Memorandum

PREPARED FOR: Joint Task Force on Regional Behavioral Health Accountability
DATE: January 2, 2025
BY: Jesse Helligso, LPRO Senior Research Analyst
RE: Mental Health America, 2024 State of Mental Health in America, State Rankings

This memorandum responds to task force questions regarding Mental Health America's (MHA), *2024 The State of Mental Health in America*[1] report on state rankings for behavioral health and comparison to LPRO's December 9, 2024, presentation to the task force on Substance Abuse and Mental Health Services (SAMHSA) data in the 2022 *National Survey on Drug Use and Health (NSDUH)*.[2]

Key Takeaways

MHA 's Overall Ranking essentially measures the prevalence of alcohol and substance use disorder (SUD) and any mental health issues (AMI) in each state's population but does not measure how well the mental health system in a state is performing. The MHA ranking is calculated by combining 15 measures from two categories:

- nine measures of prevalence of SUD and AMI
- six measures of access to mental health services

Thus, a state's overall MHA rank is more heavily influenced by the prevalence of mental health than by access to care. Because of this methodology, states with high access to services, such as Oregon, Washington, New Mexico, and Colorado, may be ranked worse than states with low access to services. Further, MHA does not account for recovery outcomes. MHA's combined ranking does not consider how access to services is a function of prevalence. MHA's ranking system also does not account for recovery outcomes or economic efficiency in a state's delivery of behavioral health services by accounting for variation in the number of people served.

In contrast, LPRO's methodology allows for the possibility that each state has a different prevalence (as a starting point) and adjusts for such differences when computing state performance on access to care, recovery outcomes, and economic efficiency.

MHA's "Overall Ranking" essentially measures prevalence of SUD and mental health issues but does not measure how well the mental health system in a state is performing. LPRO's analysis looked at how well the state mental health agency programs were performing on multiple measures compared to other states controlling for prevalence.

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[1] Reinert, M, Fritze, D & Nguyen, T (July 2024). "The State of Mental Health in America 2024." Mental Health America, Alexandria VA. https://mhanational.org/sites/default/files/2024-State-of-Mental-Health-in-America-Report.pdf

[2] "Oregon Legislative Video," accessed December 17, 2024, https://olis.oregonlegislature.gov/liz/mediaplayer/?clientID=4879615486&eventID=2024121003.

Background

On December 9, LPRO research staff presented to the Joint Task Force on Regional Behavioral Health (Task Force) on a 50-state comparison using federal SAMHSA data. LPRO was asked about MHA's overall ranking of Oregon as 47th in the United States for mental health.

LPRO's analysis showed the following results:

- Oregon has one of the highest prevalence rates of SUD and mental health conditions in the U.S.
- Oregon has high access and utilization of state mental health agency funded programs.
- Oregon has relatively high recovery outcomes for SUD and mental health issues controlling for Oregon's high prevalence.
- Oregon is moderately economically efficient in terms of state mental health agency-funded programs compared to the 49 other states.

LPRO did not provide an overall ranking of states and only provided rankings based on the above constructs.

MHA's report largely aligns with LPRO's analysis in that Oregon has a very high prevalence of SUD and mental health issues compared to other states and ranks high in terms of access to care. However, MHA did not examine recovery outcomes or the economic efficiency of behavioral health systems or control for prevalence in its analyses.

Agreement between Analyses

Both LPRO and MHA relied on SAMSHA's 2022 National Survey on Drug Use and Health (NSDUH) data to analyze prevalence and access to care. NSDUH is a restricted use file to protect the identities of respondents. All data is not publicly available, and SAMHSA suppresses the data if counts are low. LPRO does not have access to the full restricted-use file and relied on 2019 data for some metrics, whereas MHA has access to full, unsuppressed, restricted-use data.

Both MHA and LPRO agree that Oregon has a very high prevalence of SUD and mental health issues and that Oregon offers very high access to mental health care as shown in Table 1 below:

TABLE 1: AGREEMENT BETWEEN ANALYSES

Prevalence			Access		
Metric	Oregon Rank (LPRO)	Oregon Rank (MHA)	Metric	Oregon Rank (LPRO)	Oregon Rank (MHA)
Any mental health issue (AMI), adults	48	49	State mental health agency (SMHA) penetration rate	12	N/A
Alcohol and substance use disorder (SUD), adults	48	46	Adults that received mental health or SUD treatment in last 12 months	6	N/A
Combined AMI and SUD, adults	50	51	Percent of total treatment through SMHA	13	N/A
Serious mental health issues (SMI), adults	44	N/A	Adults with AMI that are uninsured	N/A	3
Flourishing, youth	N/A	50	Adults with 14+ mentally unhealthy days that could not see a doctor	N/A	5
Students (K+) Identified with Emotional Disturbance for an IEP	N/A	15	Adults with AMI with private insurance that does not cover mental health	N/A	10
Serious thoughts of suicide, adults	N/A	42	Youth with MDE that did not receive MH services	N/A	7
Major depressive episode (MDE), youth	N/A	51	Mental health workforce availability	N/A	4
SUD, youth	N/A	48	Overall Access	N/A	6
Serious thoughts of suicide, youth	N/A	51			

Source: MHA and LPRO.: MHA includes the District of Columbia in its analysis while LPRO does not. Higher ranks on prevalence represent higher prevalence. Lower ranks in access represent more access to mental health services.

Differences between Analyses

Additional LPRO Measures

In addition to measuring prevalence and access from NSDUH data, LPRO's analysis also looked at (1) recovery rate outcomes, (2) state mental health agency utilization versus private program utilization, and (3) economic efficiency of state mental health agency funded programs by analyzing SAMHSA's 2022 Uniform Reporting System (URS) data in combination with the 2022 NSUDH data. MHA did not examine these factors. LPRO's analysis showed that Oregon:

- has high recovery rates for both mental health issues and SUD, after controlling for prevalence.
- has higher utilization of state mental health agency programs than most states.

- is moderately economically efficient in state mental health agency program utilization per client served.

MHA also provided state rankings for "Adults with SUD Who Needed but Did Not Receive Treatment," that was not included in LPRO's main presentation to the task force. However, LPRO also calculated this metric (included in the presentation appendix). In contrast to MHA's analysis, LPRO's analysis controlled for prevalence, showing what proportion of the total population needing care likely received care. For example, if 1% of the total state population reported needing but not receiving care, and 2% of the total state population reported SUD, then 50% of those with SUD did not receive care. In LPRO's analysis, access to care is a function of prevalence. MHA ranked Oregon 46th on this metric. However, LPRO ranked Oregon 22nd on this metric because LPRO controlled for the prevalence of SUD.

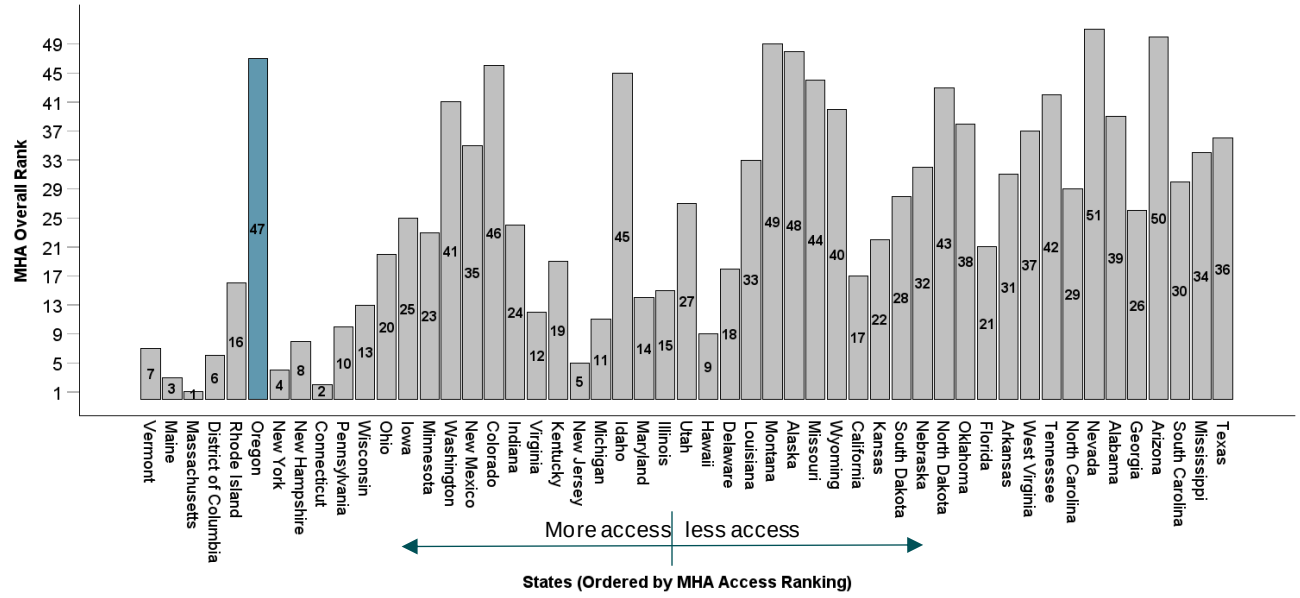
Use of State "Overall Ranking"

MHA's report emphasizes an "Overall Ranking" of state mental health in its comparison of states. The "Overall Ranking" combines nine prevalence measures and six access measures. All measures are weighted equally. This approach creates a methodological bias in which prevalence is given more weight than access in the overall rank – where a state is starting from plays a bigger role in determining its overall rank than how its delivery system performs in responding to the state's need for care. This approach penalizes states like Oregon that have high levels of prevalence. MHA's ranking also does not treat access to care as a function of prevalence (states with lower prevalence would be expected to have less utilization of services), or account for recovery outcomes and economic efficiency of program delivery.

A significant limitation of MHA's "overall ranking" methodology is that states with high prevalence, such as Oregon, are ranked worse than states with low prevalence—regardless of access to care. MHA's combined ranking system treats **both** prevalence and access as equal and both as "outcomes" of the mental health system. LPRO's analysis treats prevalence as the context in which the mental health system operates and then measures outcomes of access, recovery rates, and economic efficiency, controlling for that prevalence.

Due to these methodological issues, MHA's approach ranks states like Oregon, New Mexico, Washington, and Colorado, which have very high prevalence but also higher access to services than most states, lower in the overall ranking despite these states having high in access to mental health services. Figure 1 below shows MHA's "Overall Rank" with states in order of most access to the left and least access to the right.

FIGURE 1: MHA STATE OVERALL RANK BY MHA ACCESS RANK



Oregon, which MHA notes has the 6th most access to services, has an overall rank of 47th according to MHA's methodology. Conversely, states like Hawaii, Maryland, Illinois, and New Jersey, which have lower access and lower prevalence than Oregon, are the top "overall ranked" states despite their lower access to mental health services than Oregon. The 3 states with the lowest access to mental health services, Texas, Mississippi, and South Carolina all outrank Oregon in MHA's overall ranking system because they have lower prevalence than Oregon despite having the least access to care of all 50 states. This "overall rank" is predominately a measure of prevalence and not a measure of how well a state's behavioral health system is performing.