florida | 36.0% | 35.4% | 42.5% | 39.0% |
| Georgia | 36.0% | 41.3% | 29.4% | 41.0% |
| Kentucky | 39.0% | 38.2% | 41.4% | 11.0% |
| Louisiana | 44.0% | 38.3% | 27.9% | 36.0% |
| Mississippi | 49.0% | 38.1% | 33.7% | 42.0% |
| North Carolina | 38.0% | 39.0% | 33.2% | 33.0% |
| South Carolina | 40.0% | 37.9% | 30.4% | 35.0% |
| Tennessee | 40.0% | 38.6% | 34.3% | 23.0% |
| Virginia | 30.0% | 38.9% | 36.2% | 32.0% |
| West Virginia | 41.0% | 35.5% | 32.5% | 5.0% |
| Great Lakes | 32.5% | 37.7% | 41.6% | 21.6% |
| Illinois | 32.0% | 38.6% | 41.9% | 33.0% |
| Indiana | 34.0% | 37.5% | 38.0% | 15.0% |
| Michigan | 33.0% | 37.3% | 41.2% | 21.0% |
| Ohio | 33.0% | 36.9% | 43.2% | 17.0% |
| Wisconsin | 30.0% | 37.9% | 42.3% | 14.0% |
| Plains | 31.3% | 37.9% | 40.4% | 15.0% |
| Iowa | 31.0% | 37.1% | 38.9% | 11.0% |
| Kansas | 34.0% | 38.0% | 39.2% | 18.0% |
| Minnesota | 26.0% | 38.9% | 49.1% | 14.0% |
| Missouri | 35.0% | 37.7% | 36.3% | 17.0% |
| Nebraska | 30.0% | 37.8% | 34.7% | 17.0% |
| North Dakota | 31.0% | 37.8% | 37.0% | 12.0% |
| South Dakota | 33.0% | 36.7% | 38.2% | 10.0% |
| Southwest | 42.6% | 39.3% | 38.7% | 48.3% |
| Arizona | 41.0% | 38.2% | 43.3% | 43.0% |
| New Mexico | 44.0% | 36.9% | 40.3% | 56.0% |
| Oklahoma | 42.0% | 37.9% | 32.2% | 29.0% |
| Texas | 43.0% | 40.0% | 38.4% | 52.0% |
| Rocky Mountain | 33.1% | 40.1% | 38.1% | 20.4% |
| Colorado | 31.0% | 40.7% | 36.3% | 27.0% |
| Idaho | 36.0% | 38.2% | 45.4% | 13.0% |
| Montana | 38.0% | 35.6% | 37.0% | 10.0% |
| Utah | 34.0% | 42.3% | 37.8% | 18.0% |
| Wyoming | 31.0% | 36.7% | 37.7% | 11.0% |
| Far West | 37.3% | 39.2% | 42.9% | 48.7% |
| Alaska | 31.0% | 38.6% | 42.2% | 29.0% |
| California | 39.0% | 39.5% | 42.4% | 56.0% |
| Hawaii | 33.0% | 36.5% | 51.0% | 81.0% |
| Nevada | 36.0% | 39.2% | 39.7% | 41.0% |
| Oregon | 37.0% | 37.9% | 41.0% | 19.0% |
| Washington | 30.0% | 39.2% | 46.9% | 23.0% |

# Appendix B: Definitions

Like the nationwide estimates of mental health (MH) and substance abuse (SA) spending, the State-level data only report spending for MHSA treatment and do not include the number of individuals treated or a per-client treatment cost due to limitations inherent in the available data. The estimates do not include: 1) the number of individuals treated or a per-client treatment cost due to limitations inherent in the available data; 2) the societal costs of MHSA illnesses reflected in burden-of-illness studies, because these studies include costs that are not directly related to treatment such as the impact of illness on productivity, societal costs in crimes and incarceration, or homelessness; 3) the physical consequences of MHSA disorders or their related costs, including cirrhosis of the liver, trauma, and HIV and other infectious diseases; 4) spending on services for persons with developmental disabilities, dementias, and tobacco addiction; 5) assistance from family caregivers or through self-help groups such as Alcoholics Anonymous, because these are free to clients; 6) MHSA services paid for by Federal, State, or local corrections and justice departments or agencies, unless these funds were spent on community providers; 7) spending to prevent substance use disorders or mental illnesses.

### Diagnoses

Spending for MH and SA services measured in these estimates are defined by diagnostic codes found in the International Classification of Diseases 9th Revision (ICD-9-CM) as “mental disorders” (i.e., codes in sections 290 through 319). A subset of these “mental disorders” (dementias [290], transient mental disorders due to conditions classified elsewhere [293], persistent mental disorders due to conditions classified elsewhere [294], nondependent use of drugs-tobacco abuse disorder [305.1], specific delays in development [315], and mental retardation [317–319]) is excluded as being outside the scope of this project. Also excluded are cerebral degenerations (e.g., Alzheimer’s disease, 331.0), tobacco abuse, and psychic factors associated with disease that are classified elsewhere (316). Two pregnancy-related complications are included: complications mainly related to pregnancy—drug dependence (648.3) and complications mainly related to pregnancy—mental disorders (648.4).

The allocation to MHSA spending for services is based on principal or primary diagnosis and does not include spending associated with secondary diagnoses. The diagnostic categories selected generally reflect what payers (insurers) consider as MHSA conditions.

**Appendix Table B1. ICD-9 Codes Included in Mental Health (MH) and Substance Abuse (SA) Diagnosis**

| ICD-9 Code | ICD-9 Disease Category | MHSA Category |
|---|---|---|
| 290-319 | MENTAL DISORDERS | |
| 290-299 | Psychoses | |
| 291 | Alcohol-induced mental disorders | SA (Alcohol) |
| 292 | Drug-induced disorders | SA (Drug) |
| 295 | Schizophrenic disorders | MH |
| 296 | Episodic mood disorders | MH |
| 297 | Delusional disorders | MH |
| 298 | Other nonorganic psychoses | MH |
| 299 | Pervasive developmental disorders | MH |
| 300-316 | Neurotic disorders, personality disorders, and other nonpsychotic mental disorders | |
| 300 | Anxiety, dissociative and somatoform disorders | MH |
| 301 | Personality disorders | MH |
| 302 | Sexual and gender identity disorders | MH |
| 303 | Alcohol dependence syndrome | SA (Alcohol) |
| 304 | Drug dependence | SA (Drug) |
| 305.0, 305.2-305.9 | Nondependent abuse of drugs –Except tobacco abuse disorder | SA (Drug) |
| 306 | Physiological malfunction arising from mental factors | MH |
| 307 | Special symptoms and syndromes, not elsewhere classified | MH |
| 308 | Acute reaction to stress | MH |
| 309 | Adjustment reaction | MH |
| 310 | Specific nonpsychotic mental disorders due to brain damage | MH |
| 311 | Depressive disorder, not elsewhere classified | MH |
| 312 | Disturbance of conduct, not elsewhere classified | MH |
| 313 | Disturbance of emotions to childhood and adolescence | MH |
| 314 | Hyperkinetic syndrome of childhood | MH |
| 648.3 | Complications Mainly Related to Pregnancy—Drug Dependence | SA (Drug) |
| 648.4 | Complications Mainly Related to Pregnancy—Mental Disorders | MH |

Source: International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)

Drugs for the treatment of mental health conditions and substance use disorders are generally identified differently, that is, not based on diagnosis. Rather, an indication for use of the drug for mental illness and/or a substance use disorder is required, regardless of the associated diagnosis.

The following classifications of psychotherapeutic drugs are used in this study:

- Antianxiety agents
- Sedatives and hypnotics
- Antipsychotics and antimanics
- Antidepressants.

This classification of MH and SA drugs includes spending for drugs whose main indication for use is mental illness or substance use disorders, although they may be used to treat other conditions.

Two other classes of drugs (central nervous system [CNS] stimulants and anorexiants/miscellaneous CNS drugs), plus specific anticonvulsant medications, are included if they have an associated mental or substance use diagnosis.

Two medications used to treat opioid addiction were also incorporated:

- Buprenorphine hydrochloride
- Buprenorphine hydrochloride/naloxone hydrochloride.

Medications used in treating alcoholism were also captured:

- Acamprosate
- Disulfiram
- Naltrexone
- Extended-release naltrexone.

Drugs whose main indication for use is not mental or substance use disorders may be used to treat these conditions, but spending on these drugs was not included in the SAMHSA spending estimates (SSE). Spending on methadone is captured as part of spending for the provider where methadone is dispensed, rather than with SA prescription drug spending.

## Scope of State-Level Estimates

The scope of MHSA spending estimates by State is more limited than the scope used for the nationwide spending estimates in four ways: 1) spending on insurance administrative activities is omitted, rather than being included as it is in the national estimates; 2) spending is only provided for MH and SA conditions combined, rather than separately as it is in the nationwide estimates; 3) the span of years is limited to 1997 through 2005, rather than the 1986 through 2005 period currently described in the nationwide estimates; and 4) estimates are not provided by treatment setting (inpatient, outpatient, and residential), as they are in the national estimates. These reductions in scope are largely due to the limitations of data available at the State level.

## State Location

The MHSA State-level estimates represent spending by or on behalf of residents of a State. Because patients sometimes cross State borders to receive treatment, the State in which the provider practices is not always the same as the State in which the patient resides. The State-of-residence estimates allow the calculation of spending per State resident, which was the metric used throughout this report.

## Providers[8]

Providers of service are classified according to the major types of services they furnish. In addition to the major types of services they deliver, providers often perform other functions. For example, a hospital primarily provides inpatient health care services, but also may operate a home health agency or nursing home wing and provide physician services through staff physicians in clinics and outpatient departments. The classification of spending is made based on the primary services provided, even though the provider may also fill other functions. The reason for this classification scheme is that providers often furnish the data that are used to estimate spending. These providers seldom break apart spending by function, which is information that would be necessary to produce a "functional" display of spending.

**Hospital care** includes all billed services provided to patients by public and private general medical/surgical and psychiatric and substance abuse specialty hospitals.

- **General hospitals** are community medical/surgical and specialty hospitals (other than mental health and substance abuse specialty hospitals) providing diagnostic and medical treatment to inpatients, including inpatient psychiatric care in specialized treatment units of general hospitals, detoxification, and other MHSA treatment services.
    - **General hospital specialty units** are any general medical/surgical hospital or nonpsychiatric and nonsubstance abuse specialty hospital that provides MH or SA treatment or detoxification in a "specialty unit" specifically designated for the treatment of patients with mental illness and/or substance use disorder diagnoses. Inpatient care in Department of Veterans Affairs' hospitals is included in this category.
    - **General hospital nonspecialty care** is any general medical/surgical hospital or nonpsychiatric and nonsubstance abuse specialty hospital that provides MH or SA treatment or detoxification in general units—that is, other than "specialty units" specifically designated for the treatment of patients with mental illness or substance use disorders. For purposes of these estimates, only spending for patients with mental or substance use primary diagnoses is counted in this category.

[8] The definitions below borrow liberally from two CMS National Health Expenditure Account websites: http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/dsm-10.pdf and http://www.cms.hhs.gov/NationalHealthExpendData/downloads/quickref.pdf; and from the U.S. Bureau of the Census NAICS website: http://www.census.gov/epcd/naics02/naicod02.htm#N62.

- **Specialty hospitals** are establishments primarily engaged in providing diagnostic, medical treatment, and monitoring services for patients who have mental illness or substance use disorders. Psychiatric, psychological, and social work services predominate at the facilities.

**Physician services** include independently billed services provided in establishments operated by Doctors of Medicine (M.D.) and Doctors of Osteopathy (D.O.), and outpatient care centers (except specialty mental health and substance abuse clinics). This category also includes services rendered by a physician in hospitals, if the physician bills independently for those services.

- **Psychiatrists** include independently-billing private or group practices of health practitioners having the degree of M.D. or D.O. who are primarily engaged in the practice of psychiatry or psychoanalysis.

**Specialty mental health and substance abuse centers** are facilities providing outpatient and/or residential services to individuals with mental and/or substance use disorder diagnoses.

- In **specialty mental health facilities**, a physician provides medical assessments and prescribes and manages medications, usually with the assistance of a registered nurse. Most of the services provided by these facilities, however, are counseling, rehabilitation, and case management services delivered by psychologists, counselors, and social workers.

- In **specialty substance abuse centers**, services can include residential care, detoxification, and treatment for patients with substance use disorders. These establishments provide rehabilitation; social and counseling services; supervision; and room and board, but only include incidental medical services. Outpatient treatment centers and clinics, which generally do not provide residential care, include establishments with medical and/or nonmedical staff primarily engaged in providing outpatient diagnostic, detoxification, and treatment services related to substance use disorders. They may provide counseling staff, information on a wide range of substance use disorder issues, and referral services for more intensive treatment programs, if necessary.

**Prescription drugs** include the sales of psychotherapeutic medications sold through retail outlets such as community pharmacies; pharmacies in mass merchandise stores, grocery stores, and department stores; and mail order pharmacies. Excluded are sales through hospital, exclusive-to-patient HMOs, and nursing home pharmacies, which are instead counted with the establishment (hospital, physicians' offices, or nursing home) where the pharmacy is located.

The classifications of psychotherapeutic drugs used in this study are: antianxiety agents, sedatives and hypnotics, antipsychotics and antimanics, and antidepressants. In addition, two other classes of drugs are used if they have an associated mental or substance use diagnosis: central nervous system (CNS) stimulants and anorexiants, and miscellaneous CNS drugs. Specific anticonvulsant medications have been captured if they have an associated mental or substance use diagnosis. The study also incorporated buprenorphine hydrochloride as well as buprenorphine hydrochloride/naloxone hydrochloride, used to treat opioid addiction, and acamprosate, disulfiram, naltrexone, and extended-release naltrexone for treating alcoholism.

Adjustments are made to prescription drug spending for rebates. This adjustment measures rebates that are returned to the insurer directly from the manufacturer after the pharmacy transaction takes place, thereby reducing the true cost of medications. These rebates serve as incentives for insurers to include particular drugs on an insurer's formulary, thus helping the manufacturer increase its volume of sales.

**All Other Services** includes the services of other professionals, home health care, and nursing home care.

- **Other professional services** cover services provided in establishments operated by health practitioners other than physicians and dentists. For the mental health and substance abuse field, these include services of psychologists, psychoanalysts, psychotherapists, clinical social workers, professional counselors and substance abuse counselors, and marriage and family therapists. For the SSE, these are establishments primarily engaged in the diagnosis and treatment of mental, emotional, and behavioral disorders and/or the diagnosis and treatment of individual or group social dysfunction brought about by such causes as mental illness, alcohol and substance abuse, physical and emotional trauma, or stress.

- **Home health care** covers medical care provided in the home by private and public freestanding home health agencies (HHAs). The 'freestanding' designation means that the agency is not facility-based — that is, based out of a hospital, nursing home, or other type of provider whose primary mission is something other than home health services. Medical equipment sales or rentals billed through HHAs are included. Nonmedical types of home care (e.g., Meals on Wheels, chore-worker services, friendly visits, or other custodial services) are excluded.

- **Nursing home care** covers services provided in private and public freestanding nursing home facilities. The 'freestanding' designation means that the nursing home is not based out of a hospital or other type of provider whose primary mission is something other than nursing home care. These facilities include nursing and rehabilitative services generally for an extended period of time by staffs of registered or licensed practical nurses with physician consultation or oversight. Services provided in nursing facilities operated by the U.S. Department of Veterans Affairs are also included.

# Appendix C: Methods and Data Sources

This appendix provides an overview of the methods and data sources used to produce the State-level estimates of MHSA spending for providers as part of the SAMHSA spending estimates (SSE).

**General Methods**

The approach to producing State-level estimates of MHSA spending was designed to be similar to the methods used by the Centers for Medicare & Medicaid Services (CMS) to estimate all health care spending by State.[9] State estimates were developed using a top-down approach in which existing nationwide spending was assigned to States. This approach assumes that nationwide spending can be more accurately measured than spending for each individual State and that State spending estimates can be calculated by applying State-level distributions of MHSA-related information to the national totals to produce accurate estimates.

The top-down approach is the preferred approach for developing State-level estimates for several reasons.

- Data collected by individual States are not usually optimal for estimating all States, primarily because of differences in how each State collects such information; there may be differences in the definitions they use, the completeness of the collection, and the quality of imputations for missing values. The potential lack of similarity among State data sources makes the inter-State comparability of estimates less reliable.

- Reliable State-specific survey information that meets national-level estimating definitions is typically not available for all States. When available, it is usually not produced with the same regularity and/or statistical reliability as national data because State-level survey information is very expensive to collect.

- Administrative data records, such as insurance claims, are sometimes available at the State level. Although they are useful for diagnostically focused or utilization studies, these data often only cover certain population groups or require additional estimation to reflect treatment spending that is not captured in each service event or encounter.

Whenever possible, top-down methodology uses data from a single source that provides data for all States, such as the Economic Census or Healthcare Cost and Utilization Project (HCUP) inpatient hospital discharge records, to distribute national spending totals across States for each provider type. Ideally the source is actual spending, but sometimes a data set related to spending, such as health care worker wages or facility expenses, is used as a proxy.

[9] See CMS methodology documents that explain estimating process for State estimates at https://www.cms.gov/NationalHealthExpendData/downloads/prov-methodology2004.pdf and https://www.cms.gov/NationalHealthExpendData/downloads/stateresmethod.pdf.

**Specific Methods and Data Sources for Provider Estimates**

SAMHSA's national estimates of MHSA spending from 1986 through 2005 served as the national data source in producing the State-level estimates. Specific information on other State-level data sources can be found in the table at the end of this section and are described below for each provider sector.

***General Hospitals, Total:*** National spending on all general hospital treatment covers community hospitals and Federal hospitals. Estimates were separately developed according to hospital ownership (Federal and non-Federal) and setting of treatment (inpatient/residential, outpatient and emergency department). Data from the Department of Veterans Affairs on State-level MHSA spending by setting for 2007 through 2009 was used to distribute the total Federal hospital spending to States; these data were extrapolated back in time using the U.S. Census Bureau's Consolidated Funds Report (1997–2007). For non-Federal hospitals, State-level estimates of all-health hospital spending by setting were produced using data from the Economic Census (1997, 2002, 2007), Medicare Cost Reports (1997–2007), and the Medical Expenditure Panel Survey (1997–2007). Then, ratios of MHSA spending to all-health spending were applied to these State-level all-health estimates. For inpatient treatment, HCUP State Inpatient Databases (SID) data from 1997, 2002, and 2007 were used to develop State-level ratios of MHSA inpatient costs to all inpatient costs. For outpatient treatment, the national ratio of MHSA visits to all visits from the National Hospital Ambulatory Medical Care Survey (NHAMCS) from 1997 to 2004 was applied across all States. For emergency department treatment, the 2007 regional ratios of MHSA visits to all visits from the HCUP Nationwide Emergency Department Sample (NEDS) were extrapolated backwards using NHAMCS emergency department data and applied to States within each region. Finally, the components were summed by State to produce the general hospital spending estimate.

***General Hospitals, Specialty Units****:* The 1997–2007 Medicare Cost Reports (MCR) were the primary source for the specialty unit estimates. Specialty unit revenues were estimated from the specialty unit expenses provided on the cost report. Because Maryland does not report specialty unit information on the MCRs, Maryland's specialty unit MHSA revenues as a share of all hospital revenues were estimated based on data from the surrounding States.

***General Hospitals, Nonspecialty Care****:* This estimate was obtained by subtracting State-level specialty unit spending from the general hospital total spending.

***Specialty MHSA Hospitals****:* National spending on specialty hospitals was broken out according to hospital ownership (private and public) using national data from the Economic Census (1997, 2002, 2007). For publically owned specialty hospitals, National Association of State Mental Health Program Directors (NASMHPD) Research Institute (NRI) data on 1997 and 2001–2005 State psychiatric hospital spending was the primary data source. American Hospital Association (AHA) data were used to adjust the NRI data to account for spending on locally owned hospitals (this adjustment was only necessary in a few States). For privately owned hospitals, BLS wage data (1997–2005) were the primary data source. Although data for smaller States were sometimes missing, especially in the earlier years of the time series, the data set was otherwise robust. Wages were adjusted to spending in each State using a State-

specific wage-to-revenue adjustment factor based on Economic Census and AHA data.[10] The State-level spending in public and private facilities was then summed to produce the complete State-level specialty hospital spending estimate.

**All Physicians**: This estimate was obtained by summing State-level estimates of spending on psychiatrists and nonpsychiatric physicians.

***Psychiatrists**:* The primary data source for this estimate was the Economic Census revenue for the Offices of Physicians, Mental Health Specialists Only, available for 1997, 2002, and 2007. Employer and nonemployer revenues were summed and counts of psychiatrists for 1997 through 2005 from the American Medical Association (AMA) Physician Masterfile by State (as shown in the Area Resource File) were used to interpolate data between the Economic Census benchmark years.

***Nonpsychiatric Physicians**:* The primary data sources for spending on nonpsychiatric physicians were the Economic Census revenues for Offices of Physicians and All Other Outpatient Care Centers, available for 1997, 2002, and 2007. Spending on these two providers was summed and revenue for Offices of Physicians, Mental Health Specialists Only was subtracted. State populations were used to interpolate the data between the Economic Census benchmark years. The distribution of resulting State-level spending data was then applied to the national control total.

***Other MH Professionals (psychologists, social workers, counselors):*** The primary data source was the Economic Census revenue for Offices of Mental Health Practitioners (nonphysicians), available for 1997, 2002, and 2007. Employer and nonemployer revenues were summed and the State population was used to interpolate data between the Economic Census benchmark years.

***Specialty MH and SA Centers**:* National spending on specialty centers was estimated according to facility ownership (private and public) using client count data from the 2004 Inventory of Mental Health Organizations (IMHO) and 2000, 2004, and 2005 National Survey on Substance Abuse Treatment Services (N-SSATS). For publically owned specialty centers, IMHO and N-SSATS client count data were used to distribute spending by State in recent years. NRI data on State community program expenditures for 1997 and for 2001 through 2005 were used to extrapolate these estimates over time. For privately owned facilities, Bureau of Labor Statistics (BLS) wage data (1997–2005) were the primary data source. Data for smaller States were sometimes missing, especially in the earlier years of the time series; in these cases, methods such as straight-line interpolation and extrapolation using population data were used when appropriate. The wages were inflated to reflect all spending in each State using regional adjustment factors based on ratios of revenues to wages obtained from the Economic Census. The State-level spending in public and private facilities was then summed to produce the complete State-level specialty center spending estimate.

[10] The Economic Census provided national ratios of wages to revenue for nonprofit and for-profit facilities. These were used in conjunction with AHA data on the State-level shares of admissions to nonprofit and for-profit facilities to develop State-specific adjustment factors.

***Nursing Homes****:* The primary data source was the 1997–2004 Centers for Medicare & Medicaid Services National Health Expenditure Accounts State-level nursing home estimates, based on the assumption that MHSA spending in nursing homes would be distributed the same as all nursing home spending. Census data on the 65 and over population (the primary users of nursing home services) was used to extrapolate from 2004 to 2005.

***Home Health***: The primary data source was the 1997–2004 Centers for Medicare & Medicaid Services National Health Expenditure Accounts State-level home health estimates, based on the assumption that the distribution of MHSA spending on home health would be similar to all home health spending. Census data on the 65 and over population (the primary users of home health services) was used to extrapolate from 2004 to 2005.

***Prescription Drugs****:* The primary data source for this estimate was the 2009 spending for MHSA medications available from IMS Health. Because earlier years of data were not available, estimates by State were constructed by drug class using the 2009 spending on retail sales of these medications. These distributions were proportionately adjusted to equal the estimated spending by drug class for 2002 through 2005. For earlier years, total spending on MHSA medications was moved back in time by using the change in spending for MHSA physician services. The resulting distributions were recalibrated to equal national spending for prescription drugs.

## Limitations

As with any estimating procedure, there are certain limitations or caveats to the estimates that should be considered when using the results.

First, information by State is often not available for every year. In these cases, techniques such as extrapolation or interpolation were used to create estimates for missing years. These methods rely on levels of spending or distributions from surrounding years, sometimes coupled with changes in population, wages for workers in a specific industry, or counts of professionals to create estimates for missing years.

Second, unlike the nationwide estimates, these estimates of MHSA spending by State were not produced by diagnoses because the data sources that could provide this level of detail often were not available.

Next, for estimates that rely on survey responses, the reliability of State estimates typically decreases as the population size of the State becomes smaller. This diminished reliability may be because the number of sample responses is small and the confidence interval large, or because data from administrative records are suppressed to preserve confidentiality. Despite these caveats, all estimates were at an acceptable level of quality, although some estimates may have been stronger than others.

Ranking of estimates is discouraged because differences between estimates with different values may not be statistically significant.

To the extent possible, multiple data sources have been examined to determine the most accurate source and to verify the estimates. In some cases, no single source covers all States. In these cases, a principal data source is used and any missing States are estimated using secondary sources, such as regional averages or other methods.

Last, we relied on Medicare data to convert State-of-provider estimates to a residence basis. Medicare is one of the few nationwide payers with publically available data that contains both State-of-residence and State-of-provider locations. Because Medicare covers only the aged and disabled population (many of whom may be disabled for mental reasons), our estimates may be biased to the extent that the non-Medicare population travels across State boundaries more or less frequently than the Medicare population.

**Appendix Table C1. State Estimates Data Sources**

| Provider Categories | Data Sources | | | | | | Use |
|---|---|---|---|---|---|---|---|
| | | | Data Used | | | | |
| | Survey/ Administrative Data | Data Element | Nation | Region | State | Years Used | |
| General Hospitals, All Treatment (Specialty and Nonspecialty) | Economic Census (EC): General Medical/Surgical Hospitals | Receipts/Revenues | | | x | 1997, 2002, 2007 | Primary data source for the general hospital all-health estimate. |
| | Non-Federal Hospitals | | | | | | |
| | Medicare Cost Reports (MCR) | Estimated Hospital Revenues<br>Hospital IP & OP Expenses | | | x | 1997-2007 | Used to interpolate between years of EC data; used to estimate hospital revenues when EC data were not disclosed. |
| | AHRQ Medical Expenditure Panel Survey (MEPS) | National General Hospital Expenditures by Setting (IP, OP, ED) | x | | | 1997-2007 | Used to distribute EC general hospital revenue by setting (IP, OP, and ED). |
| | AHRQ HCUP State Inpatient Databases (SID) | Estimated Costs for IP MHSA Stays by State (Selected States) | | | x | 1997, 2002, 2007 | Used to determine the MHSA share of total IP general hospital revenue. |
| | AHRQ HCUP Nationwide Emergency Department Sample (NEDS) | Share of ED Treat and Release Visits with First-listed MHSA DX by Region | | x | | 2006, 2007 | Used to determine the MHSA share of total ED general hospital revenue. |
| | National Hospital Ambulatory Medical Care Survey (NHAMCS) | National Share of ED Visits for MHSA DX;<br>National Share of OP Visits for MHSA DX | x | | | 1997-2004 | Used to extrapolate NEDS ED data backwards; used to determine the MHSA share of total OP general hospital revenue. |
| | Department of Veterans Affairs (DVA) | | | | | | |
| | Department of Veterans Affairs (DVA) | Spending on MHSA Treatment in DVA Hospitals | | | x | 2007-2009 | Used to determine MHSA spending in Federal facilities. |
| | Consolidated Funds Report, U.S. Bureau of the Census | DVA Wages and Salaries | | | x | 1997-2007 | Used to extrapolate DVA spending in earlier years. |
| General Hospitals, Specialty Units | Medicare Cost Reports (MCR) | Estimated Hospital Revenues<br>Hospital IP & OP Expenses<br>MHSA Specialty Unit Expenses | | | x | 1997-2007 | Primary data source for the general hospital, specialty unit estimate. |
| General Hospitals, Nonspecialty Care | | | x | x | x | 1997-2007 | Difference: State-level General Hospital, All Treatment and General Hospital, Specialty Unit Spending Estimates |

## Appendix Table C1. State Estimates Data Sources, continued

| Provider Categories | Data Sources: Survey/ Administrative Data | Data Sources: Data Element | Data Used: Nation | Data Used: Region | Data Used: State | Years Used | Use |
|---|---|---|---|---|---|---|---|
| Specialty Hospitals | All Ownership Categories (For Profit, Nonprofit, State and Local Government) | | | | | | |
| | AHA Annual Survey | By State: Facilities by Ownership, Admissions by Facility Ownership, Expenses by Facility Ownership, Imputed Expenses by Facility Ownership | | | x | 2000-2005 | Used to 1) impute wages for States with non-disclosed BLS wage data, 2) adjust BLS data into revenue-level data, and 3) inflate State government spending to include State and local government spending. |
| | Private Ownership (For Profit, Nonprofit) | | | | | | |
| | BLS Quarterly Census of Employment and Wages: Psychiatric and Substance Abuse Hospitals | BLS Quarterly Census of Employment and Wages (Privately Owned Facilities) | | | x | 1997-2007 | Primary data source for the PRIVATELY owned specialty hospital estimate. |
| | Economic Census (EC): Psychiatric and Substance Abuse Hospitals | Receipts/Revenues; Payroll | | | x | 1997, 2002, 2007 | Used in conjunction with AHA data to adjust BLS wages and salaries to revenue-level data through the use of a State-specific revenue-to-wage ratio. |
| | State and Local Government Ownership | | | | | | |
| | State Mental Health Agency Revenues and Expenditures for Mental Health Services (from NASMHPD Research Institute [NRI]) | State Psychiatric Hospital Expenditures by Payer Source | | | x | 1997, 2001-2005 | Primary data source for the PUBLICALLY owned specialty hospital estimate. |
| Psychiatrists | Economic Census (EC): Offices of Physicians, Mental Health Specialists Only (Psychiatrists) | Receipts/Revenues | | | x | 1997, 2002, 2007 | Primary data source for the psychiatrist estimate. |
| | Area Resource File (ARF) | Counts of Non-Federal MDs by Specialty from the American Medical Association | | | x | 1995-2005 | Used to impute psychiatrist spending when EC data were not disclosed. |
| Nonpsychiatric Physicians | Economic Census (EC): Offices of Physicians (except Mental Health Specialists) and All Other Outpatient Care Centers | Receipts/Revenues | | | x | 1997, 2002, 2007 | Primary data source for the nonpsychiatric physician estimate. |
| All Physicians | | | | | x | 1997-2007 | Sum: State-level Psychiatrists and Nonpsychiatric Physicians Spending Estimates |
| Other Professionals (MHSA Only) | Economic Census (EC): Offices of Mental Health Practitioners (except Physicians) | Receipts/Revenues | | | x | 1997, 2002, 2007 | Primary data source for the other professional estimate. |

**Appendix Table C1. State Estimates Data Sources, continued**

| Provider Categories | Data Sources | | | | | | Use |
|---|---|---|---|---|---|---|---|
| | Survey/ Administrative Data | Data Element | Data Used | | | Years Used | |
| | | | Nation | Region | State | | |
| Specialty MH and SA Centers | All Ownership Categories (For Profit, Nonprofit, State and Local Government) | | | | | | |
| | National Survey on Substance Abuse Treatment Services (N-SSATS) | By State and Public/Private Facility Type: OP Client Counts; Residential Client Counts | x | | x | 2000, 2004, 2005 | Primary data source for the PUBLICALLY owned specialty center estimate.<br>Used to break out control total according to facility ownership type. |
| | Inventory of Mental Health Organizations (IMHO) | By State and Public/Private Facility Type: OP Client Counts; Residential Client Counts | x | | x | 2004 | Primary data source for the PUBLICALLY owned specialty center estimate.<br>Used to break out control total according to facility ownership type. |
| | Private Ownership (For Profit, Nonprofit) | | | | | | |
| | BLS Quarterly Census of Employment and Wages: Residential Mental Health and Substance Abuse Facilities and Outpatient Mental Health and Substance Abuse Centers | Wages (Privately Owned Facilities) | | | x | 1997-2005 | Primary data source for the PRIVATELY owned specialty center estimate. |
| | Economic Census (EC): Residential Mental Health and Substance Abuse Facilities and Outpatient Mental Health and Substance Abuse Centers | Receipts/Revenues; Payroll | | x | | 1997, 2002, 2007 | Used to adjust BLS private wages and salaries to revenues through the use of a regional revenue-to-wage ratio. |
| | Public Ownership | | | | | | |
| | State Mental Health Agency Revenues and Expenditures for Mental Health Services (from NASMHPD Research Institute [NRI]) | State Community Program Expenditures | | | x | 1997, 2001-2005 | Used to extrapolate IMHO and N-SSATS data to other years. |
| Nursing Homes | Centers for Medicare & Medicaid Services National Health Expenditure Accounts State Estimates | All Nursing Home Expenditures | | | x | 1997-2004 | Primary data source for nursing home estimates. |
| | Census Population | Census Population 65 and Over | | | x | 1996-2005 | Used to extrapolate from 2004 to 2005. |
| Home Health | Centers for Medicare & Medicaid Services National Health Expenditure Accounts State Estimates | Expenses | | | x | 1997-2004 | Primary data source for home health estimates. |
| | Census Population | Census Population 65 and Over | | | x | 1996-2005 | Used to extrapolate from 2004 to 2005. |
| Prescription Drugs | IMS Health | State-level Pharmacy Retail Sales by Drug Class | | | x | 2009 | Primary data source for prescription drug estimates. |
| | IMS Health | Sales Totals by Drug Class | x | | | 2002-2006, 2009 | Used as national control for each drug class to control for the changing mix of major drug products over time. |
| | State-level All Physicians Spending Estimates | Revenues | | | x | 1997-2007 | Used to extrapolate IMS data in earlier years. |

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