



Date: January 14, 2021

Re: Special Committee on Mental Health Modernization and Reform

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During the December 10, 2020 meeting of the Special Committee on Mental Health Modernization and Reform, the following question was asked:

Question: Based on the Mental Health in America rankings presented in *Figure 3* (page 22) and provided in the table below, members asked for clarification on the changes in rankings over time. The committee was particularly interested in the following measure: Adults with any mental illness (AMI) reporting unmet needs.

MENTAL HEALTH in AMERICA RANKINGS of 50 states and Washington D.C. by report year							
Select Measure:	2021	2020	2019	2018	2017	2016	2015
<i>States with positive outcomes are ranked higher (closer to 1) than states with poorer outcomes.</i>							
Kansas rankings: overall	#29	#42	#24	#19	#21	#15	#19
Kansas ranking: Adult	#38	#43	#28	#22	#23	#16	#23
(prevalence and access to care)							
Kansas ranking: Youth	#26	#37	#21	#19	#18	#15	#8
(prevalence and access to care)							
Kansas ranking: Adults with any mental illness (AMI) who report unmet needs.	#51	#46	#29	#39	#38	#28	#51
Kansas ranking: Youth with at least one major depressive episode who did not receive mental health services	#18	#47	#40	#29	#12	#12	NA

Note: The Mental Health in America overall ranking uses national data from surveys including the National Survey on Drug Use and Health (NSDUH) and the Behavioral Risk Factor Surveillance System (BRFSS). Data in each reporting year come from previous reporting periods. For example, in the 2021 report, most indicators reflect data from 2017-2018, while the 2020 report includes data from 2016-2017 and so forth. The baseline report year is 2015.

The overall ranking is a composite estimate, which is comprised of 15 measures for adults and youth around mental health issues, substance use issues, access to insurance, access to adequate insurance, as well as access to and barriers to accessing mental health care. The adult and youth rankings are also a composite estimate based on the measures in the overall ranking, but data is subdivided by age. A rank of 1-13 indicates lower prevalence of mental illness and higher rates of access to care, and an overall ranking 39-51 indicates higher prevalence of mental illness and lower rates of access to care. The latter two rankings related to access to care are point estimates from the National Survey on Drug Use and Health (NSDUH) and are part of the composite estimates for the overall ranking and separately for adults and youth. However, multiple years of data have been combined to provide a reliable estimate. States with positive outcomes are ranked higher (closer to 1) than states with poorer outcomes.

Source: KHI analysis of data from the 2015-2021 Mental Health in America Rankings. For more information, go to <https://www.mhanational.org/issues/2021/ranking-guidelines>.

Response: This memo provides an explanation of how the rankings work and trend data for the specific measure – adults with mental illness who report unmet needs – compared to other states.

Rankings

The Mental Health in America rankings are based on a point estimate or composite estimate from the most recent available data (or multiple years of data) for each state and then ranked in order. While rankings convey where Kansas is in comparison to other states, they may not show direct improvements. To see improvements, it is helpful to examine the point estimates or individual components of the estimate. Due to the varying sizes of states, it is best to compare to states that are of similar size.

Trend Data

Figure A provides the rank and point estimates for adults with AMI who report unmet needs for ranking years 2015-2021. Data for the State of Kansas and its neighbors – Nebraska, Missouri, Oklahoma and Colorado – are provided below. Iowa is included as it is of similar size and most comparable to Kansas. The State of Texas was included because it has improved over time and ranks high for this measure, and because the Special Committee had heard from the State of Texas about its program changes.

Rankings for this measure in each report year use data from previous years. The 2019 rankings, for example, use data from 2014-2016. Similar to its neighbors, Kansas shows an upward trend in the estimate of adults with AMI who report unmet needs in the two most recent ranking periods, which used 2016-2017 and 2017-2018 data. While the percentage in high-ranking Texas is also trending upward in recent years, it is not increasing at the same rate as Kansas, which rose nearly six percentage points in the past ranking period.

Figure A. Mental Health in America Rankings and Point Estimates for Adults with Any Mental Illness (AMI) Who Report Unmet Needs, 2015-2021 Rank Years

Rank Year	Data Year	Kansas	Texas	Iowa	Nebraska	Missouri	Oklahoma	Colorado	United States
2015	--	#51	#14	#7	#15	#40	#11	#42	--
	2010-2012	28.1	19.3	18.2	19.6	23.9	18.6	24.5	20.8
2016	--	#28	#19	#32	#48	#49	#31	#12	
	2010-2013	20.4	19.5	21.3	25.6	26.2	21.1	18.5	20.1
2017	--	#38	#8	#33	#43	#51	#20	#25	--
	2009-2014	22.7	18.3	21.7	23.3	25.9	19.2	20.7	20.3
2018	--	#39	#3	#26	#14	#50	#34	#35	
	2013-2015	22.5	16.9	20.6	19.2	25.1	21.7	21.8	20.1
2019	--	#29	#3	#13	#4	#43	#17	#36	--
	2014-2016	21.0	16.7	19.2	17.0	24.1	19.8	21.8	20.6
2020	--	#46	#4	#3	#32	#44	#29	#27	--
	2016-2017	25.9	19.2	18.2	22.6	25.0	22.4	22.2	22.3
2021	--	#51	#3	#35	#40	#38	#21	#46	--
	2017-2018	31.6	19.9	25.5	26.2	26.1	23.5	28.2	23.6

Note: For each rank year, top row provides rank and bottom row provides point estimate. States with positive outcomes are ranked higher (closer to 1) than states with poorer outcomes.

Source: KHI analysis of data from the 2015-2021 Mental Health in America Rankings.