



***Rhode Island Behavioral Healthcare Project:  
Demand Report***

*Submitted to:*

Rhode Island

Executive Office of Health and Human Services

Department of Health

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Office of the Health Insurance Commissioner

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## EXECUTIVE SUMMARY

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Rhode Island's vision is to ensure that all of its residents have the opportunity to achieve the best possible mental health and well-being within healthy local communities that promote empowerment, inclusion, and shared responsibility. To meet this vision, Rhode Island must have a complete view of its behavioral healthcare system. This must include information on Rhode Islanders' service needs, how services are financed, where services are used, the quantity and costs of services, and the societal cost of untreated or undertreated behavioral illness.

This report describes the need and demand for behavioral healthcare services. It is one of four reports of the Behavioral Healthcare Project: (1) Demand Report, (2) Cost Report, (3) Supply Report, and (4) Final Report. In collaboration with Rhode Island, Truven Health Analytics used a lifespan approach to understand the need for and use of behavioral healthcare services across various age groups. The lifespan approach acknowledges the evidentiary links of mental and substance use disorders across an individual's life—beginning with risk factors that emerge in infancy and childhood, continuing with those that have the greatest influence on adolescents and young adults, and ending with those that are most common in late adulthood. Age-appropriate interventions and treatment can help curb the impact of behavioral health disorders, provided that the best treatment practices are available within local communities.

To understand the need for behavioral healthcare services in Rhode Island, we analyzed a number of nationally and state-representative survey data sets as well as other sources of available robust information. We compared rates of behavioral healthcare need and use in Rhode Island with those of the other New England states and with national averages. We focused on data from the most recent 3 years available. For these analyses, we report primarily on information from the following sources: the National Survey of Children's Health, the National Survey of Drug Use and Health, and the Healthcare Cost and Utilization Project databases.

Overall, our findings indicate that Rhode Island has unique challenges. Children in the state faced greater social and familial risks related to mental health and substance use, such as living in poverty, having a less positive home environment, and living in a single-parent household. Children and adolescents aged 5–17 years in Rhode Island had higher rates of attention deficit hyperactivity disorder, and adolescents had higher rates of illicit drug use and marijuana use than the national average. Adults aged 18–44 years in Rhode Island had more general hospital admissions for mental health issues than similarly aged adults in other New England states and nationally. Rates of drug and alcohol use in Rhode Island often were higher than the national average, and adult residents had higher age-adjusted death rates from narcotics and

hallucinogens than the national average. Many adults in Rhode Island were more likely to report unmet need for treatment of mental and substance use disorders than residents in the other comparison states. Compared with national and other New England state rates, Rhode Island had the highest rate of hospital admissions for mental health issues among individuals aged 18–44 years. Residents aged 65 years and older had lower prevalence of mental and substance use disorders and lower rates of service use than did residents aged 50 years and older.

One way that Rhode Island can respond to the high risk for behavioral health conditions is to enhance its focus on prevention across the lifespan, across healthcare settings, and across multiple social services.

- For young mothers and children, this may mean interventions to develop healthy parenting approaches; enrollment in nursery or preschool programs; investment in adequate childcare, housing, and safe communities; and consistent insurance coverage for needed prenatal, postnatal, and infant care.
- For adolescents and young adults, this may mean robust drug abuse screening and early intervention in healthcare provider and school settings.
- For people with severe mental illness, this may mean robust crisis intervention services, case management, and social supports that prevent extremely costly stays in hospitals, jails, and prisons.
- For older adults, this may mean training more healthcare providers who can address the complexity of chronic mental and substance use disorders and physical comorbidities.

## **INTRODUCTION AND PURPOSE OF STUDY**

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Rhode Island's vision is to ensure that all of its residents have the opportunity to achieve the best possible mental health and well-being within healthy local communities that promote empowerment, inclusion, and shared responsibility. To achieve this vision, Rhode Island seeks a complete picture of its residents' experience with the behavioral healthcare system. Delivering services and treatment in effective and efficient ways can improve outcomes and reduce costs. The Rhode Island Behavioral Healthcare Project began in September 2014 to help achieve this goal. The Behavioral Healthcare Project has four main deliverables: (1) Demand Report, (2) Cost Report, (3) Supply Report, and (4) Final Report. This Demand Report is the first in the series.

In collaboration with Rhode Island, Truven Health Analytics is using the lifespan approach to conduct these analyses. The lifespan approach acknowledges the evidentiary links of mental and substance use disorders (M/SUDs) across an individual's life, beginning in infancy and childhood, having the greatest impact among young adults, and continuing into late adulthood. Age-appropriate interventions and treatment can help curb the impact of behavioral health disorders, providing that the best treatment practices are available within local communities.

## **DEMAND REPORT METHODS AND KEY FINDINGS**

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In this Demand Report, Truven Health used the lifespan approach to assess the need for behavioral healthcare services within and across the major age groups. Within age groups, we examined available data to determine how demand for and utilization of behavioral healthcare services has changed over time in Rhode Island, across the other New England states, and nationally. For relevant age groups, we determined various components of demand, as outlined below.

- Prevalence rates of the following:
  - Mental disorders
  - Substance use disorders
  - Risk and protective factors
  - Unmet need
- Behavioral healthcare service use

To conduct these analyses, Truven Health primarily used the following data sources:

- National Survey of Children's Health (NSCH)

- National Survey of Drug Use and Health (NSDUH)
- Healthcare Cost and Utilization Project (HCUP) databases
- Pregnancy Risk Assessment Monitoring Systems (PRAMS)

These data sources are described in Appendix A.

In the following sections, we present our findings by age group categories. These age groups fit together as part of a lifespan approach to help establish the risk factors, unmet needs, and opportunities for improvement in service provision specific to age. Sometimes the exact data ranges of interest were not available from a particular data source. In those cases, we selected the range that was closest to the ideal, as noted.

## **Ages 0–17**

*Children younger than 18 in Rhode Island faced greater social and familial risks for the development of subsequent mental and substance use disorders than children in other New England states and the nation. Many risks were related to economic factors, such as living in poverty and having an unemployed parent or single-parent household.*

A variety of factors—including biological factors, individual competencies, family resources, school quality, and community-level characteristics—can increase or decrease the risk that a young person will develop a mental or substance use disorder.<sup>1</sup> Factors that are known to increase the risk of mental and substance use disorders include spending more time in poverty during childhood, maternal depression, child abuse and maltreatment, coming from a single-parent family, poor parenting, and marital conflict.<sup>2,3,4,5</sup> These factors tend to have a cumulative effect: a *greater number of risk factors* and for some individuals *a longer exposure* (such as to parental mental illness) increase the likelihood of negative outcomes. Conversely, a

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<sup>1</sup> O’Connell ME, Boat T, Warner KE, Editors. Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities. Washington, DC: The National Academies Press; 2009.

<sup>2</sup> Evan GW, Cassells RC. Childhood poverty, cumulative risk exposure, and mental health in emerging adults. *Clinical Psychological Science*. 2014;2(3):287-296.

<sup>3</sup> Weissman MM, Pilowsky DJ, Wickramaratne PJ, et al. Remissions in maternal depression and child psychopathology: a STAR\*D-child report. *JAMA*. 2006;295(12):1389-1398.

<sup>4</sup> Hammen C, Rudolph KD. Child mood disorders. In: EJ Mash and RA Barkley (Eds.), *Child Psychopathology* (2nd ed., pp. 233-278). New York: Guilford Press; 2003.

<sup>5</sup> Cicchetti D, Toth SL. The development of depression in children and adolescents. *American Psychologist*. 1998;53(2):221-241.

greater number of protective factors (e.g., resources within the individual, family strengths, access to mentors, and good education) decrease the likelihood of negative outcomes.

Truven Health examined indicators related to risk for behavioral health problems later in life, maternal behaviors during pregnancy, and family economic measures (Table 1).

**Table 1. Key Childhood Measures and Their Data Sources**

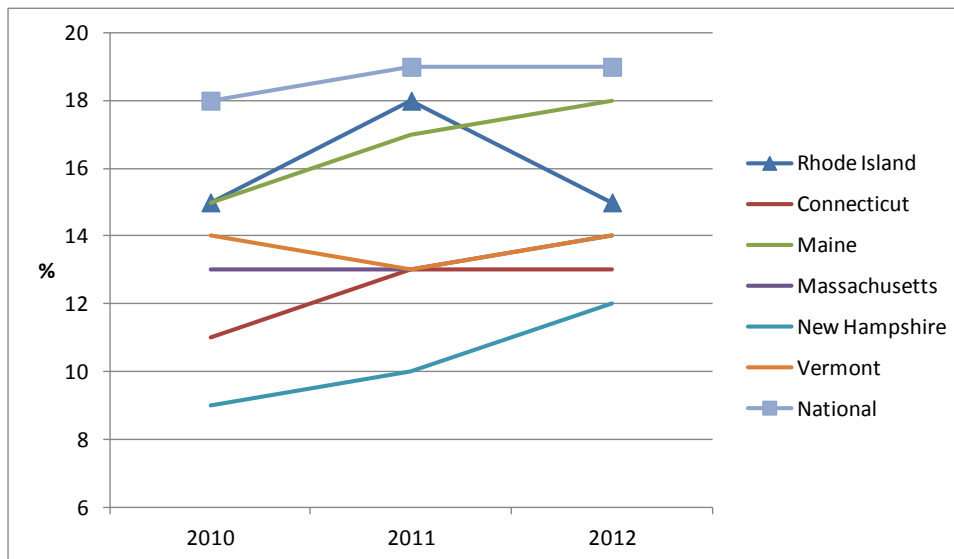
<b>Topic</b>	<b>Data Source</b>	<b>Measure</b>
Risk Factors	U.S. Census Bureau, National Vital Statistics	Low Birth Weight
	CDC PRAMS	Maternal Depression
	CDC PRAMS	Alcohol Use During Pregnancy
	CDC PRAMS	Tobacco Use During Pregnancy
	U.S. Census Bureau, Current Population Survey	Parental Unemployment
	U.S. Census Bureau, American Community Survey	Family Poverty
	U.S. Census Bureau, American Community Survey	Single Parent Household

Abbreviations: CDC, Centers for Disease Control and Prevention; PRAMS, Pregnancy Risk Assessment Monitoring System

**Results**

The results of the examination of risk factors for children and adolescents reveal that across a range of indicators the economic circumstances often were harder for families in Rhode Island than for families in other New England states. For example, Figure 1 shows that Rhode Island and Maine had the highest share of families below the federal poverty level, although the share for each was still below the share nationwide.

**Figure 1. Families Living Below the Federal Poverty Level**

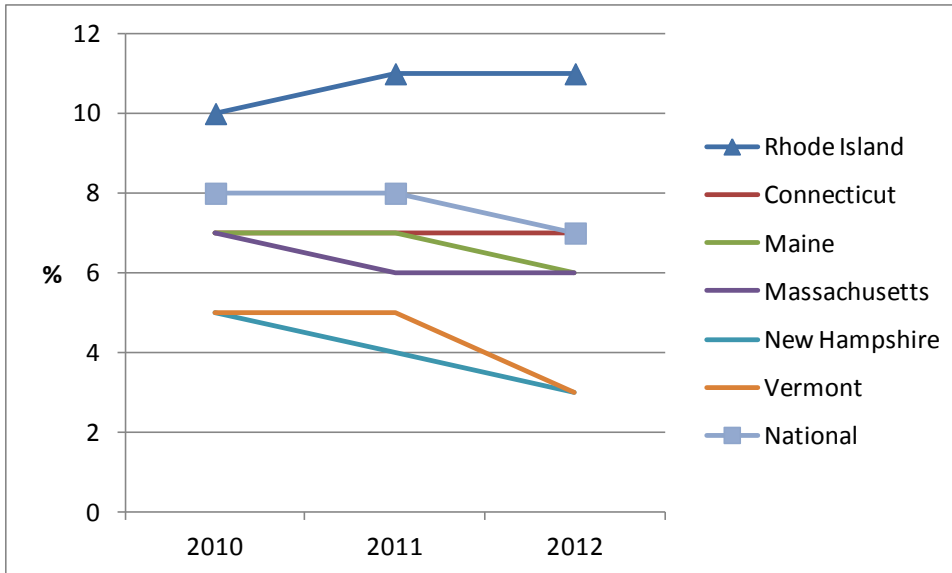


Source: U.S. Census Bureau, American Community Survey, as reported in National KIDS COUNT. For details, see Ages 0–17: Table 5 in Appendix B.



Similarly, Figure 2 shows that the rate of unemployment among parents in Rhode Island was higher than the rate for the other New England states and higher than the national rate.

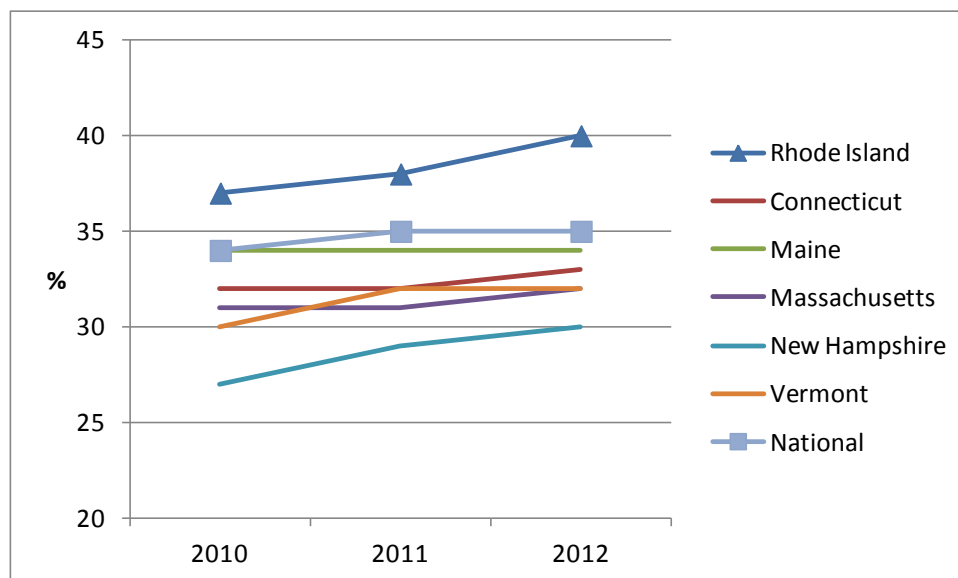
**Figure 2. Parental Unemployment Rate**



Source: U.S. Census Bureau, Current Population Survey (CPS) Basic Monthly Data Files, as reported by National KIDS COUNT. For details, see Ages 0–17: Table 6 in Appendix B.

Also related to the economic realities for Rhode Island families, Figure 3 shows that Rhode Island had more single-parent families, compared with other states and the nation.

**Figure 3. Children Living in Single-Parent Families**

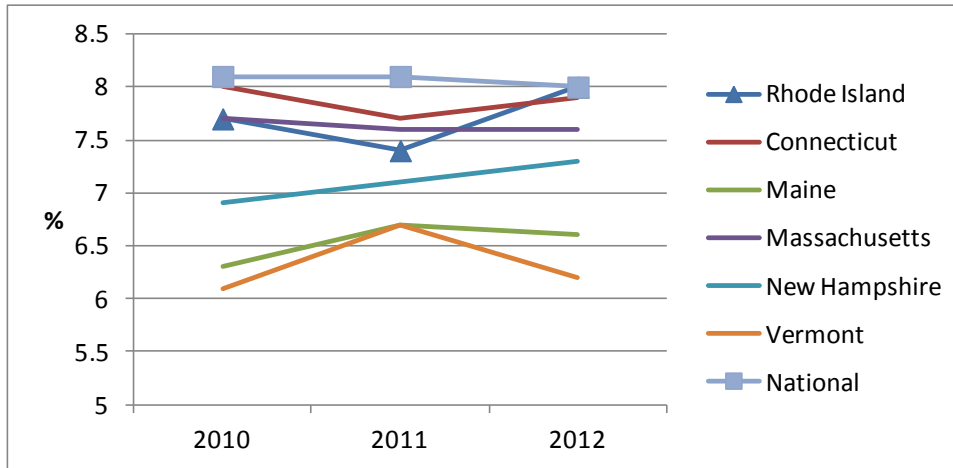


Source: U.S. Census Bureau, American Community Survey, as reported in National KIDS COUNT. For details, see Ages 0–17: Table 7 in Appendix B.

Regarding the other measures showing risk for future behavioral healthcare need, rates of alcohol use during the last 3 months of pregnancy were similar across New England states. The rates were the highest for Vermont and lowest for Maine. In contrast, rates of smoking during the last 3 months of pregnancy were considerably lower for Rhode Island than for Vermont and Maine. Across states, there were no striking differences in rates of mothers reporting frequent postpartum depressive symptoms. (See Ages 0–17: Tables 2, 3 and 4 in Appendix B.)

Results in Figure 4 show small differences across states in terms of the percentage of infants born with a low birth weight, although the trends varied. Percentages of infants with low birth weight in all New England states were less than the national average.

**Figure 4. Infants Born with Low Birth Weight**



Source: National Center for Health Statistics (NCHS), National Vital Statistics, as reported in National KIDS COUNT. For details, see Ages 0–17: Table 1 in Appendix B.

In summary, the results for childhood risk factors indicate that families in Rhode Island face unique economic challenges, which may adversely affect the risk of behavioral health problems for the children of those families later in life.

## Ages 2–4 Years

*Young children in Rhode Island faced social and familial risks for the development of subsequent mental and substance use disorders that were similar to those in other New England states, with the exception of having a less positive home environment.*

Research has shown that early onset of emotional and behavioral problems in young children is related to a variety of health and behavior problems in adolescence,<sup>6</sup> making it a critical link in the lifespan perspective of behavioral healthcare needs and care. For the 2–4 year age group, Truven Health selected available data related to risk and protective factors related to behavioral health later in life. For example, childhood traumas are important risk factors for a number of later health and psychiatric problems, particularly those related to substance use.<sup>7</sup> The key measures and their data sources are listed in Table 2.

**Table 2. Key Measures and Their Data Sources for Children Aged 2–4 Years**

Topic	Data Source	Measure
Risk / Protective Factors	NSCH	Not Flourishing
	NSCH	Mother is in Poor Mental Health
	NSCH	Father is in Poor Mental Health
	NSCH	Any Tobacco Use in Household
	NSCH	Adverse Childhood Experiences
	NSCH	Positive Home Environment
	NSCH	At Risk for Developmental Delays
	NSCH	Prevalence of Developmental Delays
	NSCH	Children who are Uninsured
	NSCH	Children with Inconsistent Insurance
	NSCH	Children with Inadequate Insurance
	U.S. Census Bureau, ACS	3-4 Year Olds not Enrolled in Preschool

Abbreviations: ACS, American Community Survey; NSCH, National Survey of Children’s Health

<sup>6</sup> Brauner CB, Stephens CB. Estimating the prevalence of early childhood serious emotional/behavioral disorders: challenges and recommendations. *Public Health Reports*. 2006;121(3):303-310.

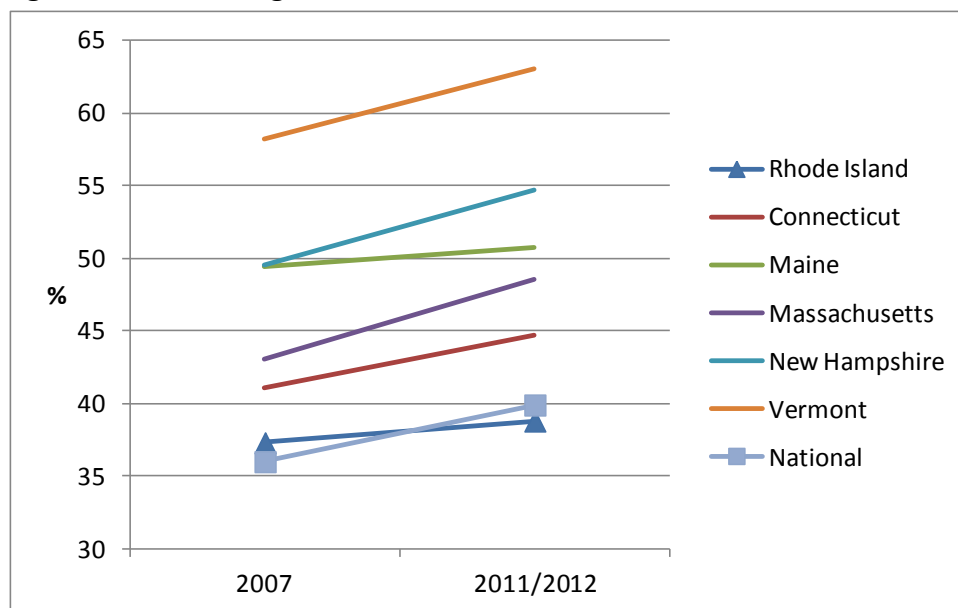
<sup>7</sup> Patterson ML, Moniruzzaman A, Somers JM. Setting the stage for chronic health problems: cumulative childhood adversity among homeless adults with mental illness in Vancouver, British Columbia. *BMC Public Health*. 2014;14:350.

## Results

Overall, we found few statistically significant differences across New England states. Rhode Island was in the middle of the range of rates for most of the risk factors. (Detailed tables are available for Ages 2–4: Table 1 through Table 11 in Appendix B.)

However, as shown in Figure 5, rates of living in a positive family environment were lower for Rhode Island than for other New England states. Although the Rhode Island rates were similar to national rates, Rhode Island rates for this measure were significantly lower than those from Vermont, Maine, and New Hampshire.

**Figure 5. Children Aged 0–5 Years Who Met All Criteria for a Positive Home Environment**

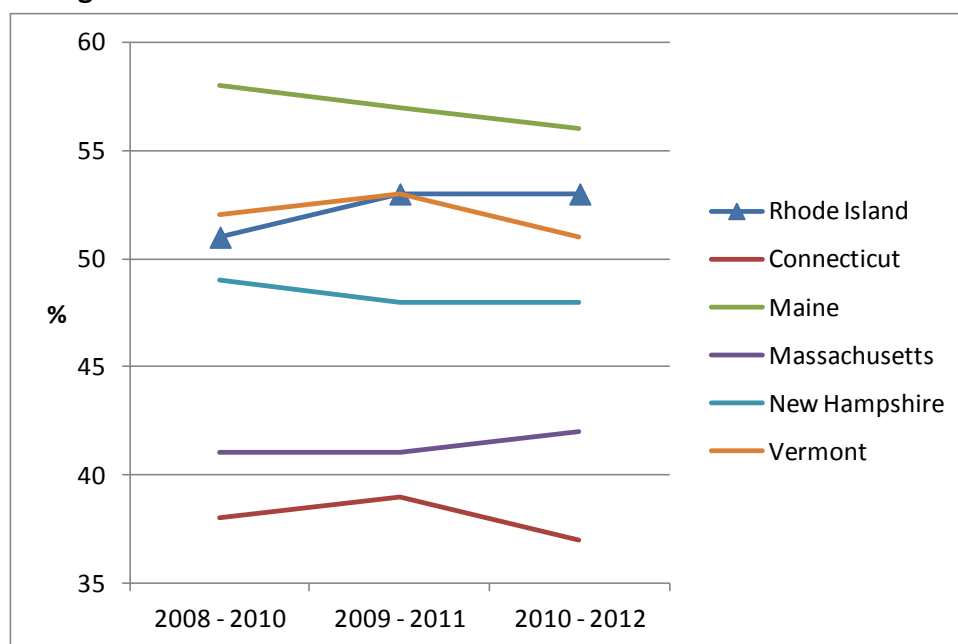


Note: To successfully meet the home environment summary measure, the following age-specific criteria were met: (1) no exposure to household smoking (all children ages 0–17); (2) family shares meals 4 or more days per week (all children ages 0–17); (3) children watch less than 2 hours of television per day (children ages 1–17); (4a) Young children are read or sung to every day (children ages 0–5); (5a) young children were breastfed ever (children ages 0–5); (4b) older children have no TV in bedroom (children ages 6–17); (5b) school-age children usually or always do required homework (children ages 6–17); (6b) parents of school-age children have met most or all of the child’s friends (children ages 6–17).

Source: National Survey of Children’s Health. For details, see Ages 2–4: Table 6 in Appendix B.

Another sign of higher risk was that Rhode Island, Maine, and Vermont had the highest percentages of children aged 3 and 4 years who were not enrolled in nursery school or preschool during the previous 2 months, as shown in Figure 6. Research has shown that high-quality early intervention and educational programs can help prevent future behavioral health problems.<sup>8</sup>

**Figure 6. Children Aged 3-4 Years Who Were Not Enrolled in Nursery School or Preschool During the Previous 2 Months**



Source: U.S. Census Bureau, American Community Survey. For details, see Ages 2-4: Table 12 in Appendix B.

In summary, for children aged 2–4 years, risk factor results for Rhode Island were similar to those for the other New England states, and most differences were not statistically significant. However, rates of living in a positive family environment were lowest for Rhode Island.

<sup>8</sup> Gilliam WS. FCD Policy Brief Advancing PK-3: Implementing Policies to Reduce the Likelihood of Preschool Expulsion. Foundation for Child Development, 2008; 1–10.

## Ages 5–11 Years

*In 2011/2012, the rate of a positive home environment in Rhode Island was significantly lower than many of the other New England states. Also, children aged 5–11 years in Rhode Island had the highest rates of attention deficit hyperactivity disorder (ADHD).*

For children aged 5–11 years, signs of early-onset conduct problems (such as parent-rated severity of their child’s ADHD) are important indicators related to behavioral healthcare demand. Table 3 shows the measures in our analyses.

**Table 3. Key Measures and Their Data Sources for Children Aged 5–11 Years, by Topic**

Topic	Data Source	Measure
MH Prevalence	NHIS	SED
	NSCH	Ever ADHD
	NSCH	Current ADHD
	NSCH	Parent-Rated Severity Of Child'S ADD/ADHD
Risk / Protective Factors	NSCH	Mother is in Poor Mental Health
	NSCH	Father is in Poor Mental Health
	NSCH	Any Tobacco Use in Households
	NSCH	Adverse Childhood Experiences
	NSCH	Positive Home Environment
	NSCH	Children who are Uninsured
	NSCH	Children with Inconsistent Insurance
	NSCH	Children with Inadequate Insurance
Need / Service Use	NSCH	Receiving Needed Mental Health Care
	NSCH	Diagnosed with ADHD, but not Receiving Medication
	NSCH	Currently Taking Meds for ADD/ADHD
	NSCH	Currently Taking Medication for ADHD, Emotions, Concentration or Behavior

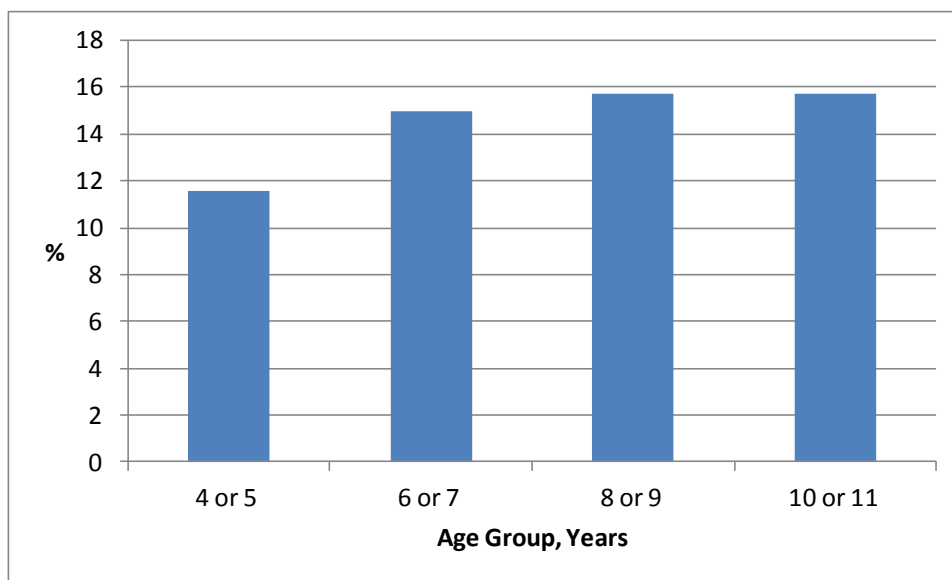
Abbreviations: ADD, attention deficit disorder; ADHD, attention deficit hyperactivity disorder; CDC, Centers for Disease Control and Prevention; NSCH, National Survey of Children’s Health; NHIS, National Health Interview Survey; SED, serious emotional disturbance

## Results

### *Prevalence of Behavioral Health Conditions*

Although few state-level behavioral health prevalence rates are available for these ages, some relevant national rates can be informative. For example, Figure 7 shows the national prevalence of serious emotional disturbance (SED) that researchers have estimated.

**Figure 7. National Prevalence Rates of Serious Emotional Disturbance for Children Aged 4–11, 2001**



Source: 2001 National Health Interview Survey (NHIS). Adapted from: Mark, TL, Buck, JA. Characteristics of U.S. youth with serious emotional disturbance: data from the National Health Interview Survey. *Psychiatric Services*. 2006;57(11):1573-1578. For details, see Ages 5–11: Table 1 in Appendix B.

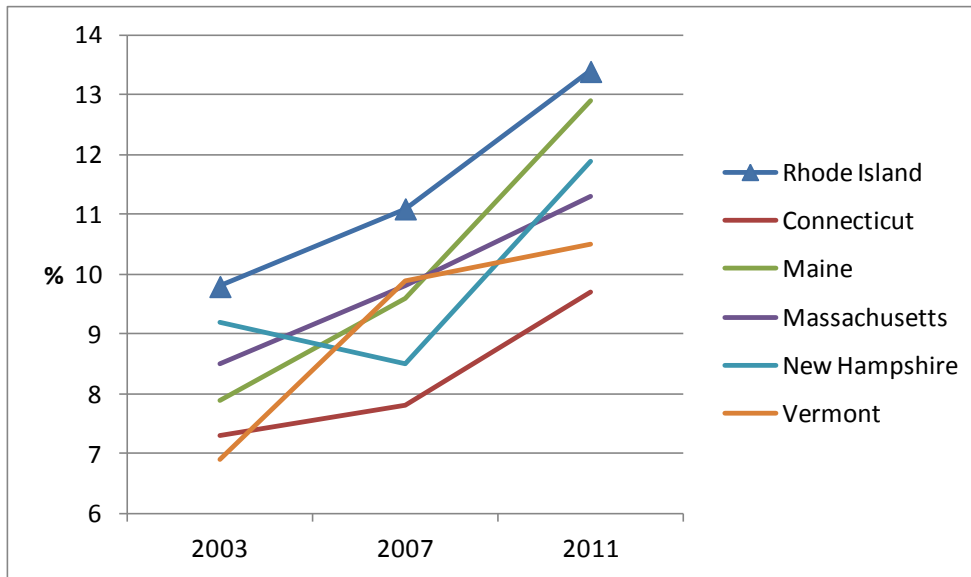
Other researchers have estimated that parent-perceived national SED prevalence rates for this age group are closer to 3–6 percent for 2001–2003.<sup>9</sup> More recent SED prevalence estimates currently are not available.

<sup>9</sup> Simpson GA, Bloom B, Cohen RA, Blumberg S, Bourdon KH. U.S. Children With Emotional and Behavioral Difficulties: Data From the 2001, 2002, and 2003 National Health Interview Surveys. Atlanta, GA: National Center for Health Statistics; 2005.



Also affecting this age group is the prevalence of ADHD. Figure 8 shows New England state prevalence rates for individuals aged 4–17 years who were diagnosed with ADHD at any point in time; Figure 9 shows the prevalence of those with a current diagnosis of ADHD. These results indicate that rates of ADHD were higher in Rhode Island than in the other New England states. Additionally, the rates increased between 2003 and 2011.

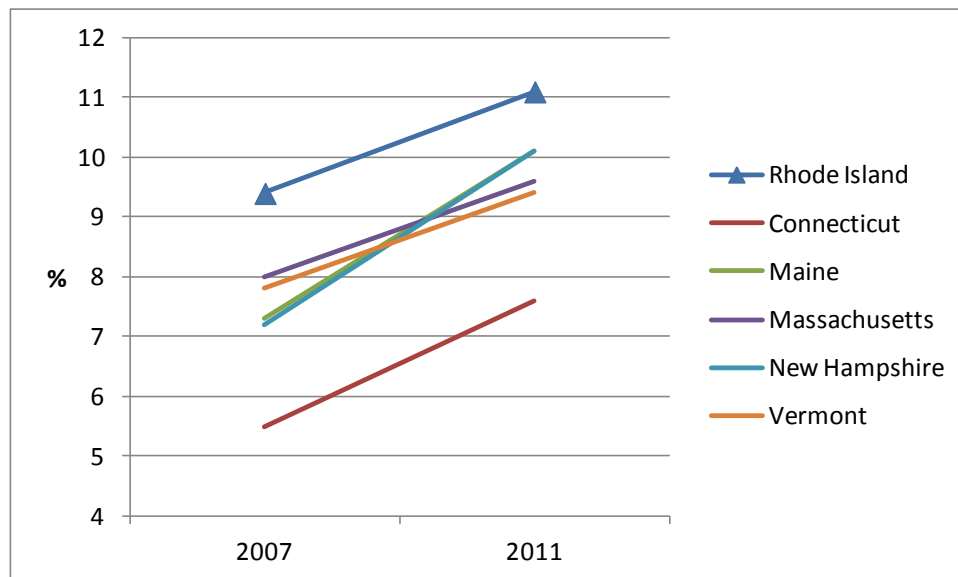
**Figure 8. Individuals Aged 4 Through 17 Years Who Were Ever Diagnosed With Attention Deficit Hyperactivity Disorder**



Abbreviation: ADHD, attention deficit hyperactivity disorder

Source: National Survey of Children’s Health. For details, see Ages 5–11: Table 2 in Appendix B.

**Figure 9. Individuals Aged 4–17 Years With Current Diagnosis of Attention Deficit Hyperactivity Disorder**



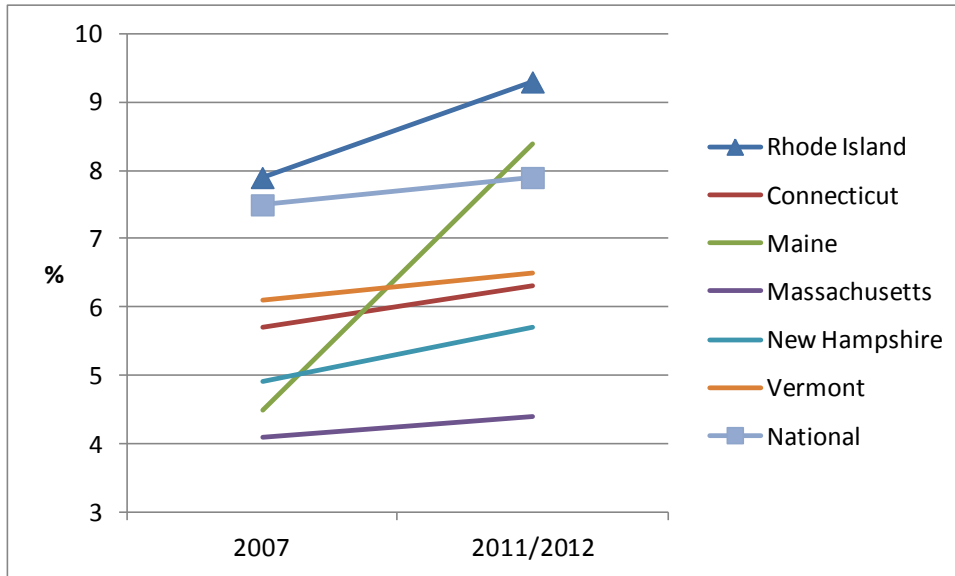
Source: National Survey of Children’s Health. For details, see Ages 5–11: Table 3 in Appendix B.

### *Risk Factors and Protective Factors*

The results of our analyses indicated that for school-age children aged 5–11 years in Rhode Island, some risk factors became more pervasive over time (e.g., not being in a positive home environment, percentage uninsured), whereas others became less pervasive over time (e.g., household tobacco use, percentage with inadequate insurance). However, most of these changes were not statistically significant. (For detailed tables, see Appendix B, Ages 5–11: Tables 4-13.)

Some risk factors for Rhode Island stood out in comparison with the results for the other New England states. For example, Figure 10 shows that Rhode Island had the highest rates of mothers with poor mental health. However, this should be interpreted with caution because differences between the states were not statistically significant.

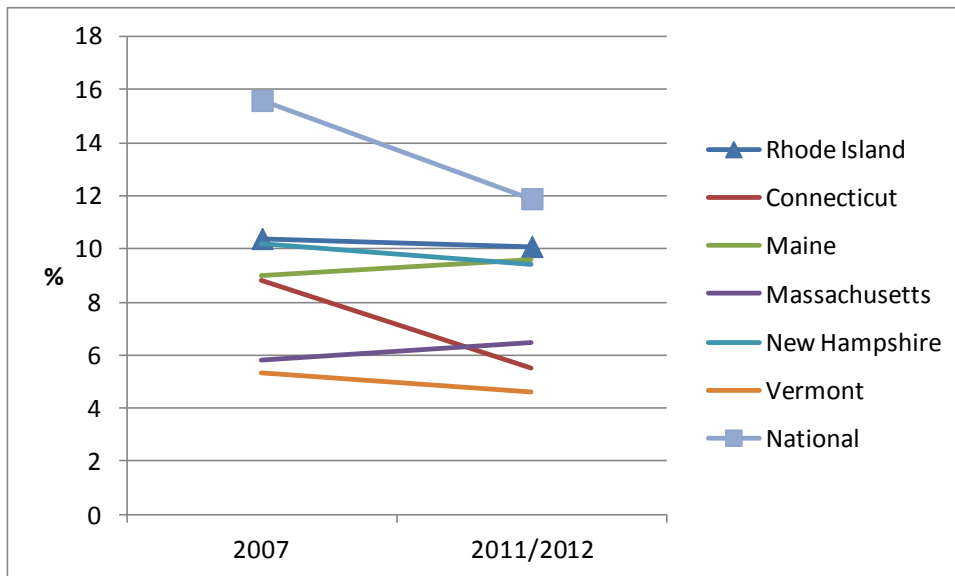
**Figure 10. Children Aged 6–11 Years With Mothers Who Are in Poor Mental Health**



Source: National Survey of Children’s Health. For details, see Ages 5–11: Table 5 in Appendix B.

Rhode Island also had the highest percentages of children aged 6–11 years with inconsistent insurance compared with other New England states, although the Rhode Island rates were below national rates.

**Figure 11. Children Aged 6–11 Years With Inconsistent Insurance**

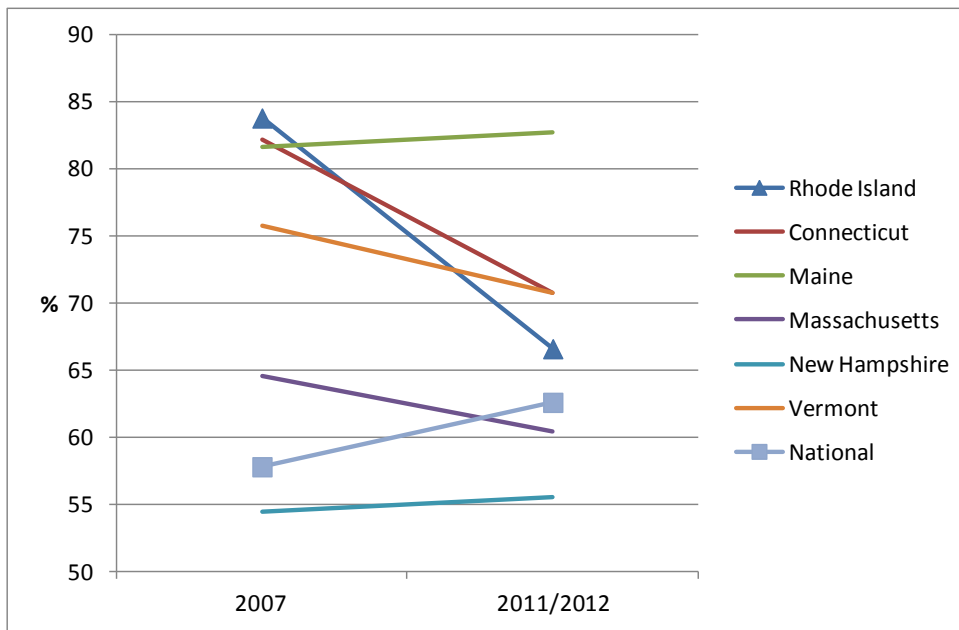


Source: National Survey of Children’s Health. For details, see Ages 5–11: Table 11 in Appendix B.

*Service Need and Use*

Figure 12 shows the percentage of children aged 6–11 years with emotional, developmental, or behavioral problems who are receiving needed treatment or counseling. Thus, a higher rate is better. Rhode Island’s rate of receipt of needed mental health treatment dropped between 2007 and 2011/2012, although the differences were not statistically significant. In 2011/2012, the Rhode Island rate of met need was similar to the national average.

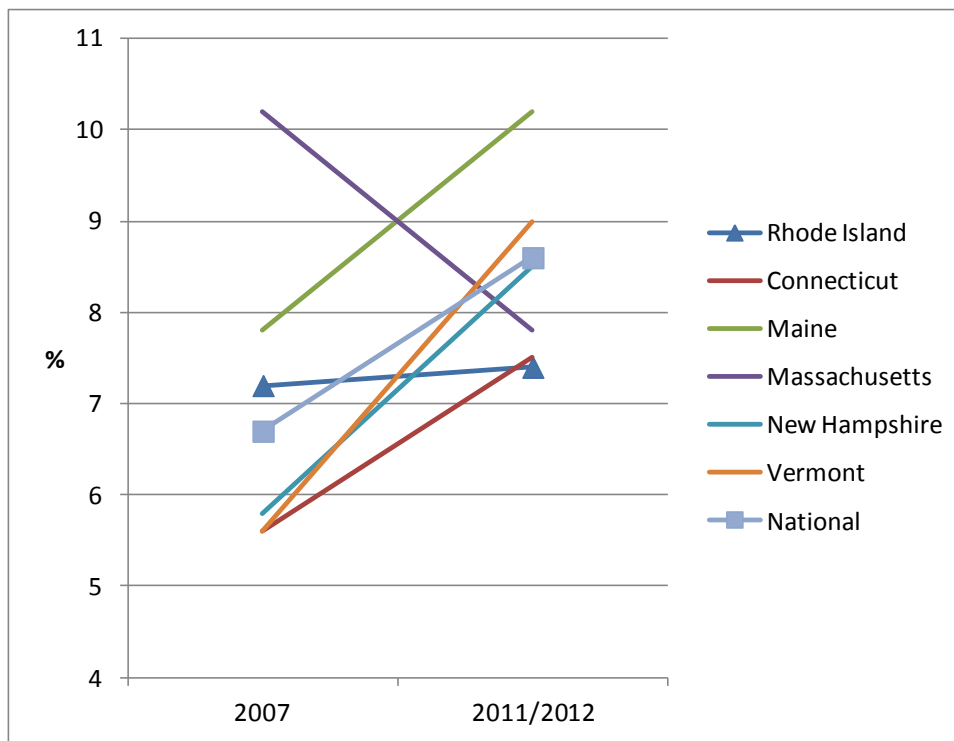
**Figure 12. Children Aged 6–11 Years With Emotional, Developmental, or Behavioral Problems Who Are Receiving Needed Treatment**



Source: National Survey of Children’s Health. For details, see Ages 5–11: Table 13 in Appendix B.

Figure 13 shows that the percentage of children taking medication for ADHD or for emotional, concentration, or behavioral problems in Rhode Island did not change appreciably between 2007 and 2011/2012. The increase in the national rate over time was statistically significant, but most other differences across states and differences in comparison with national rates were not significant. The Massachusetts rate was the only one in these analyses that decreased over time.

**Figure 13. Children Aged 6–11 Years Who Are Currently Taking Medication for Attention Deficit Hyperactivity Disorder or for Emotional, Concentration, or Behavioral Issues**



Source: National Survey of Children’s Health. For details, see Ages 5-11: Table 16 in Appendix B.

In summary, compared with other New England states, the most significant finding was that Rhode Island’s children had the highest rates of ADHD, which affects their need for behavioral health care.

## **Ages 12–17 Years**

*Rhode Island adolescents had higher rates of illicit drug use, particularly marijuana use, than the national average.*

The adolescent years are a critical time in terms of behavioral choices that may increase the risk of future behavioral health issues.<sup>10</sup> The NSCH and NSDUH contain rich state-level and national-level data on behavioral health issues for individuals aged 12–17 years. Truven Health captured the measures listed in Table 4 in addition to others from various sources.

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<sup>10</sup> Stenbacka M. Problematic alcohol and cannabis use in adolescence—risk of serious adult substance abuse? *Drug Alcohol Review*. 2003;22(3):277-286.

**Table 4. Key Measures and Their Data Sources for Children Ages 12–17 years, by Topic**

Topic	Data Source	Measure	
MH	NHIS	SED	
Prevalence	NSCH	Parent-Rated Severity of Child'S ADD/ADHD, Age 2-17 Years, Rated as Moderate or Severe	
	NSDUH	At Least One Major Depressive Episode in the Past Year	
SUD	NSDUH	Illicit Drug Dependence or Abuse in the Past Year	
	NSDUH	Dependence or Abuse of Illicit Drugs or Alcohol in the Past Year	
	NSDUH	Illicit Drug Use in the Past Month	
	NSDUH	Illicit Drug Dependence Past Year	
	NSDUH	Alcohol Use in the Past Month	
	NSDUH	Binge Alcohol Use in Past Month	
	NSDUH	Alcohol Dependence in Past Year	
	NSDUH	Ever Used Cocaine	
	NSDUH	Marijuana Use in the Past Year	
	Risk / Protective Factors	NSCH	Mother is in Poor Mental Health
		NSCH	Father is in Poor Mental Health
		NSCH	Any Tobacco Use in Households
		NSCH	No Adverse Childhood Experiences
NSCH		Met All Criteria for Positive Home Environment Summary Measure	
NSCH		Prevalence of Developmental Delay	
NSCH		Children who are Uninsured	
NSCH		Children with Inconsistent Insurance	
Service Use	NSCH	Children with Inadequate Insurance	
	NSCH	Currently Taking Meds for ADD/ADHD	
	NSCH	Currently Taking Medication for ADHD, Emotions, Concentration or Behavior	
	NSCH	Receiving Needed MH Treatment	
	NSDUH	Received any Mental Health Treatment Counseling or Rx for MDE in the Past Year	
	NSDUH	Received Specialty Inpatient/Residential Mental Health Treatment in the Past Year	
	NSDUH	Received Specialty Outpatient Mental Health Treatment in the Past Year	
	NSDUH	Received Rx Medication for MDE in Past Year	
	HCUP	Admitted to General Hospital with MH Condition	
	HCUP	Admitted to General Hospital with SUD Condition	
HCUP	Admitted to General Hospital for MHSUD		

Abbreviations: ADD, attention deficit disorder; ADHD, attention deficit hyperactivity disorder; HCUP, Healthcare Cost and Utilization Project; MDE, major depressive episode; MH, mental health; NHIS, National Health Interview Survey; NSDUH, National Survey on Drug Use and Health; NSCH, National Survey of Children’s Health; Rx, medical prescription; SED, serious emotional disturbance; SUD, substance use disorder

## **Results**

### *Prevalence of Behavioral Health Conditions*

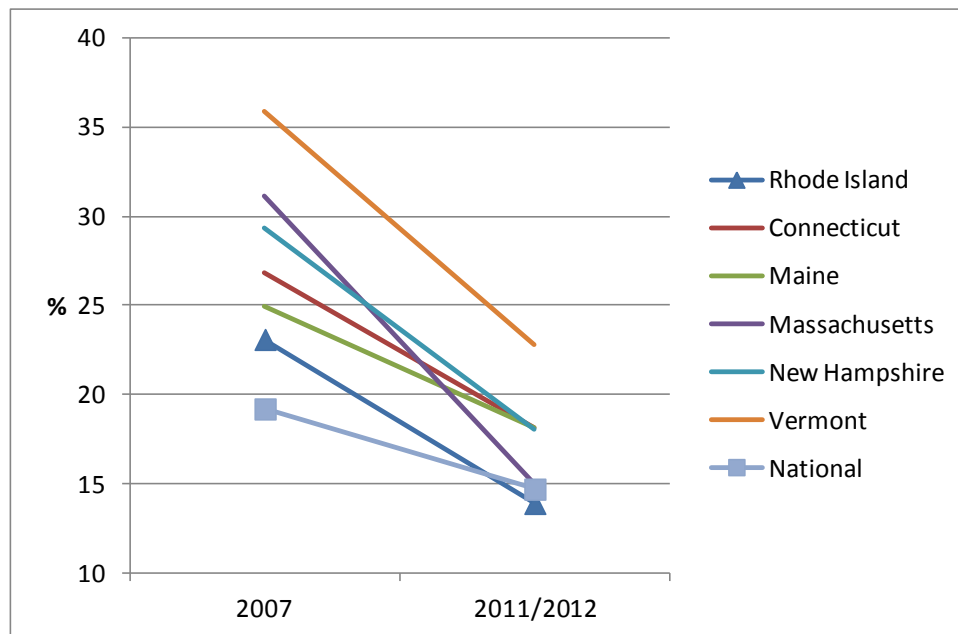
Our results indicated that there were few statistically significant differences across time or between states regarding the prevalence of adolescent behavioral health conditions. (Detailed tables are available in Ages 12–17: Tables 2–11 in Appendix B.) However, rates of adolescent use of marijuana in the past year in Rhode Island were significantly higher than national rates in 2008/2009 and in 2012/2013. Similarly, rates of adolescent drug use in the past month were significantly higher in Rhode Island (and in some of the other New England states) than the national rates.

### *Risk Factors and Protective Factors*

Regarding risk for current or future behavioral health care need, as seen in Figure 14, the rate in Rhode Island for adolescents in home environments qualifying as “positive” dropped from 2007 to 2011/2012, and the difference between the 2 years was statistically significant. The national rate and rates for other New England states also fell. Rhode Island was the only state whose rate fell just below the national rate in 2011/2012.



**Figure 14. Adolescents Aged 12–17 Years Who Met All Criteria for the Positive Home Environment Summary Measure**



Note: To successfully meet the home environment summary measure, the following age-specific criteria were met: (1) no exposure to household smoking (all children ages 0–17); (2) family shares meals 4 or more days per week (all children ages 0–17); (3) children watch less than 2 hours of television per day (children ages 1–17); (4a) Young children are read or sung to every day (children ages 0–5); (5a) young children were breastfed ever (children ages 0–5); (4b) older children have no TV in bedroom (children ages 6–17); (5b) school-age children usually or always do required homework (children ages 6–17); (6b) parents of school-age children have met most or all of the child’s friends (children ages 6–17).

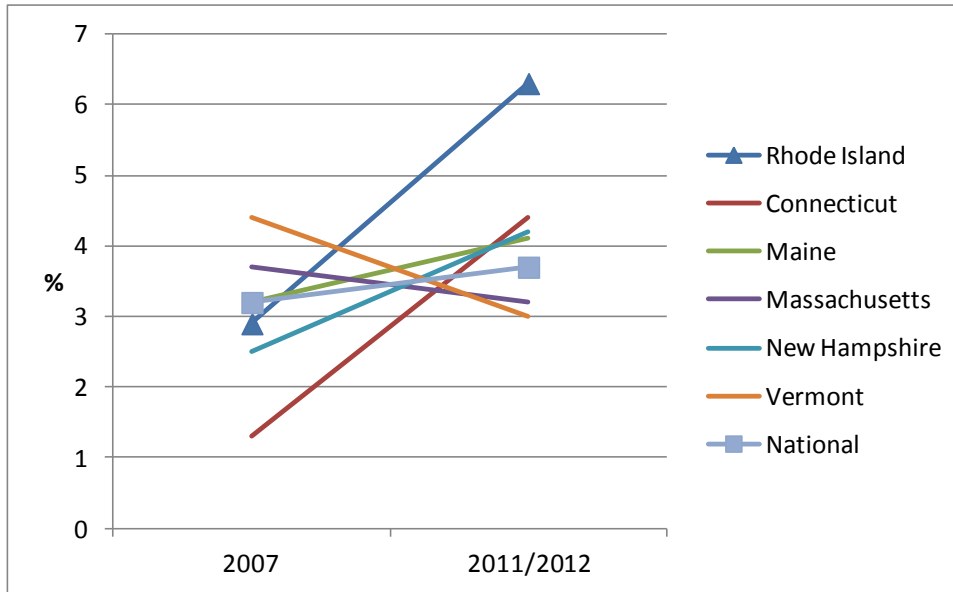
Source: National Survey of Children’s Health. For details, see Ages 12–17: Table 17 in Appendix B.

Additionally, the prevalence rates of individuals aged 16–19 years who were not in school and were not high school graduates were often higher in Rhode Island than in neighboring New England states. (For details, see Ages 12–17: Table 22 in Appendix B.) Not finishing or being in school potentially affects an individual’s future behavioral healthcare needs.

### *Service Need and Use*

The service use results in Figure 15 indicate a higher percentage of adolescents in Rhode Island with attention deficit disorder (ADD) or ADHD who were not receiving medication in 2011/2012 than in 2007, although the change was not statistically significant. The national rate remained more consistent.

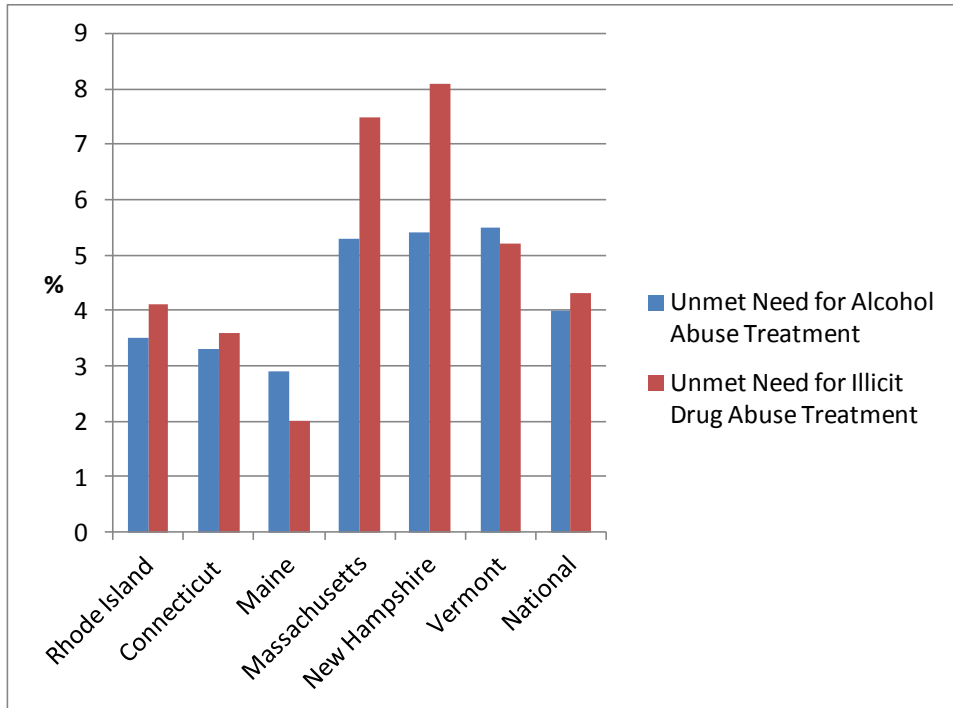
**Figure 15. Adolescents Aged 12–17 Years with Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder Who Were Not Taking Medication**



Source: National Survey of Children’s Health. For details, see Ages 12–17: Table 23 in Appendix B.

The results in Figure 16 indicate that the rates of unmet need for treatment of alcohol use and illicit drug use in Rhode Island were third lowest among the six New England states for both measures.

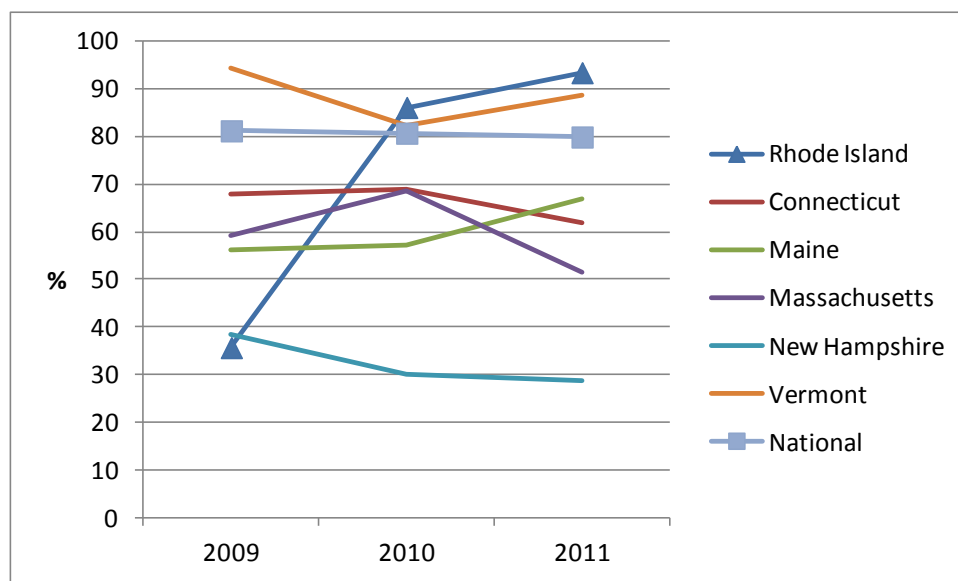
**Figure 16. Adolescents Aged 12–17 Years With Unmet Need for Substance Use Treatment in the Past Year**



Source: National Survey of Drug Use and Health, as reported in Behavioral Health, United States, 2012. For details, see Ages 12–17: Table 35 in Appendix B.

Regarding the use of behavioral healthcare services, the national rate of taking medication for ADHD or for emotional, concentration, or behavioral problems increased over time, whereas in Rhode Island it remained more consistent between 2007 and 2011/2012. (For details, see Appendix B, Ages 12–17: Table 24). There also was little change in the use of inpatient or outpatient mental health services in Rhode Island over this time period. However, the differences between Rhode Island’s outpatient mental health rates and the lower national rates, which were lower, were statistically significant. (For details, see Appendix B, Ages 12–17: Table 28.) As shown in Figure 17, the percentage of children in Rhode Island receiving substance use disorder treatment in facilities offering special programs or care for children increased between 2009 and 2011.

**Figure 17. Individuals Aged 0 to 17 Years in Facilities Offering Special Programs or Groups for Children or Adolescents**



Source: National Survey of Drug Use and Health, as reported in Behavioral Health, United States, 2012. For details, see Ages 12–17: Table 34 in Appendix B.

In summary, the decrease in the rate of Rhode Island adolescents living in a positive family environment was statistically significant and indicates an increased risk for this age group in recent years. Also, Rhode Island’s adolescents had significant higher rates of drug use, specifically marijuana use, in the last month.

## Ages 18–24 Years

*Adults aged 18–44 years in Rhode Island had more general hospital admissions for mental health issues than similarly aged adults in other New England states and nationally. Rates of drug and alcohol use and mental health treatment rates typically were higher than the national average, but rates for treatment of substance use were at or below the national average.*

To capture the behavioral healthcare demand among young adults in Rhode Island, Truven Health relied on NSDUH and HCUP data. The measures captured are listed in Table 5.

**Table 5. Key Measures and Their Data Sources for Young Adults Aged 18–24 Years**

Topic	Data Source	Measures	
MH Prevalence	NSDUH	Serious Mental Illness	
	NSDUH	Any Mental Illness in the Past Year	
	NSDUH	Any Serious Psychological Distress in the Past Year	
	NSDUH	Any Suicidal Thoughts in the Past Year	
	NSDUH	At Least One Major Depressive Episode in the Past Year	
SUD Prevalence	NSDUH	Illicit Drug Dependence or Abuse in the Past Year	
	NSDUH	Dependence or Abuse of Illicit Drugs or Alcohol in the Past Year	
	NSDUH	Illicit Drug Use in the Past Month	
	NSDUH	Illicit Drug Dependence Past Year	
	NSDUH	Alcohol Use in the Past Month	
	NSDUH	Binge Alcohol Use in Past Month	
	NSDUH	Alcohol Dependence in Past Year	
	NSDUH	Ever Used Cocaine	
	NSDUH	Past Year Marijuana Use	
	Risk Factor	NSDUH	Unemployment
Service Use	NSDUH	Received any Mental Health Treatment in the Past Year	
	NSDUH	Received any Outpatient Mental Health Treatment in the Past Year	
	NSDUH	Any Location for Illicit Drug or Alcohol in the Past Year	
	NSDUH	Specialty Location for Illicit Drug or Alcohol in the Past Year	
	HCUP	Admitted to General Hospital with MH Condition	
	HCUP	Admitted to General Hospital with SUD Condition	
	HCUP	Admitted to General Hospital with MHSUD Condition	
	HCUP	Received Detoxification in General Hospital	
	Unmet Need	NSDUH	Unmet Need for Illicit Drug Use or Alcoholism in the Past Year
		NSDUH	Unmet Need for Mental Health in the Past Year

Abbreviations: HCUP, Healthcare Cost and Utilization Project; MH, mental health; NSDUH, National Survey on Drug Use and Health; NSCH; SUD, substance use disorder

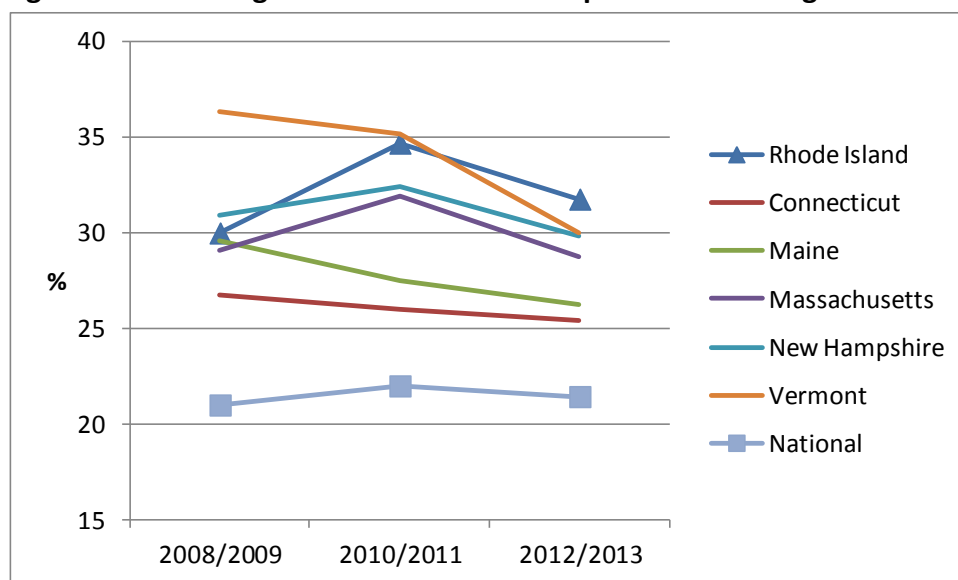
## Results

### *Prevalence of Behavioral Health Conditions*

The prevalence of some mental health indicators (e.g., any mental illness, major depressive episode) in Rhode Island was highest in 2008/2009 compared with other years. Also, the rate of serious psychological distress in the past year was highest in Rhode Island compared with other New England states. Rates of other mental conditions in Rhode Island typically were similar to those for other New England states, as were the rates for the drug and alcohol measures. However, rates of drug and alcohol use in Rhode Island often were higher than the national average. (For detailed results on the prevalence of behavioral health conditions, see Ages 18–24: Tables 1–14 in Appendix B.)

As an example of a typical relationship between New England and national rates, Figure 18 shows the percentage of young adults with illicit drug use in the past month. The differences between the national rates and the Rhode Island rates were statistically significant.

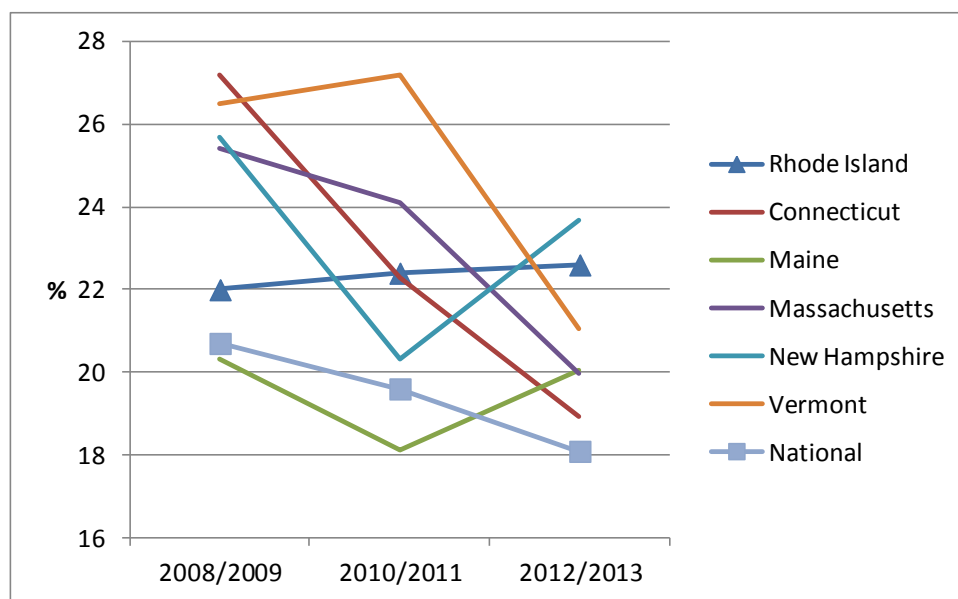
**Figure 18. Adults Aged 18–24 Years With Report of Illicit Drug Use in the Past Month**



Source: National Survey of Drug Use and Health. For details, see Ages 18–24: Table 8 in Appendix B.

Figure 19 shows that Rhode Island rates of drug or alcohol dependence or abuse in the past year were in the middle of the New England results. The rates for Connecticut and national rates decreased over time, and the differences in those rates over time were statistically significant.

**Figure 19. Adults Aged 18–24 Years With Reports of Dependence on or Abuse of Illicit Drugs or Alcohol in the Past Year**



Source: National Survey of Drug Use and Health. For details, see Ages 18-24: Table 7 in Appendix B.

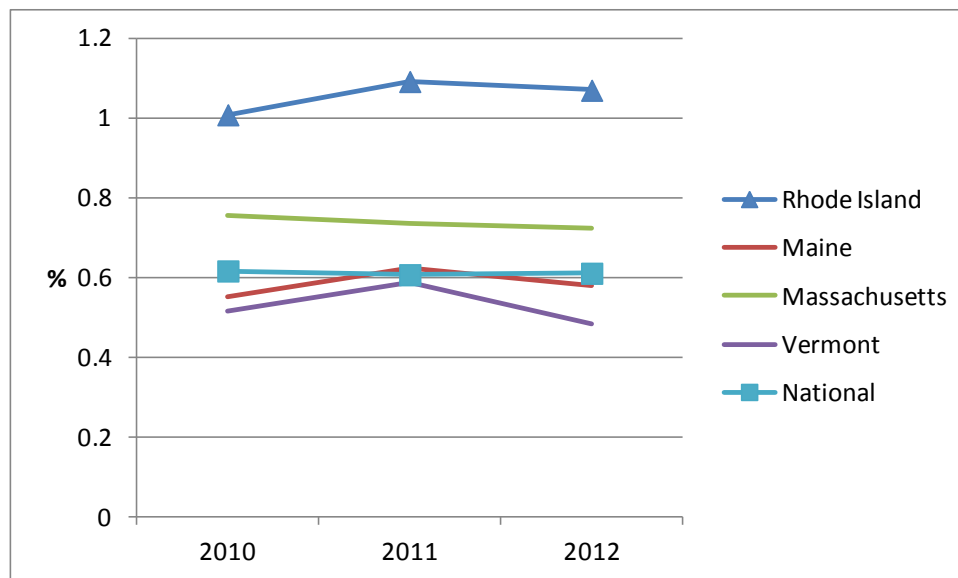
### *Service Need and Use*

Rates of unmet need for drug or alcohol use treatment and, separately, of unmet need for mental health treatment for young adults in Rhode Island were similar to each other and comparable to rates for the other New England states. The national rates were lower. However the majority of differences over time, across states, and compared with national rates were not statistically significant. (See Ages 18–24: Tables 25 and 26 in Appendix B for detailed results.)

The service use results indicated that young adults' use of mental health care increased slightly in Rhode Island from 2008/2009 to 2010/2011, but most of the changes were not statistically significant across years or across states. However, national rates tended to be significantly lower than those for Rhode Island and the other New England states. In contrast, national substance use disorder treatment rates were sometimes just as high as or higher than for Rhode Island.

Figure 20 shows that general hospital admission rates for adults aged 18–44 years who needed mental health treatment were higher in Rhode Island than national and other New England state rates.

**Figure 20. Adults Aged 18–44 Years Who Were Admitted to a Hospital for Mental Health Issues**



Source: Healthcare Cost and Utilization Project, State Inpatient Databases (SID). For details, see Ages 18–24: Table 20 in Appendix B.

In summary, Rhode Island prevalence rates for behavioral healthcare measures generally fit within the range of other New England states. Mental health treatment rates, but not always substance use disorder treatment rates, typically were higher in Rhode Island than the national rates. Compared with national and other New England state rates, Rhode Island had the highest rate of hospital admissions for mental health issues among individuals aged 18–44 years.



## Ages 25–64 Years

Adults in Rhode Island had a higher prevalence of substance use disorders and higher age-adjusted death rates from narcotics and hallucinogens than the national average. Although a larger percentage of Rhode Island residents received treatment for mental health issues than the national average, they were more likely to report unmet need for substance use treatment.

Truven Health used measures that were similar to those we used for young adults to assess behavioral healthcare demand for individuals aged 25–64 years. The key measures are listed in Table 6.

**Table 6. Key Measures and Their Data Sources for Adults Aged 25–64 Years**

Topic	Data Source	Measures
MH Prevalence	NSDUH	Serious Mental Illness
	NSDUH	Any Mental Illness in the Past Year
	NSDUH	Any Suicidal Thoughts in the Past Year
	NSDUH	At Least One Major Depressive Episode in the Past Year
SUD Prevalence	NSDUH	Illicit Drug Dependence or Abuse in the Past Year
	NSDUH	Dependence or Abuse of Illicit Drugs or Alcohol in the Past Year
	NSDUH	Illicit Drug Use in the Past Month
	NSDUH	Alcohol Use in the Past Month
	NSDUH	Binge Alcohol Use in Past Month
	NSDUH	Alcohol Dependence in Past Year
	NSDUH	Ever Used Cocaine
	NSDUH	Past Year Marijuana Use
	Risk Factor	NSDUH
Service Use	NSDUH	Received any Mental Health Treatment in the Past Year
	NSDUH	Received any Outpatient Mental Health Treatment in the Past Year
	NSDUH	Any location for Illicit Drug or Alcohol in the Past Year
	NSDUH	Specialty location for Illicit Drug or Alcohol in the Past Year
	HCUP	Admitted to General Hospital with MH Condition
	HCUP	Admitted to General Hospital with SUD Condition
	HCUP	Admitted to General Hospital for MHSUD
	HCUP	Received Detox from General Hospital
Unmet Need	NSDUH	Unmet Need for Illicit Drug Use or Alcoholism in the Past Year
	NSDUH	Unmet Need for Mental Health in the Past Year

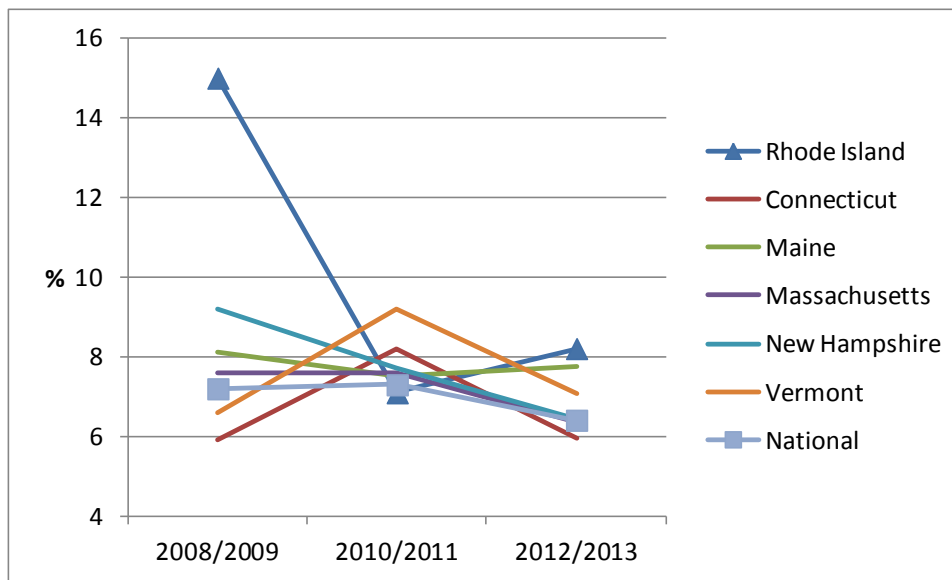
Abbreviations: HCUP, Healthcare Cost and Utilization Project; MH, mental health; NSDUH, National Survey on Drug Use and Health; SA, substance abuse; SUD, substance use disorder

**Results**

*Prevalence of Behavioral Health Conditions*

Rates of serious mental illness and any mental illness among adults aged 25–64 years were higher in Rhode Island in 2008/2009 compared with the rates for most other New England states. Those rates of mental health conditions decreased over time. For example, Figure 21 shows the prevalence rates for having at least one major depressive episode (MDE) within the past year. (For results for the other measures, see Ages 25–64: Tables 1–3 in Appendix B). In 2012/2013, the prevalence of mental health conditions in Rhode Island was no longer ranked highest among the New England states.

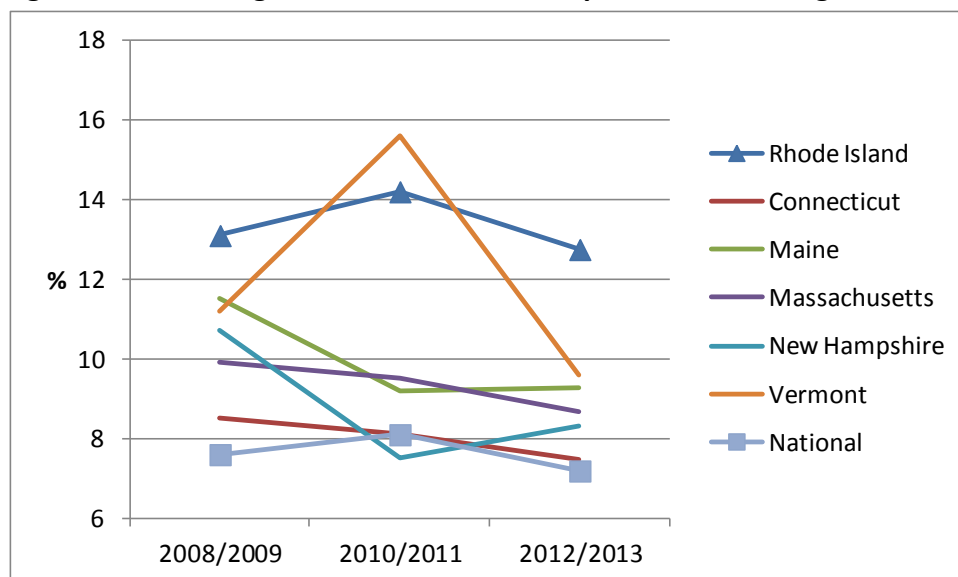
**Figure 21. Adults Aged 25–64 Years With at Least One Major Depressive Episode in the Past Year**



Source: National Survey of Drug Use and Health. For details, see Ages 25–64: Table 4 in Appendix B.

The substance use disorder prevalence rates for this age group in Rhode Island often were at or near the top of the range across the New England states. Figure 22 shows the prevalence rates for drug use in the past month. These were higher than the national averages. Compared with other New England states, the Rhode Island rates were highest in 2008/2009 and in 2012/2013, but Vermont had the highest rates in 2010/2011. The differences between Rhode Island and national prevalence rates for this measure were statistically significant. However, the Rhode Island prevalence rates related to alcohol were less distinctive from the others states. (For details, see Tables 5–12 in Appendix B.)

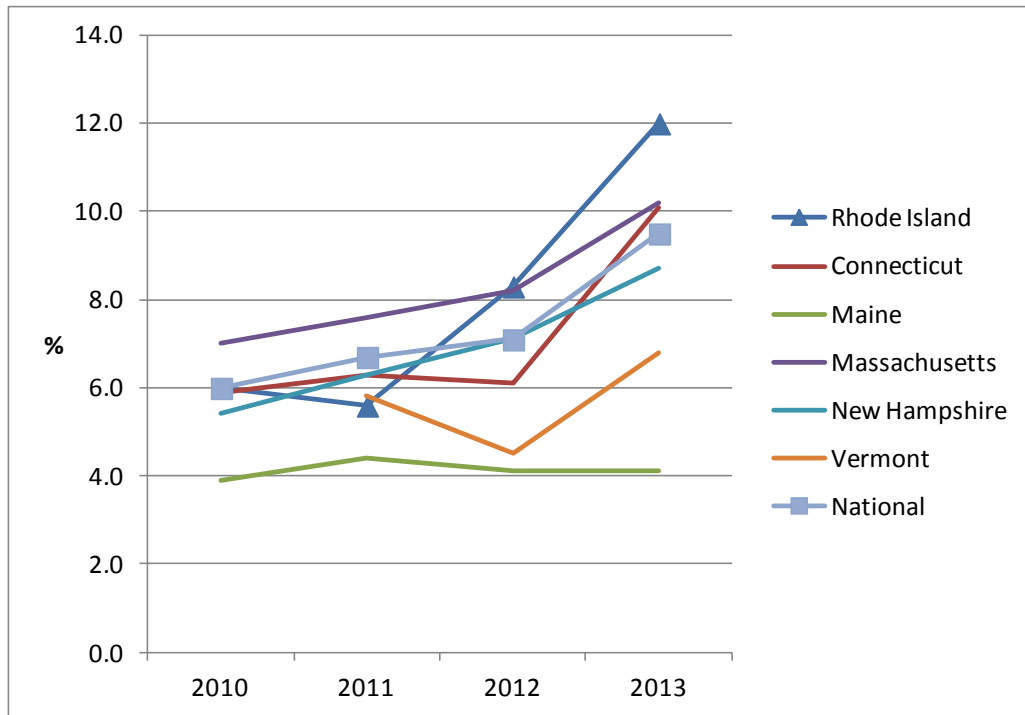
**Figure 22. Adults Aged 25–64 Years With Reports of Illicit Drug Use in the Past Month**



Source: National Survey of Drug Use and Health. For details, see Ages 25–64: Table 6 in Appendix B.

Figure 23 shows the age-adjusted rate of deaths from narcotics and hallucinogens. These results are for all ages, but adults older than 24 are known to have the highest death rates in this category, including for heroin.<sup>11</sup> The trend line for Rhode Island shows a two-fold increase in the rate from 2010 to 2013. The rates for other New England states also increased, but not to the same degree. In 2012 and 2013, Rhode Island was one of the few New England states with higher rates than the national average.

**Figure 23. Death Attributed to Narcotics or Hallucinogens Among All Ages**



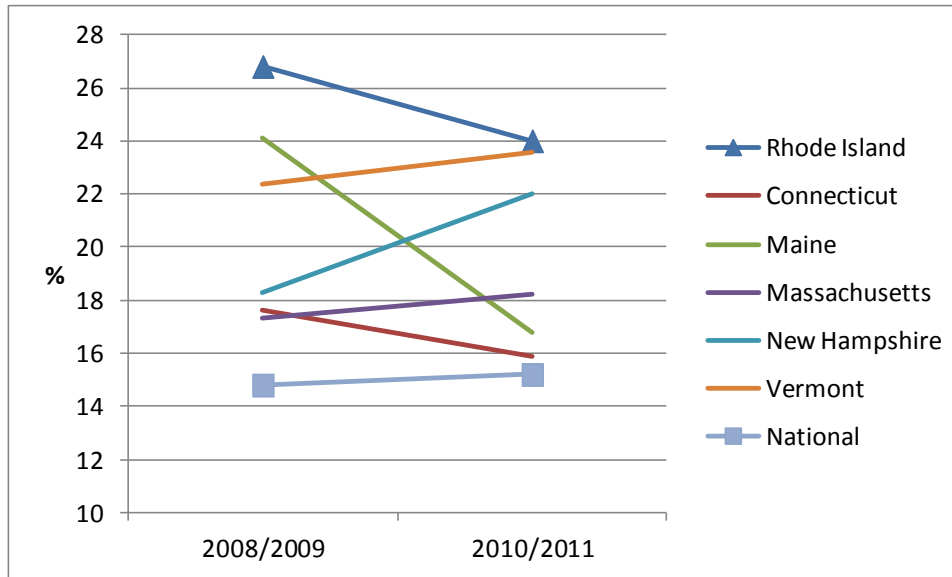
Source: CDC, Underlying Cause of Death. For details, see Ages 25–64: Table 26 in Appendix B.

<sup>11</sup> Increases in Heroin Overdose Deaths — 28 States, 2010 to 2012. Morbidity and Mortality Weekly Report (MMWR). October 3, 2014 / 63(39); 849-854.

*Service Need and Use*

Rates for treatment of mental health issues were often higher in Rhode Island than in other New England states, but usually only the difference between Rhode Island results and national results was statistically significant. For example, Figure 24 shows the percentage of adults who received mental health care in the past year. In 2010/2011, 24 percent of adults in Rhode Island received mental health care, which was 9 percent higher than the national average.

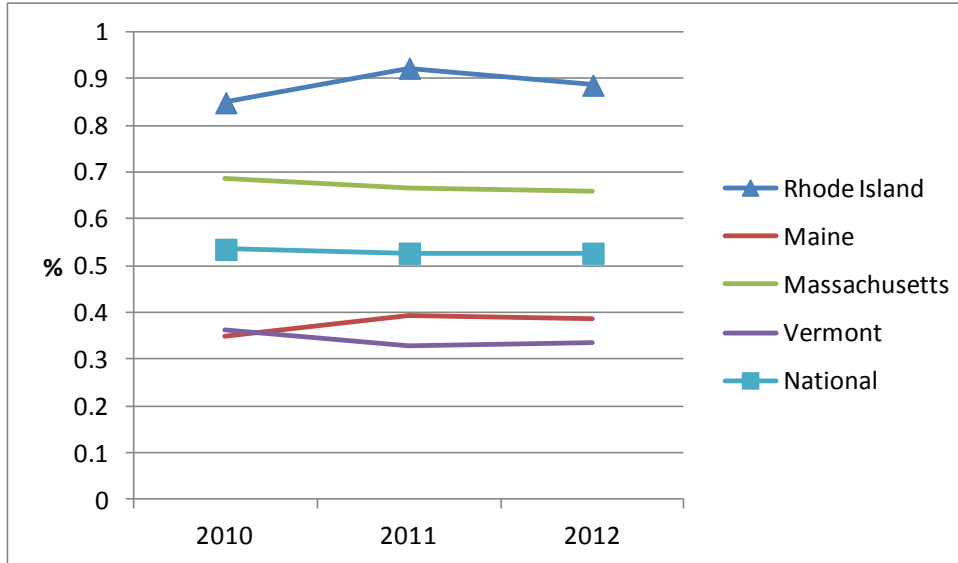
**Figure 24. Adults Aged 25–64 Years Who Received Mental Health Care in the Past Year**



Source: National Survey of Drug Use and Health. For details, see Ages 25–64: Table 14 in Appendix B.

We used the HCUP data to evaluate the percentage of individuals within the 45–64 year age group who were admitted to a general hospital with a mental health condition. The results in Figure 25 indicate that Rhode Island had the highest percentage, in comparison with national trends and trends from other New England states.

**Figure 25. Adults Aged 45–64 Who Were Admitted to a General Hospital With a Mental Health Condition**



Source: Healthcare Cost and Utilization Project. For details, see Ages 25–64: Table 18 in Appendix B.

Treatment rates for substance use disorders were similar across New England and similar to the national averages. Analyses of unmet need indicators suggest that although these rates in Rhode Island often were higher than other New England states, most differences between Rhode Island rates and those of other New England states were not statistically significant; differences between Rhode Island and national rates, however, were statistically significant. (For more details, see Ages 25–64: Tables 23 and 24.) Table 7 from 2011 for adults aged 18 years and older helps illustrate perceived need and treatment for adults in Rhode Island.

**Table 7. Behavioral Healthcare Treatment and Unmet Need for Adults Aged 18 Years and Older in New England and the United States, 2011**

Location	Adults Who Received Any MH Treatment		Adults With Perceived Unmet MH Need		Adults Who Received Any SUD Treatment		Adults With Perceived Unmet SUD Need	
	N in 1,000s	%	N in 1,000s	%	N in 1,000s	%	N in 1,000s	%
Rhode Island	163	20.2	56	7.0	5	0.6	91	11.2
Connecticut	331	12.2	174	6.4	80	2.9	267	9.8
Maine	179	17.1	27	2.6	20	1.9	64	6.1
Massachusetts	802	15.7	231	4.5	20	0.4	431	8.4
New Hampshire	174	17.1	56	5.5	12	1.1	79	7.7
Vermont	107	21.6	32	6.5	19	3.8	48	9.6
National	31,642	13.6	10,768	4.6	3,463	1.5	17,655	7.6

Abbreviations: MH, mental health; SUD, substance use disorder

Source: National Survey of Drug Use and Health. Substance Abuse and Mental Health Services Administration. Behavioral Health, United States, 2012.

In summary, there was a unique pattern in mental health prevalence rates for those in Rhode Island aged 25–64 years, with higher rates in 2008/2009. Prevalence rates, treatment rates, and perceived unmet need were frequently higher for Rhode Island. Although usually not statistically different from results for other New England states, many Rhode Island results were statistically different from national levels.

### Older Ages (50+ Years and 65+ Years)

*Behavioral healthcare demand for Rhode Island residents aged 50 years and older did not differ significantly from results for other states or over time. Residents aged 65 years and older had lower prevalence of mental and substance use disorders and lower rates of service use than did residents aged 50 years and older.*

To assess behavioral healthcare demand and service use for adults in older age groups, Truven Health evaluated behavioral healthcare demand for those aged 50 years and older and for those aged 65 years and older, depending on what data were available for a particular measure.

**Table 8. Key Measures and Their Data Sources for Adults Aged 50+ Years and 65+ Years**

Topic	Data Source	Measure
MH	NSDUH	Serious Mental Illness
Prevalence	NSDUH	Any Mental Illness in the Past Year
	NSDUH	Any Suicidal Thoughts in the Past Year
	NSDUH	At Least One Major Depressive Episode in the Past Year
	BRFSS	Frequent Mental Distress
SUD	NSDUH	Dependence or Abuse of Illicit Drugs or Alcohol in the Past Year
Prevalence	NSDUH	Illicit Drug Use in the Past Month
	NSDUH	Alcohol Use in the Past Month
	NSDUH	Binge Alcohol Use in Past Month
	NSDUH	Marijuana Use in the Past Year
Service Use	NSDUH	Received Any Mental Health Treatment in the Past Year
	NSDUH	Received any Outpatient Mental Health Treatment in the Past Year
	NSDUH	Ever Received Alcohol or Drug Treatment
	HCUP	% Admitted to General Hospital with MH Condition
	HCUP	% Admitted to General hospital with SUD Condition
	HCUP	% Admitted to General Hospital for MHSUD
	HCUP	Received Detox from General Hospital
	Treatment Episode Data Set	Admissions to SA Treatment
CMHS, Uniform Reporting System	Admitted to MH Services	

Abbreviations: BRFSS, Behavioral Risk Factor Surveillance System; CMHS, Center for Mental Health Services; HCUP, Healthcare Cost and Utilization Project; MH, mental health; NSDUH, National Survey on Drug Use and Health; SUD, substance use disorder

## Results

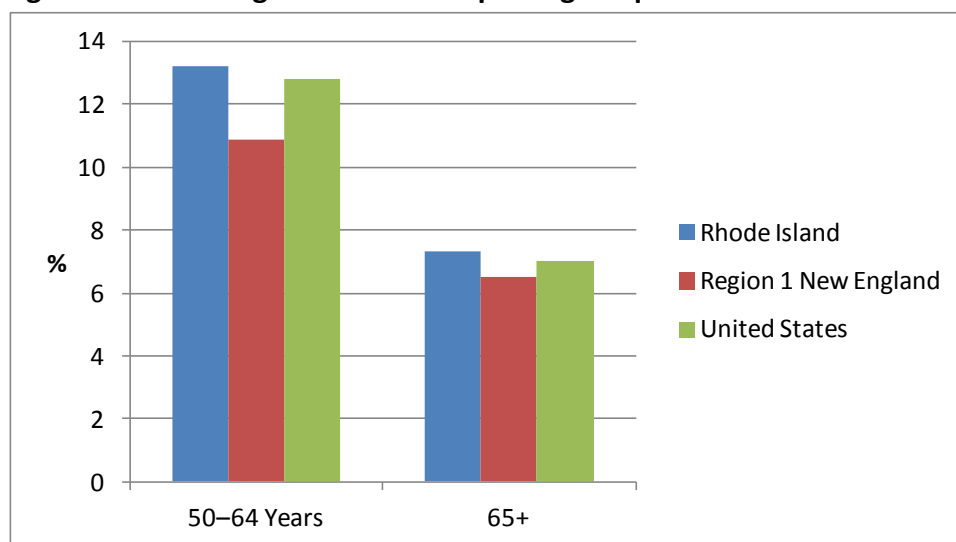
### *Prevalence of Behavioral Health Conditions*

Across mental health prevalence measures for all New England states in 2010/2011, Vermont had the highest rates and Maine had the lowest. By 2012/2013, rates of mental health problems were sometimes highest in Rhode Island. However, these differences usually were not statistically significant across states or over time by state. Substance use disorder prevalence rates often were near the highest for Rhode Island compared with the rates for other New England states, although differences were not statistically significant from other New England states or from national rates. Prevalence rates for those aged 65 years and older in New England were lower than for those aged 50 years and older. (For detailed tables, see Ages 50+: Tables 1–9 in Appendix B.)



Figure 25 shows the percentages of adults aged 50 years and older reporting frequent mental distress in the past month in 2011. Rhode Island rates were higher than both the national and New England region rates. Rates were lower for those aged 65 years and older than for those aged 50–64 years.

**Figure 26. Adults Aged 50+ Years Reporting Frequent Mental Distress**



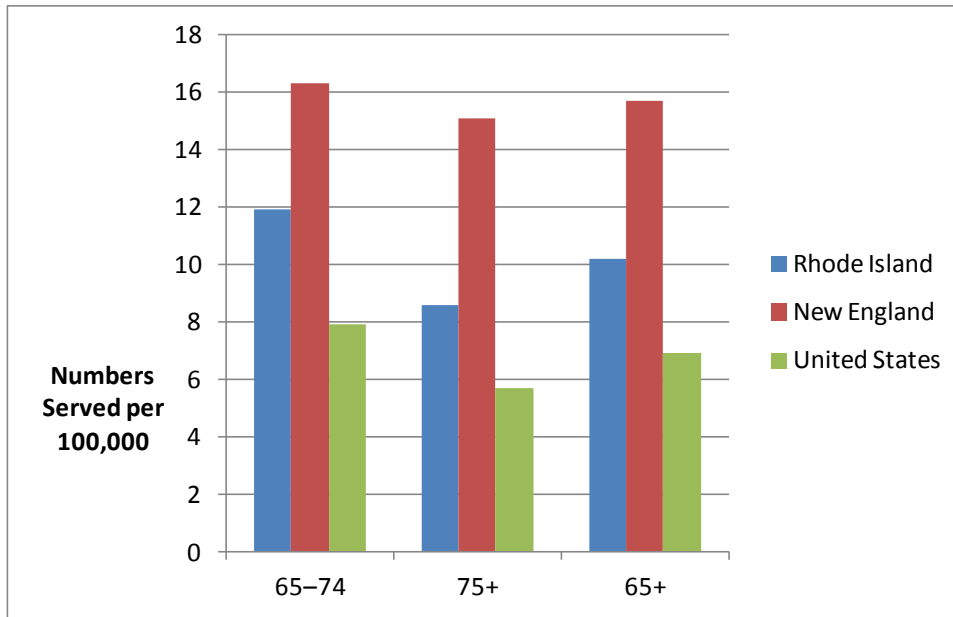
Source: Behavioral Risk Factor Surveillance System, as reported by Policy Academy State Profile. For details, see Ages 50+: Table 18 in Appendix B.

### *Service Need and Use*

Results from HCUP indicated that percentages of older individuals receiving inpatient mental health treatment from a general hospital remained very similar from 2010–2012. The NSDUH results showed that treatment rates for adults aged 65 years and older were similar across New England states and over time. The differences were not statistically significant. (For detailed need and service use results, see Ages 50+: Tables 10–17, Table 19, and Table 20 in Appendix B.)

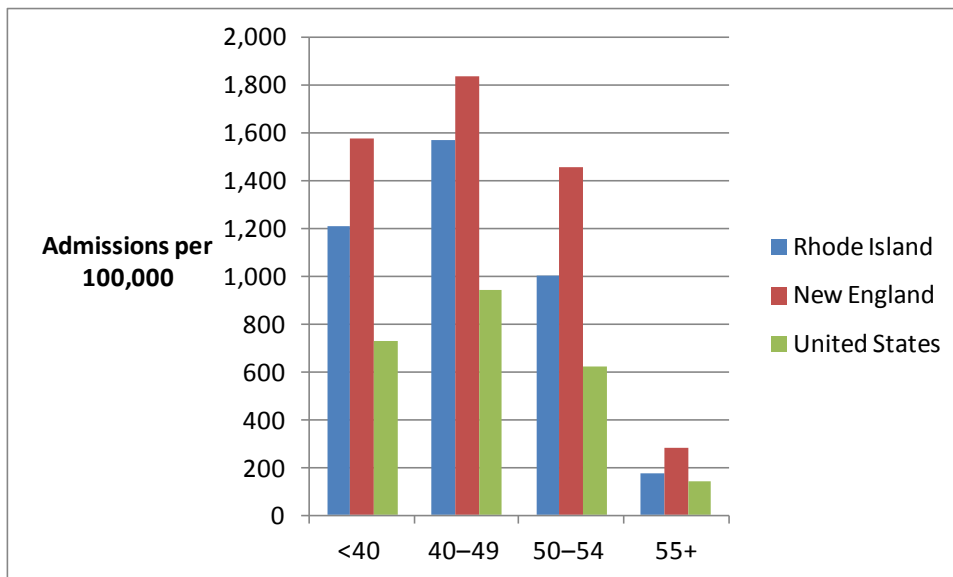
Figures 26 and 27 show that the range of mental health and substance use treatment rates for adults aged 65 years and older was lower for Rhode Island than for the New England region, but was higher than national rates.

**Figure 27. Adults Aged 65+ Years Who Were Admitted to State Mental Health Services, 2011**



Source: Center for Mental Health Services (CMHS) Uniform Reporting System (URS), as reported by Policy Academy State Profile. For details, see Ages 50+: Table 20 in Appendix B.

**Figure 28. Adults Aged 65+ Years Who Were Admitted to Substance Abuse Treatment, 2011**



Source: Treatment Episode Data Set (TEDS), as reported by Policy Academy State Profile. For details, see Ages 50+: Table 19 in Appendix B.

In summary, results of the analyses of behavioral healthcare demand for Rhode Island residents aged 50+ years did not differ appreciably from results for other states and did not change significantly over time. Individuals aged 65 years and older had lower prevalence of mental and substance use disorders and lower rates of service use than did residents aged 50 years and older.

## RHODE ISLAND DATA FOR INSTITUTIONIZED AND NONCIVILIAN POPULATIONS

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The national survey data used for many of the analyses in this report often are not very informative for institutionalized and noncivilian populations. Therefore, Truven Health obtained additional data from Rhode Island agencies to augment the other findings. When possible, we compared these findings to those from national data.

As shown in Table 9, the number of Rhode Islanders in behavioral health group homes and nursing homes was fairly consistent from 2010–2013. However, the number of residents in developmental disability group homes increased in 2012 and 2013, and the number in Eleanor Slater Hospital (the state psychiatric hospital) rose substantially in 2013.

**Table 9. Population Counts**

	2010	2011	2012	2013
Behavioral Healthcare Group Home	504	552	494	483
Developmental Disabilities Group Home	814	763	1,148	1,131
Nursing Home	8,577	8,656	8,109	8,106
Eleanor Slater Hospital	331	319	315	531

Source: Data and analysis provided by the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH)

Table 10 shows the percentages of individuals in each of these groups who qualified as having serious and persistent mental illness (SPMI)<sup>12</sup> and, separately, those who used mental health or substance use services. The highest percentage of residents with SPMI was found in the behavioral healthcare group homes. The next highest percentage was in Slater Hospital, and

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<sup>12</sup> The people in this group met the eligibility criteria for treatment in a Community Support Program (CSP).

the third highest percentage was in nursing homes. The percentages of these populations that used mental health care followed a similar order, with lower percentages using substance use disorder services.

There is some evidence of unmet need for mental health care in the nursing home population.<sup>13</sup> This matches research findings in the peer-reviewed literature, which indicate that many mentally ill nursing home residents do not receive the mental health care they need.<sup>14</sup>

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<sup>13</sup>Data showing primary mental health or substance use disorder diagnoses on any claim (not shown) indicated higher counts of nursing home residents with unmet need for mental health care than the data from mental health or substance use disorder service claims that are represented in Table 10.

<sup>14</sup>Grabowski DC, Aschbrenner KA, Rome VF, Bartels SJ. Quality of mental health care for nursing home residents: a literature review. *Med Care Res Rev.* 2010 Dec; 67(6):627-56.

**Table 10. Percentages of Adults With Serious and Persistent Mental Illness and Mental Health or Substance Use Disorder Service Use in Rhode Island Institutionalized Settings**

	2010				2011				2012				2013			
	18-24	25-64	65+	Total	18-24	25-64	65+	Total	18-24	25-64	65+	Total	18-24	25-64	65+	Total
<b>Serious and Persistent Mental Illness</b>																
Behavioral Healthcare Group Home	90	97	97	96	98	97	98	97	95	97	94	97	97	98	98	98
Developmental Disabilities Group Home	9	8	9	8	7	8	12	9	20	9	11	10	18	10	11	10
Nursing Home	0	32	8	11	0	33	9	11	0	33	9	12	0	35	9	12
Eleanor Slater Hospital	71	52	55	53	71	52	50	52	71	51	50	52	82	39	23	37
<b>Mental Health Service Use</b>																
Behavioral Healthcare Group Home	100	98	97	98	100	99	98	99	98	99	98	99	97	99	100	99
Developmental Disabilities Group Home	0	3	5	3	0	2	2	2	8	4	2	4	5	3	3	3
Nursing Home	0	13	1	2	0	14	1	3	0	13	2	3	0	15	2	3
Eleanor Slater Hospital	86	60	61	61	86	59	54	60	71	58	50	57	91	43	23	40
<b>Substance Abuse Service Use</b>																
Behavioral Healthcare Group Home	13	11	0	11	7	11	0	10	5	7	0	6	5	6	0	6
Nursing Home	0	4	0	0	0	4	0	0	0	3	0	0	0	3	0	0
Eleanor Slater Hospital	14	6	1	5	7	6	2	5	7	6	2	5	5	3	1	2

Source: Data and analysis provided by the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH)

Table 11 shows the percentage of people in the Rhode Island Department of Corrections prisons who qualified as having SPMI and, separately, the percentage of people who had substance use disorders. Individuals who have dual diagnoses (i.e., both SPMI and substance

use disorders) are included in both counts. Researchers have estimated that nationally 56 percent of inmates in state prisons have any mental health problem.<sup>15</sup>

**Table 11. Percentages of Individuals With Serious and Persistent Mental Illness (SPMI) or Substance Use Disorders in the Rhode Island Prison Population**

Characteristic	2011	2012	2013	2014
Total prison population (N)*	2,401	2,243	2,307	2,308
SPMI (%)	33.9	40.9	22.2	23.6
Substance use disorders (%)	28.4	31.3	30.6	36.7

\* The data are for minimum, medium, maximum, high security and women’s facilities (WF-1 & WF-2); they do not include individuals awaiting trial at the Intake Service Center (jail).

Source: Data and analysis provided by the Rhode Island Department of Corrections (DOC)

## CONCLUSIONS

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Compared with other neighboring states, Rhode Island has greater socioeconomic risk factors for the development of mental and substance use disorders. Therefore, it is not surprising that our results revealed higher prevalence rates of these disorders and higher use of mental health and substance use services in Rhode Island. We would also anticipate that the treatment costs will be higher because there is more need. There is no reason to expect that there would be more unmet need in Rhode Island than in other states if the system was adequate to address the higher need, yet we see high rates of unmet need in the data (e.g., Table 7).

The same economic factors that cause Rhode Island to have high need for services also may give it fewer resources to address the need. One way that Rhode Island can respond to this dilemma is with a greater focus on prevention across the lifespan, across healthcare settings, and across multiple social services.

- For young mothers and children, this may mean interventions to develop healthy parenting approaches; enrollment in nursery or preschool programs; investment in adequate childcare, housing, and safe communities; and consistent insurance coverage for needed prenatal, postnatal, and infant care.

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<sup>15</sup>Glaze LE, James DJ. Mental Health Problems of Prison and Jail Inmates. Bureau of Justice Statistics Special Report No. NCJ 213600. September 6, 2006; Revised December 14, 2006. U.S. Department of Justice. Available at <http://www.bjs.gov/index.cfm?ty=pbdetail&iid=789>

- For adolescents and young adults, this may mean robust drug abuse screening and early intervention in healthcare provider and school settings.
- For people with severe mental illness, this may mean robust crisis intervention services, case management, and social supports that prevent very costly stays in hospitals, jails, and prisons.
- For older adults, this may mean training more healthcare providers who can address the complexity of chronic mental and substance use disorders and physical comorbidities.

As illustrated in this report, the data infrastructure in Rhode Island has become mature enough to be able to track need and use across ages and multiple settings. A next step is for Rhode Island to develop the infrastructure, incentives, and accountability to respond as a community to this information on an ongoing basis. In the Final Report for this project we will address these implications in more detail, and we will integrate them with results from the upcoming Supply and Cost Reports.

## **APPENDIX A: DATA SOURCE SUMMARIES**

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### **National Survey of Children’s Health**

Conducted every 4 years since 2003, the National Survey of Children’s Health (NSCH) has provided national and state-level data on a variety of physical, emotional, and behavioral health indicators affecting children as well as information on family context and neighborhood environment. The survey collects data through telephone interviews with individuals in each state. Weighting techniques are used to approximate a representative sample of the population. NSCH is sponsored by the Maternal and Child Health Bureau and the U.S. Department of Health and Human Services (HHS).

<http://www.childhealthdata.org/learn/NSCH>

### **National Survey of Drug Use and Health**

Conducted since 1971, the National Survey on Drug Use and Health (NSDUH) has provided national and state-level data on the use of tobacco, alcohol, illicit drugs (including nonmedical use of prescription drugs) and mental health in the United States. The survey collects data through face-to-face interviews with a representative sample of the population at the respondent's place of residence. NSDUH is sponsored by the Substance Abuse and Mental Health Services Administration, an agency of the U.S. Public Health Service in HHS.

<http://www.samhsa.gov/data/population-data-nsduh>

### **Healthcare Cost and Utilization Project**

The Healthcare Cost and Utilization Project (HCUP) is a collection of nationwide and state-specific longitudinal hospital care data derived from administrative data and containing encounter-level, clinical, and nonclinical information. Beginning in 1988, the data include all listed diagnoses and procedures, discharge status, patient demographics, and charges for all patients regardless of payer. HCUP enables research on a broad range of health policy issues, including cost and quality of services, medical practice patterns, access to health care programs, and outcomes of treatments at national, state, and local levels. HCUP is sponsored by the Agency for Healthcare Research and Quality.

<http://www.ahrq.gov/research/data/hcup/>

### **Pregnancy Risk Assessment Monitoring System**

The Pregnancy Risk Assessment Monitoring System (PRAMS) provides state-specific, population-based data on maternal attitudes and experiences before, during, and after pregnancy. Women are sampled from the pool of women who recently gave birth so that





findings can be applied to the state's entire population and compared with other states. Women first are sent a questionnaire through the mail and later are contacted by telephone. PRAMS data were first collected in 1988. PRAMS is sponsored by Centers for Disease Control and Prevention and state health departments.

<http://www.cdc.gov/PRAMS/index.htm>

## APPENDIX B: RESULTS TABLES

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### Ages 0–17 Years

**0-17: Table 1    Low-Birthweight Babies in New England and the United States, 2010–2012**

Location	2010		2011		2012	
	N	%	N	%	N	%
Rhode Island	862	7.7	813	7.4	877	8
Connecticut	3,011	8	2,883	7.7	2,868	7.9
Maine	814	6.3	846	6.7	850	6.6
Massachusetts	5,634	7.7	5,481	7.6	5,478	7.6
New Hampshire	881	6.9	911	7.1	898	7.3
Vermont	382	6.1	404	6.7	370	6.2
National	325,563	8.1	319,711	8.1	315,709	8

Source: Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes:

1. Live births weighing less than 2,500 grams 5.5 pounds.
2. The data reflect the mother’s place of residence, not the place where the birth occurred. Births of unknown weight were not included in these calculations. Puerto Rico and Virgin Islands are not included in the U.S. Average.
3. 1990 through 2011 state-level estimates are from the National Center for Health Statistics NCHS, National Vital Statistics Reports or can be accessed through the NCHS VitalStats system. City-level estimates are from public use microdata files provided by NCHS.

**0-17: Table 2 Mothers Who Reported Frequent Postpartum Depressive Symptoms in New England and the United States, 2009–2011**

Location	2009			2010			2011		
	N	%	CI	N	%	CI	N	%	CI
Rhode Island	157	11.9	9.9–14.2	162	11.3	9.4–13.5	146	10.3	8.5–12.5
Maine	131	10.6	8.7–13.0	144	12.7	10.6–15.2	116	9.4	7.5–11.7
Massachusetts	127	8.1	6.4–10.2	149	10.6	8.5–13.0			
Vermont	128	10.4	8.7–12.4	116	10.2	8.5–12.2	120	9.7	8.1–11.7

Source: Centers for Disease Control and Prevention Pregnancy Risk Assessment Monitoring System

Notes:

1. Ns are sample sizes; cell size percentages are weighted to population characteristics.
2. CI = 95% confidence interval.
3. Connecticut and New Hampshire data not available.
4. Massachusetts data not available for 2011.

**0-17: Table 3 Mothers Who Reported Having Any Alcoholic Drinks  
During the Last 3 Months of Pregnancy in New  
England and the United States, 2009–2011**

Location	2009			2010			2011		
	N	%	CI	N	%	CI	N	%	CI
Rhode Island	108	8.9	7.2–10.8	126	10.7	8.8–12.8	128	10.5	8.8–12.6
Maine	86	8.4	6.7–10.5	61	6.2	4.7–8.0	76	8.2	6.5–10.3
Massachusetts	101	8.9	7.1–11.2	120	10.8	8.7–13.3			
Vermont	132	13.2	11.3–15.4	131	12.9	11.0–15.0	134	12.9	11.0–15.1

Source: Centers for Disease Control and Prevention Pregnancy Risk Assessment Monitoring System

Notes:

1. Ns are sample sizes; cell size percentages are weighted to population characteristics.
2. CI = 95% confidence interval.
3. Connecticut and New Hampshire data not available.
4. Massachusetts data not available for 2011.

**0-17: Table 4 Mothers Who Reported Having Smoked During the Last 3 Months of Pregnancy in New England and the United States, 2009-2011**

Location	2009			2010			2011		
	N	%	CI	N	%	CI	N	%	CI
<b>Rhode Island</b>	145	9.4	7.6–11.6	142	9.7	8.0–11.9	132	9.7	7.9–11.8
<b>Maine</b>	269	21.2	18.4–24.2	211	18.2	15.5–21.2	212	19.2	16.4–22.3
<b>Massachusetts</b>	104	11.5	9.1–14.3	82	6.7	5.0–8.9			
<b>Vermont</b>	204	17.5	15.3–20.0	194	17.9	15.6–20.4	213	19.4	17.0–22.0

Source: Centers for Disease Control and Prevention Pregnancy Risk Assessment Monitoring System

Notes:

1. Ns are sample sizes; cell size percentages are weighted to population characteristics.
2. CI = 95% confidence interval.
3. Connecticut and New Hampshire data not available.
4. Massachusetts data not available for 2011.

**0-17: Table 5 Families That are Below the Federal Poverty Level in New England and the United States, 2010–2012**

Location	2010			2011			2012		
	N	%	CI	N	%	CI	N	%	CI
Rhode Island	18,000	15	13.5–17.0	22,000	18	16.2–20.0	18,000	15	13.7–17.2
Connecticut	50,000	11	10.6–12.3	55,000	13	11.9–13.8	55,000	13	11.8–13.5
Maine	23,000	15	14.0–16.5	24,000	17	15.2–18.3	27,000	18	16.6–20.0
Massachusetts	100,000	13	12.1–13.5	102,000	13	12.5–13.8	103,000	14	13.1–14.3
New Hampshire	14,000	9	8.0–10.5	16,000	10	8.7–11.7	18,000	12	10.6–13.6
Vermont	10,000	14	11.9–15.6	9,000	13	11.3–14.8	10,000	14	11.9–15.6
National	6,691,000	18	17.8–18.0	6,926,000	19	18.5–18.7	6,971,000	19	18.7–18.9

Source: Population Reference Bureau analysis of data from the U.S. Census Bureau’s Census 2000 and 2001 Supplementary Surveys and from the 2002 through 2013 American Community Survey ACS. Additional data were derived from the U.S. Census Bureau’s American FactFinder table B17010.

Notes:

1. Families with related children under age 18 years with incomes below the federal poverty level.
2. The federal poverty level definition consists of a series of thresholds based on family size and composition. In 2013, the poverty threshold for a family of two adults and two children was \$23,624. Poverty status is not determined for people in military barracks or institutional quarters or for unrelated individuals under age 15 years such as foster children.
3. The 2000 through 2004 ACS surveyed approximately 700,000 households monthly during each calendar year. Use caution when interpreting estimates for less populous states or indicators representing small subpopulations where the sample size is relatively small. Beginning in January 2005, the U.S. Census Bureau expanded the ACS sample to 3 million households full implementation, and in January 2006 the ACS included group quarters. The expanded version of the ACS provides annual updates of social, economic, and housing data for states and communities. Such local-area data have traditionally been collected once every 10 years in the long form of the decennial census.

**0-17: Table 6 Parental Unemployment Rate in New England and the United States, 2010–2012**

Location	2010		2011		2012	
	N	%	N	%	N	%
<b>Rhode Island</b>	19,000	10	20,000	11	19,000	11
<b>Connecticut</b>	48,000	7	47,000	7	48,000	7
<b>Maine</b>	14,000	7	14,000	7	13,000	6
<b>Massachusetts</b>	81,000	7	68,000	6	65,000	6
<b>New Hampshire</b>	12,000	5	9,000	4	8,000	3
<b>Vermont</b>	5,000	5	6,000	5	3,000	3
<b>National</b>	4,517,000	8	4,143,000	8	3,665,000	7

Source: Population Reference Bureau analysis of Current Population Survey CPS Basic Monthly data, 2007–2012.

Notes:

1. The unemployment rate of parents is the total number of parents unemployed divided by the total number of parents in the labor force. Parents who are not working and are not looking for work are not considered to be in the labor force, and so are not included in the unemployment rate.

**0-17: Table 7 Children in Single Parent Families in New England and the United States, 2010–2012**

Location	2010			2011			2012		
	N	%	CI	N	%	CI	N	%	CI
<b>Rhode Island</b>	80,000	37	34.6–39.2	79,000	38	35.3–40.3	83,000	40	37.8–42.5
<b>Connecticut</b>	249,000	32	30.6–32.9	247,000	32	30.8–32.7	251,000	33	31.8–33.9
<b>Maine</b>	90,000	34	32.4–36.5	88,000	34	32.5–36.2	85,000	34	31.8–35.3
<b>Massachusetts</b>	425,000	31	30.4–32.0	424,000	31	30.5–32.1	435,000	32	31.4–32.9
<b>New Hampshire</b>	75,000	27	25.3–29.0	78,000	29	27.0–30.3	80,000	30	28.4–32.4
<b>Vermont</b>	38,000	30	28.0–32.7	39,000	32	30.0–34.8	38,000	32	29.9–34.3
<b>National</b>	24,297,000	34	34.3–34.6	24,718,000	35	34.9–35.3	24,725,000	35	35.1–35.4

Source: Population Reference Bureau analysis of data from the U.S. Census Bureau's Census 2000 and 2001 Supplementary Surveys and from the 2002 through 2013 American Community Survey ACS. Additional data were derived from the U.S. Census Bureau's American FactFinder table B17010.

Notes:

1. Children under age 18 who live with their own single parent either in a family or subfamily.
2. In this definition, single-parent families may include cohabiting couples and do not include children living with married stepparents. Children who live in group quarters for example, institutions, dormitories, or group homes are not included in this calculation.
3. The 2000 through 2004 ACS surveyed approximately 700,000 households monthly during each calendar year. Use caution when interpreting estimates for less populous states or indicators representing small subpopulations where the sample size is relatively small. Beginning in January 2005, the U.S. Census Bureau expanded the ACS sample to 3 million households full implementation, and in January 2006 the ACS included group quarters. The expanded version of the ACS provides annual updates of social, economic, and housing data for states and communities. Such local-area data have traditionally been collected once every 10 years in the long form of the decennial census.



## Ages 2–4 Years

**2-4: Table 1 Children, Aged 6 months–2 Years, Who Met 0-2 Flourishing Items in New England and the United States, 2007 and 2011–2012**

Location	2011/2012		
	N	%	CI
Rhode Island	2,562	4.1	1.8–6.4
Connecticut	19,707	9.1	5.3–12.9
Maine	3,180	4.4	2.1–6.6
Massachusetts	40,740	10.2	5.7–14.7
New Hampshire	2,867	3.9	1.5–6.2
Vermont	1,568	4.5	1.5–7.4
National	1,344,469	6.1	5.5–6.7

Source: National Survey of Children's Health (NSCH)

Notes:

1. Ns are weighted population.
2. CI = 95% confidence interval. Percentages are weighted to population characteristics.
3. Estimates are based on sample sizes too small to meet standards for reliability or precision.
4. 2007 data are not available for this measure.
5. This measure is available only for the combined age range, 6 months–5 years.
6. Flourishing is defined as follows:  
For children age 6 months–5 years, four questions were asked that aimed to capture curiosity and discovery about learning, resilience, attachment with parent, and content with life. These were captured through: 1 child is affectionate and tender, 2 child bounces back quickly when things don't go his/her way, 3 child shows interest and curiosity in learning new things, and 4 child smiles and laughs a lot.

**2-4: Table 2 Children, Aged 0–5 Years, Whose Mother Is in Poor Mental Health in New England and the United States, 2007 and 2011–2012**

Location	2007			2011/2012		
	N	%	CI	N	%	CI
Rhode Island	3,029	4.4	1.5–7.2	3,900	5.9	3.1–8.6
Connecticut	17,106	6.9	3.6–10.2	7,740	3.4	1.5–5.3
Maine	3,359	4	1.8–6.2	3,978	5.1	2.4–7.8
Massachusetts	25,006	5.6	2.2–9.0	16,891	4	1.8–6.2
New Hampshire	4,528	5.2	2.1–8.4	6,183	8	4.0–11.9
Vermont	3,074	7.5	4.2–10.8	3,131	8.6	4.9–12.3
National	1,460,572	6.2	5.5–7.0	1,539,118	6.7	6.0–7.4

Source: National Survey of Children's Health (NSCH)

Notes:

1. Ns are weighted population.
2. CI = 95% confidence interval. Percentages are weighted to population characteristics.
3. Estimates are based on sample sizes too small to meet standards for reliability or precision.
4. Estimates are for 0–5 year olds, the closest age group to 2–4 years available from the NSCH online tool.

**2-4: Table 3 Children, Aged 0–5 Years, Whose Father Is in Poor Mental Health in New England and the United States, 2007 and 2011–2012**

Location	2007			2011/2012		
	N	%	CI	N	%	CI
Rhode Island	1,557	2.6	0.6–4.6	2,666	5	2.2–7.7
Connecticut	6,621	3	0.9–5.1	5,195	2.8	0.7–4.9
Maine	997	1.4	0.0–2.7	3,517	5	2.3–7.7
Massachusetts	15,836	4.2	1.2–7.2	13,489	3.9	1.8–6.0
New Hampshire	2,518	3.3	1.3–5.4	3,729	5.2	1.9–8.4
Vermont	1,831	5	1.8–8.2	2,085	6.4	2.9–9.8
National	845,481	4.3	3.4–5.2	654,672	3.4	2.9–4.0

Source: National Survey of Children's Health (NSCH)

Notes:

1. Ns are weighted population.
2. CI = 95% confidence interval. Percentages are weighted to population characteristics.
3. Estimates are based on sample sizes too small to meet standards for reliability or precision.
4. Estimates are for 0–5 year olds, the closest age group to 2–4 years available from the NSCH online tool.

**2-4: Table 4 Children, Aged 0–5 Years, With Any Tobacco Use in Households in New England and the United States, 2007 and 2011–2012**

Location	2007			2011/2012		
	N	%	CI	N	%	CI
<b>Rhode Island</b>	17,987	24.4	18.2–30.7	16,803	24.7	19.6–29.9
<b>Connecticut</b>	41,348	16.5	12.7–20.3	45,333	19.4	14.6–24.3
<b>Maine</b>	21,430	24.8	19.8–29.8	24,106	29.7	24.3–35.2
<b>Massachusetts</b>	76,453	17	12.1–21.9	70,869	16.5	12.2–20.7
<b>New Hampshire</b>	21,560	24.5	19.2–29.7	21,271	26.1	21.0–31.3
<b>Vermont</b>	10,643	25.2	19.6–30.7	8,914	23.1	17.9–28.2
<b>National</b>	6,266,088	25.8	24.5–27.1	5,480,858	23.0	21.9–24.0

Source: National Survey of Children's Health (NSCH)

Notes:

1. Ns are weighted population.
2. CI = 95% confidence interval. Percentages are weighted to population characteristics.
3. Estimates are for 0–5 year olds, the closest age group to 2–4 years available from the NSCH online tool.

**2-4: Table 5 Children, Aged 0–5 Years, With No Adverse Childhood Experiences in New England and the United States, 2007 and 2011–2012**

Location	2011/2012		
	N	%	CI
Rhode Island	41,481	61.1	55.5–66.7
Connecticut	148,626	63.8	58.2–69.3
Maine	48,045	59.7	54.0–65.5
Massachusetts	294,309	68.5	63.1–73.8
New Hampshire	52,298	64.3	58.5–70.0
Vermont	21,325	55.2	49.5–60.9
National	15,070,562	63.3	62.1–64.6

Source: National Survey of Children's Health (NSCH)

Notes:

1. Ns are weighted population.
2. CI = 95% confidence interval. Percentages are weighted to population characteristics.
3. 2007 data are not available for this measure.
4. Estimates are for 0–5 year olds, the closest age group to 2–4 years available from the NSCH online tool.
5. Adverse events are defined as follows:  
1 socioeconomic hardship; 2 divorce/separation of parent; 3 death of parent; 4 parent served time in jail; 5 witness to domestic violence; 6 victim of neighborhood violence; 7 lived with someone who was mentally ill or suicidal; 8 lived with someone with alcohol/drug problem; 9 treated or judged unfairly due to race/ethnicity.

**2-4: Table 6 Children, Aged 0–5 Years, Who Met All Criteria for Positive Home Environment Summary Measure in New England and the United States, 2007 and 2011–2012**

Location	2007			2011/2012		
	N	%	CI	N	%	CI
Rhode Island	27,795	37.3	31.8–42.9	26,787	38.8	33.4–44.2
Connecticut	103,594	41.1	36.2–45.9	105,199	44.7	39.3–50.2
Maine	42,833	49.4	44.1–54.7	41,505	50.7	44.9–56.5
Massachusetts	195,104	43.0	37.4–48.7	211,245	48.5	43.0–54.0
New Hampshire	43,835	49.5	43.7–55.3	44,760	54.7	49.0–60.4
Vermont	24,625	58.2	52.0–64.4	24,460	63.0	57.5–68.4
National	8,820,677	36	34.6–37.4	9,621,584	39.9	38.7–41.1

Source: National Survey of Children's Health (NSCH)

Notes:

1. Ns are weighted population.
2. CI = 95% confidence interval. Percentages are weighted to population characteristics.
3. Estimates are for 0–5 year olds, the closest age group to 2–4 years available from the NSCH online tool.
4. Positive home environment is defined as follows:  
In order to successfully meet the home environment summary measure, the following age-specific criteria must be met: 1 No exposure to household smoking all children ages 0-17; 2 Family shares meals on 4 or more days per week all children ages 0-17; 3 Children watch less than 2 hours of television per day children ages 1-17; 4a Young children are read/sung to everyday children ages 0-5; 5a Young children were breastfed ever children ages 0-5; 4b Older children have no TV in bedroom children ages 6-17; 5b School age children usually/always do required homework children ages 6-17; 6b Parents of school age children have met most/all child's friends children ages 6-17.

**2-4: Table 7 Children, Aged 4 Months–5 Years, at Low or No Risk for Developmental, Behavioral, or Social Delays in New England and the United States, 2007 and 2011–2012**

Location	2007			2011/2012		
	N	%	CI	N	%	CI
Rhode Island	51,856	73.5	67.8–79.2	50,124	76.8	71.9–81.7
Connecticut	184,586	77.3	73.1–81.5	162,546	72.3	67.0–77.5
Maine	68,085	81.4	77.6–85.2	60,880	79	74.1–83.8
Massachusetts	331,694	77.9	72.9–82.8	302,775	74.1	68.8–79.5
New Hampshire	64,969	77.9	72.9–82.9	61,019	78.7	73.8–83.7
Vermont	30,731	78.2	72.7–83.7	28,994	79.4	74.5–84.3
National	17,142,737	73.6	72.2–75.0	16,853,453	73.8	72.7–75.0

Source: National Survey of Children's Health (NSCH)

Notes:

1. Ns are weighted population.
2. CI = 95% confidence interval. Percentages are weighted to population characteristics.
3. This measure is available only for the combined age range, 4months–5 years.

**2-4: Table 8    Prevalence of Developmental Delay Among Children, Aged 2–5 Years, in New England and the United States, 2007 and 2011–2012**

Location	2011/2012		
	N	%	CI
Rhode Island	1,454	3.2	0.7–5.8
Connecticut	7,582	4.8	1.8–7.8
Maine	3,470	6.1	2.5–9.8
Massachusetts	6,674	2.3	0.7–3.9
New Hampshire	2,741	5.3	2.1–8.6
Vermont	853	3.3	0.3–6.2
National	632,895	4.0	3.4–4.6

Source: National Survey of Children's Health (NSCH)

Notes:

1. Ns are weighted population.
2. CI = 95% confidence interval. Percentages are weighted to population characteristics.
3. 2007 data are not available for this measure.
4. Estimates are based on sample sizes too small to meet standards for reliability or precision.
5. Estimates are for 2–5 year olds, the closest age group to 2–4 years available from the NSCH online tool.



**2-4: Table 9 Children, Aged 0–5 Years, Who Are Uninsured  
in New England and the United States, 2007  
and 2011–2012**

Location	2007			2011/2012		
	N	%	CI	N	%	CI
Rhode Island	5,104	6.9	2.8–11.0	1,504	2.2	0.4–3.9
Connecticut	11,244	4.5	2.3–6.6	4,028	1.7	0.6–2.8
Maine	3,308	3.8	1.5–6.1	2,219	2.7	0.7–4.8
Massachusetts	19,297	4.3	1.5–7.1	7,807	1.8	0.1–3.5
New Hampshire	3,030	3.4	1.1–5.8	1,532	1.9	0.7–3.1
Vermont	2,591	6.1	3.0–9.3	671	1.7	0.5–3.0
National	1,917,729	7.9	7.0–8.7	1,107,312	4.6	4.0–5.2

Source: National Survey of Children's Health (NSCH)

Notes:

1. Ns are weighted population.
2. CI = 95% confidence interval. Percentages are weighted to population characteristics.
3. Estimates are based on sample sizes too small to meet standards for reliability or precision.
4. Estimates are for 0–5 year olds, the closest age group to 2–4 available from the NSCH online tool.

**2-4: Table 10 Children, Aged 0–5 Years, With Inconsistent Insurance in New England and the United States, 2007 and 2011–2012**

Location	2007			2011/2012		
	N	%	CI	N	%	CI
<b>Rhode Island</b>	8,519	11.5	6.6–16.5	6,615	9.6	5.9–13.3
<b>Connecticut</b>	17,395	6.9	4.4–9.5	16,999	7.3	4.4–10.2
<b>Maine</b>	6,620	7.7	4.7–10.7	4,430	5.4	2.7–8.2
<b>Massachusetts</b>	26,936	6	2.9–9.0	31,131	7.2	3.8–10.6
<b>New Hampshire</b>	8,881	10	5.9–14.1	4,946	6	3.4–8.7
<b>Vermont</b>	4,366	10.3	6.4–14.3	2,119	5.5	3.0–8.0
<b>National</b>	3,637,843	14.9	13.7–16.1	2,620,659	10.9	10.0–11.9

Source: National Survey of Children's Health (NSCH)

Notes:

1. Ns are weighted population.
2. CI = 95% confidence interval. Percentages are weighted to population characteristics.
3. Estimates are for 0–5 year olds, the closest age group to 2–4 available from the NSCH online tool.

**2-4: Table 11 Children, Aged 0–5 Years, With Inadequate Insurance in New England and the United States, 2007 and 2011–2012**

Location	2007			2011/2012		
	N	%	CI	N	%	CI
Rhode Island	9,159	13.3	9.7–16.9	11,325	16.8	12.5–21.1
Connecticut	50,877	21.1	16.9–25.4	46,650	20.3	15.8–24.8
Maine	16,078	19.4	14.9–23.8	12,158	15.3	11.2–19.4
Massachusetts	62,250	14.4	10.5–18.3	81,500	19.1	14.9–23.2
New Hampshire	12,622	14.8	11.0–18.5	13,830	17.2	12.9–21.6
Vermont	6,324	15.9	11.0–20.8	4,210	11.1	7.4–14.7
National	4,330,022	19.2	18.0–20.5	4,431,309	19.3	18.3–20.4

Source: National Survey of Children's Health (NSCH)

Notes:

1. Ns are weighted population.
2. CI = 95% confidence interval. Percentages are weighted to population characteristics.
3. Estimates are for 0–5 year olds, the closest age group to 2–4 years available from the NSCH online tool.

**2-4: Table 12 Children, Aged 3–4 Years, Not Attending Nursery School or Preschool During the Previous 2 Months, in New England, 2008–2012**

Location	2008/2010		2009/2011		2010/2012	
	N	%	N	%	N	%
<b>Rhode Island</b>	12,000	51	13,000	53	12,000	53
<b>Connecticut</b>	32,000	38	33,000	39	30,000	37
<b>Maine</b>	17,000	58	16,000	57	16,000	56
<b>Massachusetts</b>	59,000	41	60,000	41	62,000	42
<b>New Hampshire</b>	15,000	49	14,000	48	13,000	48
<b>Vermont</b>	7,000	52	7,000	53	7,000	51

Source: National KIDS COUNT. Additional data were from the Population Reference Bureau analysis of data from the U.S. Census Bureau, 2005–2007 to 2009–2011 3-year American Community Survey (ACS).

## Ages 5–11 Years

**5-11: Table 1**

**Youth, Aged 4–11 Years, With  
Serious Emotional Disturbance, in  
the United States, 2001**

Age	Rate
4 or 5	11.6
6 or 7	15.0
8 or 9	15.7
10 or 11	15.7

Source: 2001 U.S. National Health Interview Survey—a household survey conducted throughout the year by face-to-face interviews from the U.S. Census Bureau

Notes:

1. Adapted from Mark, TL, Buck, JA. Characteristics of U.S. youth with serious emotional disturbance: data from the National Health Interview Survey. *Psychiatric Services*. 2006;57(11):1573-1578
2. Serious emotional disturbance (SED) is identified through youth scores on the Strength and Difficulties Questionnaire (SDQ), which consist of 25 items that are divided among five scales: emotional symptoms, conduct problems, hyperactivity or inattention, peer relationship problems, and prosocial behavior.

**5-11: Table 2 Youth, Aged 4–17 Years, Who Have Ever Had Attention-Deficit/Hyperactivity Disorder in New England and the United States, 2003, 2007, and 2011**

	2003	2007	2011
Location	%	%	%
Rhode Island	9.8	11.1	13.4
Connecticut	7.3	7.8	9.7
Maine	7.9	9.6	12.9
Massachusetts	8.5	9.8	11.3
New Hampshire	9.2	8.5	11.9
Vermont	6.9	9.9	10.5

Source: Centers for Disease Control and Prevention. Attention-Deficit/Hyperactivity Disorder (ADHD): State-Based Prevalence Data of Parent Reported ADHD Diagnosis by a Health Care Provider, 2003, 2007, and 2011

**5-11: Table 3 Youth, Aged 4–17, Years With Current Attention-Deficit/Hyperactivity Disorder in New England and the United States, 2007 and 2011**

	2007	2011
Location	%	%
Rhode Island	9.4	11.1
Connecticut	5.5	7.6
Maine	7.3	10.1
Massachusetts	8	9.6
New Hampshire	7.2	10.1
Vermont	7.8	9.4

Source: Centers for Disease Control and Prevention. Attention-Deficit/Hyperactivity Disorder (ADHD): State-Based Prevalence Data of Parent Reported ADHD Diagnosis by a Health Care Provider 2007 and 2011

**5-11: Table 4 Children, Aged 6–11 Years, Whose Parent Rated the Severity of Their Child's ADD/ADHD as Moderate or Severe in New England and the United States, 2007 and 2011–2012**

Location	2007			2011/2012		
	N	%	CI	N	%	CI
Rhode Island	4,987	6.4	3.6–9.1	3,117	4.4	2.2–6.5
Connecticut	11,422	4.3	2.1–6.5	11,994	4.4	2.0–6.7
Maine	4,813	5.3	2.6–7.9	6,277	6.9	4.4–9.5
Massachusetts	24,215	5.2	1.9–8.5	34,262	7.7	4.0–11.3
New Hampshire	2,046	2.1	0.9–3.3	6,215	6.8	4.1–9.4
Vermont	2,080	5.3	2.4–8.2	2,576	6.5	3.4–9.7
National	1,030,386	4.3	3.8–4.9	1,449,714	5.9	5.3–6.6

Source: National Survey of Children's Health (NSCH)

Notes:

1. N is the weighted population.
2. CI = 95% confidence interval. Percentages are weighted to population characteristics.
3. Estimates are based on sample sizes too small to meet standards for reliability or precision.
4. Estimates are for 6–11 year olds, the closest age group to 5–11 years available from the NSCH online tool.

**5-11: Table 5 Children, Aged 6–11 Years, Whose Mother Is in Poor Mental Health in New England and the United States, 2007 and 2011–2012**

Location	2007			2011/2012		
	N	%	CI	N	%	CI
Rhode Island	5,798	7.9	4.3–11.5	6,272	9.3	5.6–13.0
Connecticut	14,495	5.7	3.2–8.2	16,315	6.3	3.7–8.9
Maine	3,881	4.5	2.0–7.1	7,051	8.4	5.6–11.2
Massachusetts	18,003	4.1	1.6– 6.7	18,402	4.4	2.2–6.6
New Hampshire	4,559	4.9	2.4–7.4	4,784	5.7	3.1–8.4
Vermont	2,353	6.1	2.9–9.4	2,274	6.5	3.7–9.4
National	1,650,254	7.5	6.6–8.3	1,787,642	7.9	7.2–8.7

Source: National Survey of Children's Health (NSCH)

Notes:

1. N is the weighted population.
2. CI = 95% confidence interval. Percentages are weighted to population characteristics.
3. Estimates are based on sample sizes too small to meet standards for reliability or precision.
4. Estimates are for 6–11 year olds, the closes age group to 5–11 years available from the NSCH online tool.



**5-11: Table 6      Children, Aged 6–11 Years, Whose Father Is in Poor Mental Health in New England and the United States, 2007 and 2011–2012**

Location	2007			2011/2012		
	N	%	CI	N	%	CI
Rhode Island	1,989	3.3	1.2–5.5	2,575	4.7	2.0–7.5
Connecticut	5,993	2.8	1.2–4.4	4,039	1.9	0.7–3.0
Maine	2,244	3.1	0.5–5.6	3,577	4.9	2.7–7.1
Massachusetts	12,846	3.5	0.5–6.5	15,572	4.7	1.5–7.8
New Hampshire	3,432	4.3	1.8–6.9	2,012	2.7	0.8–4.7
Vermont	1,817	5.0	2.2–7.9	1,284	4.3	2.1–6.5
National	911,510	5.0	4.1–5.9	904,396	4.9	4.2–5.5

Source: National Survey of Children's Health (NSCH)

Notes:

1. N is the weighted population.
2. CI = 95% confidence interval. Percentages are weighted to population characteristics.
3. Estimates are based on sample sizes too small to meet standards for reliability or precision.
4. Estimates are for 6–11 year olds, the closest age group to 5–11 years available from the NSCH online tool.

**5-11: Table 7      Children, Aged 6–11 Years, With Any Tobacco Use in Their Households in New England and the United States, 2007 and 2011–2012**

Location	2007			2011/2012		
	N	%	CI	N	%	CI
<b>Rhode Island</b>	19,261	24.7	19.5–29.9	14,401	20.4	15.9–24.9
<b>Connecticut</b>	51,091	19.2	15.2–23.2	50,891	18.7	14.7–22.7
<b>Maine</b>	22,388	24.9	20.0–29.7	26,589	29.6	24.7–34.5
<b>Massachusetts</b>	106,469	23.0	17.6–28.3	76,176	17.3	13.2–21.5
<b>New Hampshire</b>	24,918	25.7	20.8–30.6	19,367	21.2	16.4–25.9
<b>Vermont</b>	8,420	21.1	16.0–26.2	7,963	20.6	15.7–25.5
<b>National</b>	6,036,525	25.4	24.2–26.7	5,928,945	24.6	23.5–25.6

Source: National Survey of Children's Health (NSCH)

Notes:

1. N is the weighted population.
2. CI = 95% confidence interval. Percentages are weighted to population characteristics.
3. Estimates are for 6–11 year olds, the closes age group to 5–11 years available from the NSCH online tool.

**5-11: Table 8 Children, Aged 6–11 Years, With No Adverse Childhood Experiences in New England and the United States, 2011–2012**

Location	2011/2012		
	N	%	CI
Rhode Island	35,259	50.1	44.6–55.6
Connecticut	166,494	61.6	56.7–66.5
Maine	39,795	44.3	39.2–49.4
Massachusetts	257,685	58.8	53.5–64.1
New Hampshire	48,734	53.4	48.1–58.8
Vermont	19,301	50.0	44.6–55.4
National	11,972,813	49.8	48.5–51.1

Source: National Survey of Children's Health (NSCH)

Notes:

1. N is the weighted population.
2. CI = 95% confidence interval. Percentages are weighted to population characteristics.
3. 2007 data are not available for this measure.
4. Estimates are for 6–11 year olds, the closest age group to 5–11 years available from the NSCH online tool.
5. Adverse events are defined as:  
1 socioeconomic hardship, 2 divorce/separation of parent, 3 death of parent, 4 parent served time in jail, 5 witness to domestic violence, 6 victim of neighborhood violence, 7 lived with someone who was mentally ill or suicidal, 8 lived with someone with alcohol/drug problem, 9 treated or judged unfairly due to race/ethnicity.

**5-11: Table 9 Children, Aged 6–11 Years, Meeting All Criteria for a Positive Home Environment in New England and the United States, 2007 and 2011–2012**

Location	2007			2011/2012		
	N	%	CI	N	%	CI
Rhode Island	28,277	35.9	30.4–41.4	20,756	28.9	24.3–33.4
Connecticut	104,095	38.8	34.3–43.4	89,192	32.5	28.0–36.9
Maine	36,161	39.7	34.6–44.9	37,250	41.0	35.9–46.1
Massachusetts	179,889	38.4	33.1–43.8	178,710	40.0	35.0–44.9
New Hampshire	40,849	41.9	36.8–46.9	39,129	42.4	37.3–47.6
Vermont	19,616	49.0	43.0–55.0	16,584	41.8	36.5–47.1
National	7,330,245	30.7	29.3–32.0	7,150,751	29.2	28.1–30.3

Source: National Survey of Children's Health (NSCH)

Notes:

1. N is the weighted population.
2. CI = 95% confidence interval. Percentages are weighted to population characteristics.
3. Estimates are for 6–11 year olds, the closest age group to 5–11 years available from the NSCH online tool.
4. Positive home environment defined as:  
To successfully meet the home environment summary measure, the following age-specific criteria must be met: 1 No exposure to household smoking all children ages 0–17; 2 Family shares meals on 4 or more days per week all children ages 0–17; 3 Children watch less than 2 hours of television per day children ages 1–17; 4a Young children are read/sung to every day children ages 0–5; 5a Young children were breastfed ever children ages 0–5 years; 4b Older children have no TV in bedroom children ages 6–17; 5b School age children usually/always do required homework children ages 6–17; 6b Parents of school age children have met most/all child's friends children ages 6–17.

**5-11: Table 10 Children, Aged 6–11 Years, Who Are Uninsured in New England and the United States, 2007 and 2011–2012**

Location	2007			2011/2012		
	N	%	CI	N	%	CI
Rhode Island	2,884	3.7	1.8–5.5	2,884	4.0	1.8–6.2
Connecticut	14,557	5.4	2.6–8.2	5,152	1.9	0.5–3.3
Maine	4,243	4.7	2.7 - 6.6	3,876	4.3	2.2–6.4
Massachusetts	7,683	1.6	0.1–3.2	4,156	0.9	0.1–1.8
New Hampshire	5,361	5.5	2.8–8.2	2,831	3.1	0.7–5.5
Vermont	940	2.3	0.9–3.8	489	1.2	0.1–2.4
National	2,267,863	9.5	8.6–10.5	1,428,779	5.9	5.2–6.5

Source: National Survey of Children's Health (NSCH)

Notes:

1. N is the weighted population.
2. CI = 95% confidence interval. Percentages are weighted to population characteristics.
3. Estimates are based on sample sizes too small to meet standards for reliability or precision.
4. Estimates are for 6–11 year olds, the closest age group to 5–11 years that was available from the NSCH online tool.

**5-11: Table 11 Children, Aged 6–11 Years, With Inconsistent Insurance in New England and the United States, 2007 and 2011–2012**

Location	2007			2011/2012		
	N	%	CI	N	%	CI
<b>Rhode Island</b>	8,160	10.4	6.9–13.8	7,262	10.1	6.8–13.4
<b>Connecticut</b>	23,566	8.8	5.7–11.9	15,035	5.5	3.2–7.8
<b>Maine</b>	8,215	9.0	6.0–12.1	8,745	9.6	6.4–12.9
<b>Massachusetts</b>	27,100	5.8	2.5–9.1	29,023	6.5	3.6–9.5
<b>New Hampshire</b>	9,997	10.2	6.7–13.8	8,586	9.4	5.5–13.2
<b>Vermont</b>	2,139	5.3	2.9–7.7	1,800	4.6	2.3–6.8
<b>National</b>	3,715,037	15.6	14.4–16.8	2,893,379	11.9	11.0–12.8

Source: National Survey of Children's Health (NSCH)

Notes:

1. N is the weighted population.
2. CI = 95% confidence interval. Percentages are weighted to population characteristics.
3. Estimates are for 6–11 year olds, the closest age group to 5–11 years available from the NSCH online tool.

**5-11: Table 12 Children, Aged 6–11 Years, With Inadequate Insurance in New England and the United States, 2007 and 2011–2012**

Location	2007			2011/2012		
	N	%	CI	N	%	CI
Rhode Island	17,931	23.6	18.4–28.9	14,653	21.2	16.9–25.5
Connecticut	60,515	23.9	19.8–28.0	65,849	24.4	20.4–28.5
Maine	16,393	18.9	14.6–23.1	19,266	22.2	17.8–26.5
Massachusetts	95,298	20.8	16.0–25.5	93,765	21.3	17.3–25.4
New Hampshire	18,088	19.6	15.5–23.8	22,755	25.6	21.1–30.2
Vermont	8,229	21.1	16.3–25.9	8,656	22.2	17.8–26.6
National	5,421,181	25.1	23.8–26.5	5,562,743	24.3	23.2–25.4

Source: National Survey on Children's Health

Notes:

1. N is the weighted population.
2. CI = 95% confidence interval. Percentages are weighted to population characteristics.
3. Estimates are for 6–11 year olds, the closest age group to 5–11 years available from the NSCH online tool.

**5-11: Table 13                      Children, Aged 6–11 Years, With Emotional, Developmental, or Behavioral Problems for Which They Need Treatment or Counseling Who Are Receiving Needed Mental Health Care in New England and the United States, 2007 and 2011–2012**

Location	2007			2011/2012		
	N	%	CI	N	%	CI
<b>Rhode Island</b>	5,196	83.8	69.6–98.0	4,913	66.6	51.0–82.3
<b>Connecticut</b>	11,252	82.2	67.0–97.3	21,420	70.7	56.5–84.9
<b>Maine</b>	6,688	81.6	68.7–94.5	11,433	82.7	72.8–92.6
<b>Massachusetts</b>	40,083	64.6	46.7–82.5	40,296	60.4	45.6–75.2
<b>New Hampshire</b>	5,026	54.4	37.7–71.2	5,392	55.5	38.0–72.9
<b>Vermont</b>	3,189	75.7	61.2–90.3	4,325	70.8	55.8–85.9
<b>National</b>	1,285,991	57.8	53.1–62.5	1,571,397	62.6	58.9–66.2

Source: National Survey of Children's Health (NSCH)

Notes:

1. N is the weighted population.
2. CI = 95% confidence interval. Percentages are weighted to population characteristics.
3. Estimates are for 6–11 year olds, the closest age group to 5–11 years available from the NSCH online tool.



**5-11: Table 14 Children, Aged 6–11 Years, Diagnosed With ADHD Who Did Not Receive Medication in New England and the United States, 2007 and 2011–2012**

Location	2007			2011/2012		
	N	%	CI	N	%	CI
Rhode Island	1,618	2.1	0.4–3.7	3,175	4.4	1.9–7.0
Connecticut	8,260	3.1	1.4–4.8	3,052	1.1	0.2–2.0
Maine	2,267	2.5	1.0–4.0	3,420	3.8	2.1–5.5
Massachusetts	5,693	1.2	0.2 - 2.3	18,007	4.0	1.2–6.8
New Hampshire	1,622	1.7	0.5–2.8	2,839	3.1	1.2–5.0
Vermont	1,620	4.1	1.3–6.9	1,408	3.6	1.7–5.5
National	518,452	2.2	1.8–2.6	569,903	2.3	1.9–2.8

Source: National Survey of Children's Health

Notes:

1. N is the weighted population.
2. CI = 95% confidence interval. Percentages are weighted to population characteristics.
3. Estimates based on sample sizes too small to meet standards for reliability or precision.
4. Estimates are for 6-11 year olds, the closet age group to 5-11 available from the NSCH online tool.

**5-11: Table 15 Children, Aged 6–11 Years, With ADHD Who Are or Are Not Receiving Treatment in New England, 2007 and 2011–2012**

Location	Children With ADHD Not Receiving Treatment, %		Children With ADHD Receiving Treatment, %	
	2007	2011/2012	2007	2011/2012
Rhode Island	2.1	4.4	5.8	6.0
Connecticut	3.1	1.1	3.4	5.6
Maine	2.5	3.8	4.7	7.2
Massachusetts	1.2	4.0	7.1	5.6
New Hampshire	1.7	3.1	4.2	6.6
Vermont	4.1	3.6	4.6	6.9

Source: National Survey of Children's Health

**5-11: Table 16 Children, Aged 6–11 Years, Currently Taking Medication for ADHD, Emotions, Concentration, or Behavior in New England and the United States, 2007 and 2011–2012**

Location	2007			2011/2012		
	N	%	CI	N	%	CI
Rhode Island	5,686	7.2	4.4–10.1	5,355	7.4	4.7–10.2
Connecticut	15,102	5.6	3.3–8.0	20,719	7.5	4.8–10.3
Maine	7,056	7.8	4.7–10.8	9,301	10.2	7.3–13.2
Massachusetts	47,708	10.2	6.1–14.3	35,090	7.8	4.6–11.1
New Hampshire	5,637	5.8	3.7–7.9	7,829	8.5	5.6–11.4
Vermont	2,221	5.6	3.1–8.1	3,565	9.0	5.5–12.5
National	1,613,145	6.7	6.1–7.4	2,102,675	8.6	7.9–9.3

Source: National Survey of Children's Health (NSCH)

Notes:

1. N is the weighted population.
2. CI = 95% confidence interval. Percentages are weighted to population characteristics.
3. Estimates are for 6–11 year olds, the closest age group to 5–11 years available from the NSCH online tool.

**Ages 12–17 Years**

**12-17: Table 1**

**Adolescents, Aged 12–17 Years, With Moderate or Severe ADD or ADHD in New England and the United States, 2007 and 2011–2012**

Location	2007			2011/2012		
	N	%	CI	N	%	CI
<b>Rhode Island</b>	6,783	8.2	4.9–11.5	5,511	7.2	4.2–10.3
<b>Connecticut</b>	10,868	3.7	2.2–5.2	15,197	5.2	3.0–7.5
<b>Maine</b>	4,051	3.9	2.2–5.6	5,977	6.2	3.7–8.8
<b>Massachusetts</b>	18,981	3.8	2.3–5.2	36,372	7.1	4.4–9.7
<b>New Hampshire</b>	6,338	5.7	3.4–8.0	7,576	7.2	4.3–10.1
<b>Vermont</b>	2,245	4.7	2.6–6.7	2,669	5.6	3.3–7.9
<b>National</b>	1,079,205	4.3	3.8–4.8	1,400,706	5.6	5.1–6.2

Source: National Survey of Children's Health

Notes:

1. N is the weighted population.
2. CI = 95% Confidence Interval. Percentages are weighted to population characteristics.
3. Estimates based on sample sizes too small to meet standards for reliability or precision.

**12-17: Table 2      Adolescents, Aged 12–17 Years, With at Least One Major Depressive Episode in the Past Year in New England and the United States, 2008–2013**

Location	2008/2009			2010/2011			2012/2013		
	N	%	CI	N	%	CI	N	%	CI
<b>Rhode Island</b>	8	10.0	7.5–13.2	5	7.1	4.9–10.1		11.3	9.4–13.6
<b>Connecticut</b>	20	7.1	4.9–10.4	20	7.1	5.0–9.9		9.4	7.7–11.4
<b>Maine</b>	7	7.4	5.3–10.2	9	9.4	7.0–12.4		11.2	9.4–13.3
<b>Massachusetts</b>	39	7.9	5.9–10.6	45	9.3	7.0–12.1		8.6	7.0–10.5
<b>New Hampshire</b>	9	8.3	6.2–11.2	12	11.7	8.4–15.9		10.3	8.6–12.2
<b>Vermont</b>	3	7.5	5.2–10.6	3	6.5	4.7–8.9		9.5	7.8–11.5
<b>National</b>	1,994	8.2	7.9–8.6	1,970	8.2	7.8–8.5		9.86	9.5–10.3

Source: National Survey on Drug Use and Health

Notes:

1. N is the weighted population in thousands.
2. CI = 95% confidence interval.
3. N was not available for 2012/2013 estimates.

**12-17: Table 3      Adolescents, Aged 12–17 Years,  
With Severe Emotional  
Disturbance**

Age	Rate
12 or 13	17.0
14 or 15	14.6
16 or 17	10.4

Source: 2001 U.S. National Health Interview Survey—a household survey conducted throughout the year by face-to-face interviews from the U.S. Census Bureau

Notes:

- Adapted from Mark, TL, Buck, JA. Characteristics of U.S. youth with serious emotional disturbance: data from the National Health Interview Survey. *Psychiatric Services*. 2006; 57(11):1573-1578
- Serious emotional disturbance (SED) is identified through youth scores on the Strength and Difficulties Questionnaire (SDQ), which consists of 25 items that are divided among five scales: emotional symptoms, conduct problems, hyperactivity or inattention, peer relationship problems, and prosocial behavior.

**12-17: Adolescents, Aged 12–17 Years, Who Had Illicit Drug Use or Dependence in the Past Year in New England and the United States, 2008–2013**  
**Table 4**

Location	2008/2009			2010/2011			2012/2013		
	N	%	CI	N	%	CI	N	%	CI
Rhode Island	4	5.1	3.3–7.8	3	4.0	2.6–6.0		5.0	3.7–6.7
Connecticut	12	4.3	2.8–6.5	12	4.3	2.3–8.0		3.5	2.5–4.9
Maine	4	3.9	2.5–5.9	2	2.5	1.5–4.3		3.3	2.4–4.7
Massachusetts	19	3.8	2.5–5.7	39	7.8	5.8–10.6		3.6	2.6–5.0
New Hampshire	7	6.2	4.5–8.5	8	8.2	5.9–11.3		4.4	3.2–5.9
Vermont	2	3.3	1.8–5.9	3	6.0	3.7–9.7		3.8	2.7–5.2
National	1,106	4.5	4.2–4.7	1,155	4.7	4.4–5.0		3.8	3.5–4.0

Source: National Survey on Drug Use and Health

Notes:

1. N is the weighted population in thousands.
2. CI = 95% confidence interval.
3. N was not available for 2012/2013 estimates.

**12-17: Table 5      Adolescents, Aged 12–17 Years, Who Had Illicit Drug or Alcohol Abuse or Dependence in the Past Year in New England and the United States, 2008–2013**

Location	2008/2009			2010/2011			2012/2013		
	N	%	CI	N	%	CI	N	%	CI
Rhode Island	6	7.9	5.7–10.8	5	6.2	4.7–8.2		6.5	5.1–8.2
Connecticut	22	7.6	5.1–11.2	20	6.9	4.2–11.0		5.3	4.1–6.8
Maine	5	5.4	3.8–7.6	4	4.2	2.8–6.3		5.2	4.1–6.7
Massachusetts	34	6.7	5.0–9.0	50	10.1	7.6–13.3		5.6	4.4–7.0
New Hampshire	10	9.2	7.3–11.6	12	11.3	8.3–15.3		6.8	5.4–8.6
Vermont	3	6.2	4.1–9.1	5	10.5	7.4–14.6		6.6	5.2–8.3
National	1,819	7.4	7.0–7.7	1,761	7.1	6.8–7.5		5.7	5.4–6.0

Source: National Survey on Drug Use and Health

Notes:

1. N is the weighted population in thousands.
2. CI = 95% confidence interval.
3. N was not available for 2012/2013 estimates.



**12-17: Table 6 Adolescents, Aged 12–17 Years, Who Had Illicit Drug Use in the Past Month in New England and the United States, 2008–2013**

Location	2008/2009			2010/2011			2012/2013		
	N	%	CI	N	%	CI	N	%	CI
Rhode Island	12	14.8	11.8–18.5	10	12.2	9.8–14.9		15.1	12.6–18.1
Connecticut	33	11.6	9.0–14.9	28	9.8	6.8–13.8		10.0	8.1–12.2
Maine	10	9.8	7.1–13.3	8	8.3	6.1–11.1		11.1	9.2–13.4
Massachusetts	59	11.8	9.7–14.4	72	14.6	11.6–18.2		10.6	8.7–12.8
New Hampshire	12	11.3	8.5–14.8	15	14.3	11.0–18.5		11.8	9.7–14.2
Vermont	5	11.3	8.2–15.3	8	16.9	13.2–21.5		13.7	11.4–16.3
National	2,391	9.7	9.3–10.0	2,498	10.1	9.7–10.5		9.3	8.8–9.5

Source: National Survey on Drug Use and Health

Notes:

1. N is the weighted population in thousands.
2. CI = 95% confidence interval.
3. N was not available for 2012/2013 estimates.

**12-17: Table 7      Adolescents, Aged 12–17 Years, Who Had illicit Drug Dependence in the Past Year in New England and the United States, 2008–2013**

Location	2008/2009			2010/2011			2012/2013		
	N	%	CI	N	%	CI	N	%	CI
<b>Rhode Island</b>	3	3.1	1.7–5.5	2	3.1	1.9–5.1		2.4	1.7–3.3
<b>Connecticut</b>	8	2.9	1.7–4.9	6	2.3	1.1–4.5		1.8	1.3–2.6
<b>Maine</b>	2	2.3	1.3–4.1	1	1.0	0.4–2.4		1.9	1.3–2.6
<b>Massachusetts</b>	14	2.9	1.7–4.8	21	4.2	2.7–6.7		2.1	1.5–2.9
<b>New Hampshire</b>	5	4.4	3.1–6.2	4	4.3	2.5–7.3		2.3	1.7–3.1
<b>Vermont</b>	1	1.9	0.9–4.0	1	2.9	1.8–4.8		2.4	1.7–3.3
<b>National</b>	604	2.4	2.3–2.6	627	2.5	2.3–2.8		2.0	1.8–2.1

Source: National Survey on Drug Use and Health

Notes:

1. N is the weighted population in thousands.
2. CI = 95% confidence interval.
3. N was not available for 2012/2013 estimates.

**12-17: Table 8 Adolescents, Aged 12–17 Years, Who Used Alcohol in the Past Month in New England and the United States, 2008–2013**

Location	2008/2009			2010/2011			2012/2013		
	N	%	CI	N	%	CI	N	%	CI
<b>Rhode Island</b>	16	20.0	16.6–23.8	11	13.8	10.7–17.7		14.3	12.1–16.8
<b>Connecticut</b>	58	20.0	16.0–24.7	52	18.1	14.2–22.8		14.2	11.7–17.1
<b>Maine</b>	12	12.5	10.1–15.5	9	9.5	7.6–11.9		12.4	10.5–14.6
<b>Massachusetts</b>	82	16.4	12.9–20.6	81	16.5	13.6–19.7		14.5	12.4–16.9
<b>New Hampshire</b>	17	16.1	13.0–19.8	18	17.8	14.1–22.2		14.8	12.6–17.2
<b>Vermont</b>	9	18.1	14.5–22.4	9	19.2	15.0–24.1		14.8	12.4–17.7
<b>National</b>	3,660	14.8	14.3–15.3	3,323	13.5	13.0–13.9		12.2	11.8–12.7

Source: National Survey on Drug Use and Health

Notes:

1. N is the weighted population in thousands.
2. CI = 95% confidence interval.
3. N was not available for 2012/2013 estimates.

**12-17: Table 9      Adolescents, Aged 12–17 Years, With Binge Alcohol Use  
in the Past Month in New England and the United States,  
2008–2013**

Location	2008/2009			2010/2011			2012/2013		
	N	%	CI	N	%	CI	N	%	CI
<b>Rhode Island</b>	7	8.8	6.4–12.1	6	8.2	5.9–11.3		7.4	6.0–9.1
<b>Connecticut</b>	44	15.4	11.6–20.3	27	9.6	6.4–14.1		7.5	6.0–9.3
<b>Maine</b>	6	6.0	4.4–8.1	5	5.4	3.8–7.6		7.0	5.7–8.7
<b>Massachusetts</b>	49	9.9	7.3–13.4	47	9.5	7.3–12.4		8.2	6.7–10.0
<b>New Hampshire</b>	12	11.3	8.8–14.3	11	10.6	7.5–14.9		8.1	6.6–9.8
<b>Vermont</b>	5	10.2	7.6–13.4	5	10.2	7.5–13.7		8.7	7.0–10.7
<b>National</b>	2,198	8.9	8.5–9.2	1,883	7.6	7.3–8.0		6.7	6.4–7.0

Source: National Survey on Drug Use and Health

Notes:

1. N is the weighted population in thousands.
2. CI = 95% confidence interval.
3. N was not available for 2012/2013 estimates.

**12-17: Table 10 Adolescents, Aged 12–17 Years, With Alcohol Dependence in the Past Year in New England and the United States, 2008–2013**

Location	2008/2009			2010/2011			2012/2013		
	N	%	CI	N	%	CI	N	%	CI
Rhode Island	1.0	1.3	0.5–3.4	1	1.6	0.8–3.3		1.2	0.8–1.9
Connecticut	8.0	2.6	1.4–4.8	3	1.1	0.4–2.7		1.0	0.6–1.5
Maine	1.0	0.6	0.2–1.8	0	0.4	0.1–1.3		1.2	0.8–1.7
Massachusetts	9.0	1.8	0.8–3.9	9	1.8	1.0–3.5		1.1	0.7–1.6
New Hampshire	3.0	2.8	2.0–3.9	2	1.8	0.6–5.2		1.4	1.0–2.1
Vermont	1.0	1.6	0.8–3.1	1	1.6	0.7–3.7		1.3	0.9–2.0
National	473	1.9	1.8–2.1	383	1.6	1.4–1.7		1.2	1.0–1.3

Source: National Survey on Drug Use and Health

Notes:

1. N is the weighted population in thousands.
2. CI = 95% confidence interval.
3. N was not available for 2012/2013 estimates.

**12-17: Table 11 Adolescents, Aged 12–17 Years, Who Have Ever Used Cocaine in New England and the United States, 2008–2011**

Location	2008/2009			2010/2011		
	N	%	CI	N	%	CI
Rhode Island	1	1.5	0.6–3.6	1	1.1	0.6–1.9
Connecticut	6	2.2	1.1–4.4	4	1.3	0.5–3.2
Maine	1	0.9	0.4–2.2	1	0.7	0.2–1.9
Massachusetts	6	1.2	0.5–3.1	10	2.1	1.1–3.9
New Hampshire	2	1.6	0.8–3.4	2	1.5	0.7–3.1
Vermont	1	1.8	0.9–3.7	1	2.5	1.4–4.6
National	438	1.8	1.6–1.9	340	1.4	1.2–1.5

Source: National Survey on Drug Use and Health

Notes:

1. N is the weighted population in thousands.
2. CI = 95% confidence interval.

**12-17: Table 12    Adolescents, Aged 12–17 Years, Who Used Marijuana in the Past Year In New England and the United States, 2008–2013**

Location	2008/2009			2010/2011			2012/2013		
	N	%	CI	N	%	CI	N	%	CI
<b>Rhode Island</b>	14	17.2	14.0–21.0	13	17.1	14.1–20.6		20.3	17.3–23.7
<b>Connecticut</b>	51	17.8	14.2–22.1	50	17.6	13.6–22.3		16.0	13.5–19.0
<b>Maine</b>	12	12.5	9.8–15.8	13	13.7	11.1–17.0		16.0	13.6–18.7
<b>Massachusetts</b>	84	16.8	14.4–19.6	98	19.8	16.8–23.3		15.1	12.7–17.8
<b>New Hampshire</b>	17	16.0	12.8–19.8	21	20.2	16.3–24.8		18.2	15.7–21.1
<b>Vermont</b>	8	15.9	12.1–20.5	11	23.2	19.2–27.9		19.8	17.0–22.9
<b>National</b>	3,308	13.4	12.9–13.8	3476	14.1	13.6–14.6		13.5	13.1–13.9

Source: National Survey on Drug Use and Health

Notes:

1. N is the weighted population in thousands.
2. CI = 95% confidence interval.
3. N was not available for 2012/2013 estimates.

**12-17: Table 13      Adolescents, Aged 12–17 Years, Whose Mother Is in Poor Mental Health in New England and the United States, 2007 and 2011–2012**

Location	2007			2011/2012		
	N	%	CI	N	%	CI
Rhode Island	7,244.00	9.2	5.9–12.6	4,583	6.5	3.9–9.1
Connecticut	17,002.00	6.1	3.3–8.9	20,265	7.7	4.8–10.6
Maine	4,195.00	4.3	2.6–6.0	6,358	7.4	4.3–10.5
Massachusetts	24,253.00	5.1	2.9–7.3	30,521	6.5	3.8–9.3
New Hampshire	5,108.00	4.9	2.6–7.1	4,705	4.8	2.3–7.4
Vermont	1,930.00	4.3	2.0–6.7	1,994	4.5	2.6–6.5
National	1,947,230	8.3	7.5–9.2	1,924,854	8.5	7.7–9.2

Source: National Survey of Children's Health

Notes:

1. N is the weighted population.
2. CI = 95% Confidence Interval. Percentages are weighted to population characteristics.
3. Estimates are based on sample sizes too small to meet standards for reliability or precision.



**12-17: Table 14 Adolescents, Aged 12–17 Years, Whose Father Is in Poor Mental Health in New England and the United States, 2007 and 2011–2012**

Location	2007			2011/2012		
	N	%	CI	N	%	CI
Rhode Island	4,484	7.2	3.4–11.0	3,129	5.4	2.4–8.4
Connecticut	7,059	3.2	1.7–4.7	18,758	8.3	5.0–11.7
Maine	3,700	4.4	2.1–6.7	5,440	6.8	3.9–9.8
Massachusetts	9,805	2.5	1.0–4.0	15,671	4.1	1.7–6.4
New Hampshire	2,993	3.2	1.5–4.9	5,335	6.3	3.5–9.2
Vermont	1,561	4.0	1.6–6.4	1,763	4.7	2.5–7.0
National	1,089,884	5.9	5.1–6.7	1,069,537	5.6	5.0–6.2

Source: National Survey of Children's Health

Notes:

1. N is the weighted population.
2. CI = 95% Confidence Interval. Percentages are weighted to population characteristics.
3. Estimates are based on sample sizes too small to meet standards for reliability or precision.

**12-17: Table 15 Adolescents, Aged 12–17 Years, With Any Tobacco Use in Their Households in New England and the United States, 2007 and 2011–2012**

Location	2007			2011/2012		
	N	%	CI	N	%	CI
Rhode Island	22,349	27.1	22.4–31.9	22,389	29.6	24.6–34.6
Connecticut	70,459	24.3	20.0–28.6	56,039	19.8	16.0–23.6
Maine	33,962	32.2	27.6–36.7	25,330	26.4	21.7–31.1
Massachusetts	125,669	24.8	20.0–29.6	111,123	22.0	17.7–26.4
New Hampshire	33,251	29.8	25.5–34.1	28,190	26.9	22.2–31.6
Vermont	13,590	28.2	22.9–33.5	10,063	21.2	17.1–25.3
National	6,839,331	27.2	26.0–28.3	6,163,474	24.8	23.8–25.8

Source: National Survey of Children's Health

Notes:

1. N is the weighted population.
2. CI = 95% Confidence Interval. Percentages are weighted to population characteristics.
3. Estimates are based on sample sizes too small to meet standards for reliability or precision.

**12-17: Table 16      Adolescents, Aged 12–17 Years With No Adverse Childhood Experiences in New England and the United States, 2011–2012**

Location	2011/2012		
	N	%	CI
Rhode Island	33,519	44.4	39.2–49.5
Connecticut	151,799	53.7	49.0–58.5
Maine	37,966	39.5	34.8–44.3
Massachusetts	231,542	46.1	41.2–51.0
New Hampshire	48,489	46.3	41.6–51.1
Vermont	20,835	44.1	39.5–48.7
National	10,789,726	43.5	42.2–44.7

Source: National Survey of Children's Health

Notes:

1. N is the weighted population.
2. CI = 95% Confidence Interval. Percentages are weighted to population characteristics.
3. Estimates are based on sample sizes too small to meet standards for reliability or precision.
4. Adverse events are defined as:  
1 socioeconomic hardship, 2 divorce/separation of parent, 3 death of parent, 4 parent served time in jail, 5 witness to domestic violence, 6 victim of neighborhood violence, 7 lived with someone who was mentally ill or suicidal, 8 lived with someone with alcohol/drug problem, 9 treated or judged unfairly due to race/ethnicity.

**12-17: Table 17 Adolescents, Aged 12-17 Years, Who Met All Criteria for Positive Home Environment Summary Measure in New England and the United States, 2007 and 2011-2012**

Location	2007			2011/2012		
	N	%	CI	N	%	CI
Rhode Island	19,115	23.1	19.1-27.2	10,742	13.9	10.5-17.3
Connecticut	78,698	26.8	23.1-30.6	52,875	18.1	14.5-21.8
Maine	26,471	24.9	21.0-28.8	17,445	18.1	14.3-21.9
Massachusetts	158,509	31.1	26.4-35.7	77,529	15.0	11.7-18.3
New Hampshire	32,937	29.3	25.4-33.3	19,038	18.0	14.5-21.4
Vermont	17,394	35.9	30.8-41.0	10,893	22.8	18.8-26.7
National	4,857,857	19.2	18.1-20.2	3,688,441	14.7	13.9-15.5

Source: National Survey of Children's Health

Notes:

1. N is the weighted population.
2. CI = 95% Confidence Interval. Percentages are weighted to population characteristics.
3. Estimates are based on sample sizes too small to meet standards for reliability or precision.
4. Positive home environment is defined as:

To successfully meet the home environment summary measure, the following age-specific criteria must be met: 1 No exposure to household smoking all children ages 0-17; 2 Family shares meals on 4 or more days per week all children ages 0-17; 3 Children watch less than 2 hours of television per day children ages 1-17; 4a Young children are read/sung to everyday children ages 0-5; 5a Young children were breastfed ever children ages 0-5; 4b Older children have no TV in bedroom children ages 6-17; 5b School age children usually/always do required homework children ages 6-17; 6b Parents of school age children have met most/all child's friends children ages 6-17.

**12-17: Table 18**

**Adolescents, Aged 12–17 Years,  
With Prevalence of  
Developmental Delay in New  
England and the United States,  
2011–2012**

Location	2011/2012		
	N	%	CI
Rhode Island	3,451	4.5	2.2–6.8
Connecticut	8,628	3.0	1.2–4.7
Maine	3,769	3.9	1.9–5.9
Massachusetts	11,926	2.3	0.7–3.9
New Hampshire	3,347	3.2	1.3–5.1
Vermont	2,707	5.7	3.5–7.8
National	748,654	3.0	2.6–3.4

Source: National Survey of Children's Health

Notes:

1. N is the weighted population.
2. CI = 95% Confidence Interval. Percentages are weighted to population characteristics.
3. Estimates are based on sample sizes too small to meet standards for reliability or precision.

**12-17: Table 19 Uninsured Adolescents, Aged 12–17 Years, in New England and the United States, 2007 and 2011–2012**

Location	2007			2011/2012		
	N	%	CI	N	%	CI
Rhode Island	5,087	6.2	3.4–9.0	4,082	5.3	2.6–8.0
Connecticut	18,235	6.2	4.0–8.5	11,897	4.1	2.0–6.2
Maine	6,496	6.1	3.8–8.4	4,097	4.3	2.1–6.4
Massachusetts	11,005	2.2	0.0–4.3	2,616	0.5	0.0–1.3
New Hampshire	4,530	4.0	2.3–5.8	5,021	4.8	2.3–7.2
Vermont	2,605	5.4	3.0–7.8	505	1.1	0.3–1.8
National	2,512,174	9.9	9.1–10.8	1,508,514	6.0	5.4–6.7

Source: National Survey of Children's Health

Notes:

1. N is the weighted population.
2. CI = 95% Confidence Interval. Percentages are weighted to population characteristics.
3. Estimates are based on sample sizes too small to meet standards for reliability or precision.

**12-17: Table 20**

**Adolescents, Aged 12–17 Years, With  
Inconsistent Insurance in New England and the  
United States, 2007 and 2011–2012**

Location	2007			2011/2012		
	N	%	CI	N	%	CI
Rhode Island	8,235	10.0	6.7–13.3	8,699	11.3	7.5–15.0
Connecticut	32,347	11.1	7.9–14.4	17,969	6.2	3.7–8.7
Maine	10,712	10.1	7.2–12.9	5,869	6.1	3.8–8.5
Massachusetts	28,007	5.5	2.4–8.6	16,035	3.1	1.3–4.9
New Hampshire	10,196	9.1	6.3–11.9	8,387	8.0	4.9–11.1
Vermont	4,305	8.9	5.5–12.3	2,129	4.5	2.6–6.4
National	3,745,126	14.8	13.8–15.8	2,738,765	11	10.1–11.8

Source: National Survey of Children's Health

Notes:

1. N is the weighted population.
2. CI = 95% Confidence Interval. Percentages are weighted to population characteristics.
3. Estimates are based on sample sizes too small to meet standards for reliability or precision.

**12-17: Table 21                      Adolescents, Aged 12–17 With Inadequate Insurance in New England and the United States, 2007 and 2011–2012**

Location	2007			2011-2012		
	N	%	CI	N	%	CI
<b>Rhode Island</b>	18,181	23.5	19.1–28.0	17,150	23.4	19.0–27.9
<b>Connecticut</b>	66,410	24.1	20.0–28.2	67,757	24.3	20.2–28.3
<b>Maine</b>	25,293	25.3	20.9–29.7	24,752	27.0	22.5–31.5
<b>Massachusetts</b>	99,798	20.0	16.1–23.9	118,735	23.1	18.9–27.2
<b>New Hampshire</b>	25,758	23.9	20.0–27.8	22,644	22.5	18.6–26.4
<b>Vermont</b>	11,305	24.7	20.1–29.4	9,616	20.3	16.5–24.1
<b>National</b>	5,993,682	26.3	25.0–27.6	6,296,170	26.8	25.7–28.0

Source: National Survey of Children's Health

Notes:

1. N is the weighted population.
2. CI = 95% Confidence Interval. Percentages are weighted to population characteristics.
3. Estimates are based on sample sizes too small to meet standards for reliability or precision.



**12-17: Table 22**

**Teens, Aged 16–19 Years, Not in School and Not High School Graduates in New England, 2009–2013**

Location	2009		2010		2011		2012		2013	
	N	%	N	%	N	%	N	%	N	%
<b>Rhode Island</b>	4,000	7.0	3,000	4.0	3,000	5.0	3,000	5.0	2,000	3.0
<b>Connecticut</b>	9,000	4.0	8,000	4.0	7,000	4.0	6,000	3.0	6,000	3.0
<b>Maine</b>	3,000	4.0	3,000	5.0	2,000	4.0	2,000	3.0	2,000	2.0
<b>Massachusetts</b>	16,000	4.0	14,000	4.0	12,000	3.0	11,000	3.0	11,000	3.0
<b>New Hampshire</b>	2,000	3.0	2,000	3.0	2,000	3.0	2,000	2.0	1,000	1.0
<b>Vermont</b>	2,000	5.0	1,000	2.0	1,000	3.0	1,000	2.0	1,000	1.0

Source: National KIDS COUNT

Notes:

1. Estimates are suppressed when the confidence interval around the percentage is greater than or equal to 10 percentage points.
2. Data are provided for the 50 most populous cities according to the most recent Census counts. Cities for which data is collected may change over time.

**12-17: Table 23      Adolescents, Aged 12–17 Years, With ADD/ADHD Who Are Not Taking Medication in New England and the United States, 2007 and 2011–2012**

Location	2007			2011/2012		
	N	%	CI	N	%	CI
Rhode Island	2,424	2.9	1.4–4.4	4,783	6.3	3.3–9.3
Connecticut	3,672	1.3	0.4–2.1	12,800	4.4	2.2–6.6
Maine	3,391	3.2	1.5–5.0	3,956	4.1	2.3–5.9
Massachusetts	18,874	3.7	1.3–6.2	16,384	3.2	1.7–4.7
New Hampshire	2,799	2.5	1.1–4.0	4,445	4.2	2.1–6.4
Vermont	2,121	4.4	2.2–6.6	1,414	3.0	1.3–4.7
National	796,923	3.2	2.6–3.7	918,823	3.7	3.2–4.1

Source: National Survey of Children's Health

Notes:

1. N is the weighted population.
2. CI = 95% Confidence Interval. Percentages are weighted to population characteristics.
3. Estimates are based on sample sizes too small to meet standards for reliability or precision.

**12-17: Table 24      Adolescents, Aged 12–17 Years, Taking Medication for ADHD, Emotions, Concentration, or Behavioral Issues in New England and the United States, 2007 and 2011–2012**

Location	2007			2011/2012		
	N	%	CI	N	%	CI
Rhode Island	11,346	13.8	10.0–17.5	10,476	13.6	9.9–17.3
Connecticut	24,056	8.2	6.0–10.4	28,947	10.0	7.3–12.7
Maine	12,209	11.5	8.6–14.4	13,539	14.1	10.4–17.8
Massachusetts	49,618	9.7	7.3–12.2	68,324	13.2	10.0–16.4
New Hampshire	13,037	11.6	8.7–14.6	14,289	13.5	10.0–16.9
Vermont	5,908	12.2	8.0–16.4	7,314	15.3	11.9–18.7
National	2,317,614	9.1	8.4–9.8	2,756,977	11	10.3–11.7

Source: National Survey of Children's Health

Notes:

1. N is the weighted population.
2. CI = 95% Confidence Interval. Percentages are weighted to population characteristics.
3. Estimates are based on sample sizes too small to meet standards for reliability or precision.

**12-17: Table 25 Adolescents, Aged 12–17 Years, Receiving Needed Mental Health Care in New England and the United States, 2007 and 2011–2012**

Location	2007			2011/2012		
	N	%	CI	N	%	CI
Rhode Island	7,496	75.1	61.2–88.9	6,911	74.4	59.9–88.9
Connecticut	22,437	86.2	75.8–96.7	22,320	72.5	56.8–88.2
Maine	8,246	69.8	54.9–84.8	9,874	74.6	61.8–87.4
Massachusetts	37,437	69.1	54.6–83.6	48,443	74.4	62.3–86.5
New Hampshire	7,919	70.5	55.7–85.3	8,013	71.8	56.6–87.0
Vermont	4,840	78.8	65.3–92.2	5,474	85.6	77.0–94.2
National	1,528,421	66.3	62.2–70.3	1,892,009	64.1	60.4–67.8

Source: National Survey of Children's Health (NSCH)

Notes:

1. N is the weighted population.
2. CI = 95% Confidence Interval. Percentages are weighted to population characteristics.

**12-17: Table 26      Adolescents, Aged 12–17 Years, Who Received Treatment/Counseling or Rx Medication for a Major Depressive Episode in the Past Year in New England and the United States, 2008–2009 and 2011–2012**

Location	2008/2009			2011-2012		
	N	%	CI	N	%	CI
<b>Rhode Island</b>	6	46.3	34.4–58.6	3	44.3	29.2–60.5
<b>Connecticut</b>	14	41.8	26.8–58.4	14	42.6	27.8–58.9
<b>Maine</b>	5	44.2	29.7–59.8	6	47.6	36.3–59.2
<b>Massachusetts</b>	18	26.4	16.5–39.5	31	47.1	36.5–58.0
<b>New Hampshire</b>	6	42.9	28.3–58.9	8	44.8	33.6–56.6
<b>Vermont</b>	2	38.3	24.5–54.2	2	39.1	25.0–55.2
<b>National</b>	995	30.7	29.2–32.2	1,039	32.6	31.0–34.2

Source: National Survey on Drug Use and Health

Notes:

1. N is the weighted population in thousands.
2. CI = 95% confidence interval.

**12-17: Table 27      Adolescents, Aged 12–17 Years, Who  
Received Specialty Inpatient Mental Health  
Services in the Past Year in New England and  
the United States, 2008–2009 and  
2011–2012**

Location	2008/2009			2011/2012		
	N	%	CI	N	%	CI
Rhode Island	2	2.3	1.3–4.1	2	2.2	1.0–4.7
Connecticut	6	1.9	1.1–3.5	7	2.4	1.3–4.6
Maine	3	3.1	1.9–5.1	3	2.7	1.6–4.5
Massachusetts	14	2.8	1.7–4.7	16	3.3	2.0–5.4
New Hampshire	3	3.2	1.6–6.5	2	2.0	1.0–3.9
Vermont	1	1.6	0.8–3.3	1	1.8	0.9–3.4
National	583	2.4	2.2–2.6	595	2.4	2.3–2.6

Source: National Survey on Drug Use and Health

Notes:

1. N is the weighted population in thousands.
2. CI = 95% confidence interval.

**12-17: Table 28      Adolescents, Aged 12–17 Years, Who Received Specialty Outpatient Mental Health Services in the Past Year in New England and the United States, 2008–2009 and 2011–2012**

Location	2008/2009			2011/2012		
	N	%	CI	N	%	CI
<b>Rhode Island</b>	13	15.7	12.4–19.7	12	15.4	12.3–19.1
<b>Connecticut</b>	41	14.3	10.6–18.8	41	14.5	11.0–18.9
<b>Maine</b>	15	14.9	12.8–17.4	16	17.3	14.5–20.5
<b>Massachusetts</b>	66	13.5	10.6–17.0	81	16.6	14.1–19.5
<b>New Hampshire</b>	17	16.1	12.0–21.2	19	19.1	15.3–23.7
<b>Vermont</b>	7	15.7	12.8–19.2	7	15.2	12.2–18.6
<b>National</b>	2,749	11.2	10.8–11.6	2,733	11.2	10.8–11.6

Source: National Survey on Drug Use and Health

Notes:

1. N is the weighted population in thousands.
2. CI = 95% confidence interval.

**12-17: Table 29 Children, Aged 1–17 Years, Admitted to Hospital With a Substance Use Disorder Condition as the Primary Reason in New England and the United States, 2010–2012**

Location	2010		2011		2012	
	N	%	N	%	N	%
<b>Rhode Island</b>						
<b>Maine</b>						
<b>Massachusetts</b>	48	0.004	56	0.004	65	0.005
<b>Vermont</b>						
<b>National</b>	3,638	0.005	3,087	0.004	3,600	0.005

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID), 2010–2012, from the following states: Rhode Island, Maine, Massachusetts, and Vermont and from a total of all 50 states

Note:

Substance use disorder condition definition: the ICD-9 codes 291, 292, 303, 304, 3050, 3052-3059, 6483



**12-17: Table 30      Adolescents, Aged 12–17 Years, Who Received Rx Medication for a Major Depressive Episode in the Past Year in New England and the United States, 2008–2009 and 2011–2012**

Location	2008/2009			2011-2012		
	N	%	CI	N	%	CI
Rhode Island	3	20.1	11.6–32.6	1	13.3	5.6–28.1
Connecticut	5	14.5	7.2–27.1	5	15.8	6.7–32.7
Maine	3	25.4	14.5–40.7	3	21.1	13.4–31.5
Massachusetts	5	6.6	2.7–15.4	10	15.3	8.1–26.9
New Hampshire	3	21.9	13.7–33.3	4	23.7	14.4–36.5
Vermont	1	15.1	7.4–28.3	1	19.7	9.9–35.4
<b>National</b>	419	12.9	11.9–14.0	438	13.7	12.7–14.9

Source: National Survey on Drug Use and Health

Notes:

1. N is the weighted population in thousands.
2. CI = 95% confidence interval.
3. 2012/2013 estimates are not yet available.

**12-17: Table 31      Children, Aged 1–17 Years, Admitted to Hospital  
With a Mental Health Condition as the Primary  
Reason in New England and the United States,  
2010–2012**

Location	2010		2011		2012	
	N	%	N	%	N	%
<b>Rhode Island</b>	604	0.28	382	0.18	368	0.18
<b>Maine</b>	540	0.21	471	0.18	436	0.17
<b>Massachusetts</b>	3,036	0.23	2,907	0.22	3,113	0.23
<b>Vermont</b>			11	0.01		
<b>National</b>	170,684	0.24	147,282	0.21	146,755	0.21

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID), 2010–2012, from the following states: Rhode Island, Maine, Massachusetts, and Vermont and from a total of all 50 states

Note:

Mental health condition definition: the ICD-9 codes 295–302, 306–314, 6484, v402–v403, v409, v61, v663, v673, v701, v702, v710

**12-17: Table 32      Children, Aged 1–17 Years, Admitted to Hospital  
With Mental Health or Substance Use Disorder  
Condition as the Primary Reason in New England and  
the United States, 2010–2012**

Location	2010		2011		2012	
	N	%	N	%	N	%
<b>Rhode Island</b>	609	0.29	417	0.20	396	0.19
<b>Maine</b>	552	0.21	474	0.19	443	0.18
<b>Massachusetts</b>	3,084	0.23	2,963	0.22	3,178	0.24
<b>Vermont</b>			11	0.01		
<b>National</b>	174,322	0.25	150,370	0.22	150,355	0.22

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID), 2010–2012, from the following states: Rhode Island, Maine, Massachusetts, and Vermont and from a total of all 50 states

Note:

Mental health/substance use disorder conditions definition: the ICD-9 codes: 291, 292, 295–304, 3050, 3052–3059, 306–314, 6483, 6484, V402, V403, V409, V61, V663, V673, V701, V702

**12-17: Table 33 Use of Specialty and Nonspecialty Mental Health Services in the Past Year Among Adolescents, Aged 12–17 Years, in New England and the United States, 2010–2011**

Location	Adolescents, N in 1,000s	Adolescents Using Outpatient Treatment, <sup>a</sup> %	Adolescents Using Inpatient or Residential Treatment, <sup>b</sup> %	Adolescents Using Nonspecialty Medical Treatment, <sup>c</sup> %
Rhode Island	79	15.0	2.2	3.6
Connecticut	287	14.6	2.7	3.0
Maine	96	17.2	2.5	3.4
Massachusetts	494	16.4	3.1	2.5
New Hampshire	103	18.1	2.0	4.1
Vermont	45	15.6	1.7	3.2
National	24,660	11.2	2.4	2.5

Source: Substance Abuse and Mental Health Services Administration. Behavioral Health, United States, 2012

Notes:

1. Outpatient services are treatment from a (1) private therapist, psychologist, psychiatrist, social worker, or counselor; (2) mental health clinic or center; (3) partial day hospital or day treatment program; or (4) in-home therapist, counselor, or family preservation worker.
2. An inpatient service is a stay of overnight or longer in a hospital or other facility for mental health problems.
3. Nonspecialty medical treatment includes use of mental health services provided by a pediatrician or other family doctor.

**12-17: Table 34 Use of Substance Abuse Treatment Facilities by Children and Adolescents, Aged 0–17 Years, in New England and the United States, 2009–2011**

Location	Clients Younger Than 18 Years, N			Clients Younger Than 18 Years in Facilities Offering Special Programs or Groups for Children or Adolescents, %		
	2009	2010	2011	2009	2010	2011
<b>Rhode Island</b>	549	496	1,006	35.7	86.1	93.4
<b>Connecticut</b>	632	555	612	67.9	68.8	61.8
<b>Maine</b>	753	747	703	56.2	57.0	66.9
<b>Massachusetts</b>	1,981	1,948	1,312	59.1	68.5	51.5
<b>New Hampshire</b>	486	431	441	38.3	30.2	28.6
<b>Vermont</b>	483	399	330	94.4	82.2	88.5
<b>National<sup>c</sup></b>	84,326	81,863	82,532	81.2	80.7	79.9

Source: Substance Abuse and Mental Health Services Administration. Behavioral Health, United States, 2012

Notes:

1. Clients include individuals who received substance abuse services at hospitals and residential facilities on the survey date.
2. Estimates for the United States include estimates from the 50 states, the District of Columbia, the Federation of Micronesia, Guam, Palau, Puerto Rico, and the U.S. Virgin Islands.

**12-17: Table 35 Adolescents, Aged 12–17 Years, With Unmet Need for Substance Abuse Treatment in the Past Year in New England and the United States, 2010–2011**

Location	Adolescents With Unmet Need for Alcohol Abuse Treatment, %	Adolescents With Unmet Need for Illicit Drug <sup>a</sup> Abuse Treatment, %
Rhode Island	3.5	4.1
Connecticut	3.3	3.6
Maine	2.9	2.0
Massachusetts	5.3	7.5
New Hampshire	5.4	8.1
Vermont	5.5	5.2
National	4.0	4.3

Source: Substance Abuse and Mental Health Services Administration. Behavioral Health, United States, 2012

Notes:

1. Illicit drugs include marijuana/hashish, cocaine including crack, inhalants, hallucinogens, heroin, and prescription-type psychotherapeutics used nonmedically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006.

**Ages 18–24 Years**

**18-24: Table 1      Adults, Aged 18–24 Years, With a Serious Mental Illness  
in the Past Year, in New England and in the United States,  
2008–2013**

Location	2008/2009			2010/2011			2012/2013		
	N	%	CI	N	%	CI	N	%	CI
Rhode Island	5	4.3	2.3–8.1	3	2.9	1.7–5.0		4.9	3.9–6.2
Connecticut	9	3.0	1.6–5.5	9	2.7	1.4–5.3		4.0	3.1–5.2
Maine	6	5.8	3.3–10.2	4	3.3	2.1–5.3		4.8	3.7–6.0
Massachusetts	14	2.1	1.1–4.1	26	3.9	2.2–6.9		4.5	3.5–5.7
New Hampshire	5	4.1	2.3–7.1	6	4.8	3.3–7.1		4.9	3.9–6.1
Vermont	3	4.6	2.6–7.9	2	3.2	2.0–5.1		5.0	3.9–6.4
National	1,008	3.4	3.2–3.7	1,150	3.8	3.6–4.1		4.2	3.9–4.4

Source: National Survey on Drug Use and Health

Notes:

1. N is the weighted population in thousands.
2. CI = 95% confidence interval.
3. N was not available for 2012/2013 estimates.
4. 2012/2013 estimates are for 18–25 year olds, the closest available age group in the Substance Abuse and Mental Health Services Administration report.

**18-24: Table 2**

**Adults, Aged 18–24 Years, With Any Mental Illness  
in the Past Year in New England and in the United  
States, 2008–2013**

Location	2008/2009			2010/2011			2012/2013		
	N	%	CI	N	%	CI	N	%	CI
Rhode Island	26	22.2	17.0–28.5	19	16.4	13.8–19.4		19.9	17.3–22.8
Connecticut	60	19.6	15.7–24.1	59	17.8	14.3–22.0		18.3	15.6–21.3
Maine	20	18.0	14.5–22.1	25	22.0	18.4–26.1		20.6	18.1–23.4
Massachusetts	129	19.1	15.8–23.1	130	19.2	15.9–23.0		21.7	18.8–25.0
New Hampshire	24	19.9	16.8–23.6	26	20.0	16.8–23.7		21.3	18.8–24.2
Vermont	10	17.0	13.4–21.2	14	21.5	18.2–25.1		22.1	19.2–25.2
National	5,224	17.7	(17.2–18.2)	5,488	18.2	17.6–18.7		19.5	19.0–20.0

Source: National Survey on Drug Use and Health

Notes:

1. N is the weighted population in thousands.
2. CI = 95% confidence interval.
3. N was not available for 2012/2013 estimates.
4. 2012/2013 estimates are for 18–25 year olds, the closest available age group in the Substance Abuse and Mental Health Services Administration report.



**18-24: Table 3**

**Adults, Aged 18–24 Years, With Any Serious Psychological Distress in the Past Year in New England and in the United States, 2008–2013**

Location	2008/2009			2010/2011		
	N	%	CI	N	%	CI
Rhode Island	26	22.8	17.9–28.4	23	19.8	16.4–23.8
Connecticut	59	19.1	15.4–23.5	58	17.5	13.5–22.3
Maine	23	21.1	17.9–24.7	22	19.0	15.6–22.9
Massachusetts	125	18.5	15.0–22.5	129	19.0	15.7–22.9
New Hampshire	23	19.0	16.1–22.2	24	18.9	15.3–23.1
Vermont	12	18.9	15.3–23.1	12	18.0	14.1–22.7
National	5,241	17.7	17.2–18.2	5,399	17.9	17.4–18.4

Source: National Survey on Drug Use and Health

Notes:

1. N is the weighted population in thousands.
2. CI = 95% confidence interval.

**18-24: Table 4**

**Adults, Aged 18–24 Years, With Any Suicidal Thoughts in the Past Year in New England and in the United States, 2008–2013**

Location	2008/2009			2010/2011			2012/2013		
	N	%	CI	N	%	CI	N	%	CI
Rhode Island	7	6.3	3.9–10.0	8	6.4	4.1–9.9	7.3	5.9–9.0	
Connecticut	20	6.4	4.2–9.7	17	5.1	3.1–8.4	6.8	5.4–8.4	
Maine	8	7.7	5.0–11.6	7	5.8	4.2–7.9	7.7	6.3–9.4	
Massachusetts	38	5.7	3.8–8.5	41	6.2	3.9–9.6	7.7	6.2–9.5	
New Hampshire	8	7.0	4.6–10.5	10	8.1	5.9–11.0	8.4	6.8–10.2	
Vermont	4	7.0	4.6–10.3	5	7.4	5.2–10.6	7.9	6.4–9.7	
National	1,916	6.5	6.2–6.9	2,094	7.0	6.6–7.3	7.3	7.0–7.6	

Source: National Survey on Drug Use and Health

Notes:

1. N is the weighted population in thousands.
2. CI = 95% confidence interval.
3. N was not available for 2012/2013 estimates.
4. 2012/2013 estimates are for 18–25 year olds, the closest available age group in the Substance Abuse and Mental Health Services Administration report.

**18-24: Table 5**

**Adults, Aged 18–24 Years, With at Least One Major Depressive Episode in the Past Year in New England and in the United States, 2008–2013**

Location	2008/2009			2010/2011			2012/2013		
	N	%	CI	N	%	CI	N	%	CI
Rhode Island	13	11.7	6.8–19.3	9	7.4	5.7–9.6		9.7	8.0–11.8
Connecticut	25	8.3	6.4–10.6	22	6.8	4.8–9.6		8.4	6.8–10.2
Maine	10	9.3	6.2–13.8	10	8.3	5.7–11.9		9.9	8.2–11.9
Massachusetts	63	9.3	7.2–11.9	62	9.1	6.8–12.2		8.5	6.9–10.3
New Hampshire	10	8.2	5.6–11.9	13	10.4	7.8–13.7		9.8	8.2–11.8
Vermont	6	9.3	7.0–12.1	6	8.6	6.8–10.9		10.7	8.9–12.9
National	2,351	8.0	7.6–8.3	2,515	8.3	8.0–8.7		8.8	8.46–9.19

Source: National Survey on Drug Use and Health

Notes:

1. N is the weighted population in thousands.
2. CI = 95% confidence interval.
3. N was not available for 2012/2013 estimates.
4. 2012/2013 estimates are for 18–25 year olds, the closest available age group in the Substance Abuse and Mental Health Services Administration report.

**18-24: Table 6**

**Adults, Aged 18–24 Years, With Illicit Drug Dependence or Abuse in the Past Year in New England and in the United States, 2008–2013**

Location	2008/2009			2010/2011			2012/2013		
	N	%	CI	N	%	CI	N	%	CI
Rhode Island	13	11	8.4–15.4	12	10.0	7.1–13.9	9.0	7.2–11.2	
Connecticut	33	11	8.3–14.0	24	7.3	4.8–11.0	8.4	6.7–10.4	
Maine	12	11	7.4–14.9	11	9.3	6.4–13.3	8.9	7.2–11.0	
Massachusetts	65	9.6	6.8–13.5	49	7.2	5.0–10.2	8.2	6.4–10.4	
New Hampshire	14	11	7.7–16.5	11	8.8	6.1–12.7	9.4	7.6–11.6	
Vermont	7	11	8.6–13.2	8	11.9	8.5–16.5	9.2	7.3–11.5	
National	2,374	8.0	7.7–8.4	2,434	8.1	7.7–8.4	7.6	7.2–8.0	

Source: National Survey on Drug Use and Health

Notes:

1. N is the weighted population in thousands.
2. CI = 95% confidence interval.
3. N was not available for 2012/2013 estimates.
4. 2012/2013 estimates are for 18–25 year olds, the closest available age group in the Substance Abuse and Mental Health Services Administration report.

**18-24: Table 7    Adults, Aged 18–24 Years, With Dependence on or Abuse of Illicit Drugs or Alcohol in the Past Year in New England and in the United States, 2008–2013**

Location	2008/2009			2010/2011			2012/2013		
	N	%	CI	N	%	CI	N	%	CI
Rhode Island	25	22.0	17.4–27.4	26	22.4	18.1–27.4		22.6	19.8–25.7
Connecticut	84	27	23.1–31.8	74	22.3	18.6–26.7		18.9	16.2–21.9
Maine	22	20	15.7–25.9	21	18.1	14.0–23.1		20.0	17.5–22.9
Massachusetts	171	25	21.2–30.0	163	24.1	20.0–28.6		20.0	17.3–22.9
New Hampshire	31	26	20.5–31.6	26	20.3	15.8–25.6		23.7	20.8–26.8
Vermont	16	27	21.9–31.6	18	27.2	21.7–33.5		21.0	18.2–24.2
<b>National</b>	6,128	21	20.2–21.3	5,909	19.6	19.0–20.2		18.1	17.5–18.6

Source: National Survey on Drug Use and Health

Notes:

1. N is the weighted population in thousands.
2. CI = 95% confidence interval.
3. N was not available for 2012/2013 estimates.
4. 2012/2013 estimates are for 18–25 year olds, the closest available age group in the Substance Abuse and Mental Health Services Administration report.

**18-24: Table 8**

**Adults, Aged 18–24 Years, With Illicit Drug Use in the Past Month in New England and in the United States, 2008–2013**

Location	2008/2009			2010/2011			2012/2013		
	N	%	CI	N	%	CI	N	%	CI
Rhode Island	35	30.0	24.7–36.0	41	34.7	30.2–39.4	31.8	28.2–35.5	
Connecticut	82	26.7	22.3–31.5	86	26.0	20.4–32.5	25.4	22.0–29.2	
Maine	32	29.6	23.7–36.3	31	27.5	22.3–33.3	26.2	23.0–29.7	
Massachusetts	196	29.1	24.4–34.3	216	31.9	27.2–36.8	28.7	25.4–32.3	
New Hampshire	38	30.9	25.6–36.8	41	32.4	28.2–37.0	29.8	26.5–33.4	
Vermont	22	36.3	31.0–42.0	23	35.2	27.9–43.2	30.0	26.6–33.7	
National	6,202	21.0	20.4–21.6	6,640	22.0	21.3–22.6	21.4	20.9–22.0	

Source: National Survey on Drug Use and Health

Notes:

1. N is the weighted population in thousands.
2. CI = 95% confidence interval.
3. N was not available for 2012/2013 estimates.
4. 2012/2013 estimates are for 18–25 year olds, the closest available age group in the Substance Abuse and Mental Health Services Administration report.

**18-24: Table 9**

**Adults, Aged 18–24 Years, With Illicit Drug Dependence in the Past Year in New England and in the United States, 2008–2013**

Location	2008/2009			2010/2011			2012/2013		
	N	%	CI	N	%	CI	N	%	CI
<b>Rhode Island</b>	9	8.2	5.0–13.2	8	6.9	4.9–9.7	6.3	4.8–8.2	
<b>Connecticut</b>	23	7.5	5.4–10.3	19	5.7	3.5–9.1	6.3	4.7–8.4	
<b>Maine</b>	10	9.0	5.9–13.5	7	6.5	4.1–10.0	6.4	5.0–8.3	
<b>Massachusetts</b>	44	6.5	4.2–10.0	46	6.7	4.6–9.8	6.0	4.6–7.9	
<b>New Hampshire</b>	10	8.3	5.2–12.8	8	6.4	4.4–9.3	7.4	5.8–9.3	
<b>Vermont</b>	4	6.9	5.0–9.3	6	9.4	6.5–13.4	7.2	5.5–9.2	
<b>National</b>	2,374	8.0	(7.7–8.4)	2,434	8.1	(7.7–8.4)	7.6	(7.2–8.0)	

Source: National Survey on Drug Use and Health

Notes:

1. N is the weighted population in thousands.
2. CI = 95% confidence interval.
3. N was not available for 2012/2013 estimates.
4. 2012/2013 estimates are for 18–25 year olds, the closest available age group in the Substance Abuse and Mental Health Services Administration report.

**18-24: Table 10**

**Adults, Aged 18–24 Years, Who Used Alcohol in the Past Month in New England and in the United States, 2008–2013**

Location	2008/2009			2010/2011			2012/2013		
	N	%	CI	N	%	CI	N	%	CI
Rhode Island	82	71.2	64.9–76.8	84	71.3	65.6–76.3	69.4	65.4–73.1	
Connecticut	205	66.6	59.5–73.1	232	70.1	63.1–76.2	66.5	62.5–70.3	
Maine	70	64.5	57.2–71.2	70	61.1	55.2–66.7	64.1	60.5–67.6	
Massachusetts	490	72.7	67.2–77.6	488	72.0	66.1–77.3	70.3	66.5–73.8	
New Hampshire	91	75.1	70.0–79.6	92	71.9	66.7–76.6	73.2	69.7–76.4	
Vermont	46	74.8	70.0–79.1	49	75.6	69.9–80.5	69.3	65.5–72.8	
National	17,909	60.6	59.8–61.4	18,088	59.9	59.0–60.7	59.9	59.2–60.6	

Source: National Survey on Drug Use and Health

Notes:

1. N is the weighted population in thousands.
2. CI = 95% confidence interval.
3. N was not available for 2012/2013 estimates.
4. 2012/2013 estimates are for 18–25 year olds, the closest available age group in the Substance Abuse and Mental Health Services Administration report.



**18-24: Table 11      Adults, Aged 18–24 Years, With Binge Alcohol Use in the Past Month in New England and in the United States, 2008–2013**

Location	2008/2009			2010/2011			2012/2013		
	N	%	CI	N	%	CI	N	%	CI
<b>Rhode Island</b>	58	50.3	43.4–57.2	59	49.7	41.4–58.1		48.8	44.8–52.8
<b>Connecticut</b>	151	49.0	43.1–54.9	156	47.1	40.1–54.2		44.5	40.4–48.7
<b>Maine</b>	49	44.5	36.9–52.4	45	39.6	33.7–45.7		43.3	39.7–47.0
<b>Massachusetts</b>	332	49.2	44.9–53.6	329	48.6	42.5–54.7		46.2	42.3–50.1
<b>New Hampshire</b>	65	53.1	45.3–60.8	63	49.6	43.6–55.6		49.0	45.3–52.6
<b>Vermont</b>	33	53.9	49.0–58.6	35	54.0	48.2–59.7		45.1	41.3–49.0
<b>National</b>	12,210	41.3	40.5–42.2	11,961	39.6	38.8–40.4		38.7	38.0–39.5

Source: National Survey on Drug Use and Health

Notes:

1. N is the weighted population in thousands.
2. CI = 95% confidence interval.
3. N was not available for 2012/2013 estimates.
4. 2012/2013 estimates are for 18–25 year olds, the closest available age group in the Substance Abuse and Mental Health Services Administration report.

**18-24: Table 12**

**Adults, Aged 18–24 Years, With Alcohol  
Dependence in the Past Year in New England  
and in the United States, 2008–2013**

Location	2008/2009			2010/2011			2012/2013		
	N	%	CI	N	%	CI	N	%	CI
<b>Rhode Island</b>	9	7.9	4.8–12.8	9	7.3	5.0–10.5	8.3	6.5–10.6	
<b>Connecticut</b>	24	7.8	5.4–11.1	24	7.3	4.8–10.9	5.9	4.4–8.0	
<b>Maine</b>	7	6.9	4.0–11.4	5	4.7	3.4–6.4	5.9	4.6–7.5	
<b>Massachusetts</b>	59	8.7	6.4–11.7	71	10.5	7.8–14.0	6.2	4.8–8.0	
<b>New Hampshire</b>	10	8.2	4.7–14.0	6	4.7	3.3–6.5	7.8	6.2–9.8	
<b>Vermont</b>	5	7.5	4.5–12.1	5	7.4	4.9–11.0	6.4	5.0–8.3	
<b>National</b>	2,076	7.0	6.7–7.4	1,910	6.3	6.0–6.7	5.8	5.47–6.09	

Source: National Survey on Drug Use and Health

Notes:

1. N is the weighted population in thousands.
2. CI = 95% confidence interval.
3. N was not available for 2012/2013 estimates.
4. 2012/2013 estimates are for 18–25 year olds, the closest available age group in the Substance Abuse and Mental Health Services Administration report.

**18-24: Table 13**

**Adults, Aged 18–24 Years, Who  
Have Ever Used Cocaine in New  
England and in the United States,  
2008–2011**

Location	2008/2009			2010/2011		
	N	%	CI	N	%	CI
<b>Rhode Island</b>	21	18.0	13.3–24.0	16	13.6	10.7–17.2
<b>Connecticut</b>	53	17.2	13.7–21.4	33	10.0	6.8–14.4
<b>Maine</b>	21	19.0	12.2–28.5	19	16.2	12.7–20.5
<b>Massachusetts</b>	119	17.7	14.2–21.7	101	14.9	12.4–17.7
<b>New Hampshire</b>	25	20.6	16.3–25.6	21	16.1	11.8–21.5
<b>Vermont</b>	14	22.6	16.5–30.1	16	24.0	19.5–29.2
<b>National</b>	4,234	14.3	13.8–14.9	3,679	12.2	11.7–12.7

Source: National Survey on Drug Use and Health

Notes:

1. N is the weighted population in thousands.
2. CI = 95% confidence interval.

**18-24: Table 14**

**Adults, Aged 18–24 Years, Who Used Marijuana in the Past Year in New England and in the United States, 2008–2013**

Location	2008/2009			2010/2011			2012/2013		
	N	%	CI	N	%	CI	N	%	CI
<b>Rhode Island</b>	46	39.9	34.3–45.7	54	45.8	40.8–51.0		45.2	41.2–49.2
<b>Connecticut</b>	127	41.1	34.9–47.6	128	38.7	33.4–44.3		39.4	35.5–43.4
<b>Maine</b>	45	41.3	35.4–47.3	45	39.2	33.6–45.1		38.8	35.2–42.5
<b>Massachusetts</b>	281	41.6	35.9–47.5	310	45.7	39.5–52.0		41.9	38.1–45.8
<b>New Hampshire</b>	52	42.8	37.2–48.6	55	42.8	38.1–47.8		44.0	40.3–47.7
<b>Vermont</b>	30	49.7	43.7–55.8	30	46.8	39.9–53.7		46.8	42.9–50.7
<b>National</b>	8,911	30.2	29.4–30.9	9,459	31.3	30.6–32.1		31.6	30.8–32.3

Source: National Survey on Drug Use and Health

Notes:

1. N is the weighted population in thousands.
2. CI = 95% confidence interval.
3. N was not available for 2012/2013 estimates.
4. 2012/2013 estimates are for 18–25 year olds.

**18-24: Table 15      Unemployed Adults, Aged 18–24 Years,  
in New England and in the United States,  
2008–2011**

Location	2008/2009			2010/2011		
	N	%	CI	N	%	CI
Rhode Island	12	10.8	7.4–15.4	13	10.8	7.8–14.7
Connecticut	40	13.1	9.5–17.8	41	12.3	9.4–15.9
Maine	12	11.4	8.8–14.6	15	13.3	9.8–17.8
Massachusetts	55	8.1	5.1–12.6	62	9.1	6.5–12.5
New Hampshire	13	10.9	8.6–13.8	11	8.5	6.3–11.5
Vermont	6	10.4	7.4–14.3	5	7.6	5.4–10.7
<b>National</b>	<b>3,538</b>	<b>12.0</b>	<b>11.5–12.5</b>	<b>4,156</b>	<b>13.8</b>	<b>13.3–14.2</b>

Source: National Survey on Drug Use and Health

Notes:

1. N is the weighted population in thousands.
2. CI = 95% confidence interval.

**18-24: Table 16      Adults, Aged 18–24 Years, Who Received Any Mental Health Treatment in the Past Year in New England and in the United States, 2008–2011**

Location	2008/2009			2010/2011		
	N	%	CI	N	%	CI
<b>Rhode Island</b>	14	12.2	9.0–16.3	17	14.7	11.7–18.4
<b>Connecticut</b>	46	14.8	11.3–19.0	41	12.4	9.2–16.5
<b>Maine</b>	19	17.8	13.8–22.5	20	17.5	13.7–22.0
<b>Massachusetts</b>	99	14.8	11.6–18.7	93	13.8	11.0–17.2
<b>New Hampshire</b>	22	18.0	13.3–24.0	22	16.9	13.6–20.7
<b>Vermont</b>	9	15.0	12.0–18.7	12	18.3	14.2–23.4
<b>National</b>	3,203	10.9	10.5–11.3	3,353	11.2	10.7–11.6

Source: National Survey on Drug Use and Health

Notes:

1. N is the weighted population in thousands.
2. CI = 95% confidence interval.

**18-24: Table 17 Adults, Aged 18–24 Years, Who Received Any Outpatient Mental Health Treatment in the Past Year in New England and in the United States, 2008–2011**

Location	2008/2009			2010/2011		
	N	%	CI	N	%	CI
Rhode Island	8	6.6	(4.2–10.3)	9	7.5	5.1–11.1
Connecticut	26	8.6	(6.4–11.4)	28	8.3	5.8–11.8
Maine	10	9.6	(6.0–15.0)	9	8.0	5.6–11.5
Massachusetts	60	9.0	(6.7–11.9)	64	9.6	7.4–12.3
New Hampshire	15	12.4	(8.0–18.8)	14	11.3	8.5–15.0
Vermont	6	9.7	(7.3–12.6)	6	10.0	7.2–13.6
National	1,715	5.8	(5.5–6.1)	1,798	6.0	5.7–6.3

Source: National Survey on Drug Use and Health

Notes:

1. N is the weighted population in thousands.
2. CI = 95% confidence interval.

**18-24: Table 18      Adults, Aged 18–24 Years, Who Received Treatment for Illicit Drug or Alcohol Use in the Past Year at Any Location in New England and in the United States, 2008–2011**

Location	2008/2009			2010/2011		
	N	%	CI	N	%	CI
Rhode Island	3	2.4	1.3–4.7	2	2.1	1.0–4.4
Connecticut	15	4.9	3.3–7.2	13	4.0	2.2–7.1
Maine	3	2.6	1.6–4.2	4	3.2	1.7–5.9
Massachusetts	15	2.2	1.2–3.9	18	2.7	1.3–5.3
New Hampshire	3	2.8	1.4–5.7	4	3.1	1.7–5.4
Vermont	3	4.4	2.8–6.8	3	4.7	2.9–7.4
National	835	2.8	2.6–3.0)	806	2.7	2.5–2.9

Source: National Survey on Drug Use and Health

Notes:

1. N is the weighted population in thousands.
2. CI = 95% confidence interval.



**18-24: Table 19 Adults, Aged 18–24 Years, Who Received Treatment for Illicit Drug or Alcohol Use in the Past Year at a Specific Facility in New England and in the United States, 2008–2011**

Location	2008/2009			2010/2011		
	N	%	CI	N	%	CI
Rhode Island	2	1.6	0.7–3.7	2	1.4	0.5–3.6
Connecticut	9	2.9	1.6–5.2	6	1.8	0.7–4.4
Maine	2	2.1	1.2–3.7	2	1.7	0.6–4.6
Massachusetts	7	1.0	0.3–2.9	12	1.8	0.9–3.6
New Hampshire	2	1.8	0.9–3.7	3	2.0	1.1–3.6
Vermont	2	2.9	1.5–5.4	2	3.5	2.0–5.9
National	486	1.6	1.5–1.8	476	1.6	1.4–1.7

Source: National Survey on Drug Use and Health

Notes:

1. N is the weighted population in thousands.
2. CI = 95% confidence interval.

**18-24: Table 20      Adults, Aged 18–44 Years, Admitted to Hospital  
With a Mental Health Condition as the Primary  
Reason in New England and in the United States,  
2010–2012**

Location	2010		2011		2012	
	N	%	N	%	N	%
<b>Rhode Island</b>	3,834	1.01	4,126	1.09	4,036	1.07
<b>Maine</b>	2,369	0.55	2,652	0.62	2,461	0.58
<b>Massachusetts</b>	18,238	0.76	17,788	0.73	17,595	0.72
<b>Vermont</b>	1,099	0.52	1,240	0.59	1,019	0.48
<b>National</b>	689,801	0.62	682,564	0.61	690,665	0.61

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID), 2010–2012, from the following states: Rhode Island, Maine, Massachusetts, and Vermont and from a total of all 50 states

Notes:

1. Age range was 18–44 years, the closest available age group from HCUPNet.
2. Mental Health condition definition: the ICD-9 codes 295–302, 306–314, 6484, v402–v403, v409, v61, v663, v673, v701, v702, v710.

**18-24: Table 21 Adults, Aged 18–44 Years, Admitted to Hospital With a Substance Use Disorder Condition as the Primary Reason in New England and in the United States, 2010–2012**

Location	2010		2011		2012	
	N	%	N	%	N	%
<b>Rhode Island</b>	920	0.24	930	0.25	954	0.25
<b>Maine</b>	2,193	0.51	2,306	0.54	2,347	0.55
<b>Massachusetts</b>	4,924	0.20	5,690	0.24	6,341	0.26
<b>Vermont</b>	346	0.16	314	0.15	321	0.15
<b>National</b>	223,643	0.20	208,037	0.19	204,430	0.18

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID), 2010–2012, from the following states: Rhode Island, Maine, Massachusetts, and Vermont and from a total of all 50 states

Notes:

1. Age range was 18–44 years, the closest available age group from HCUPNet.
2. Substance Use Disorder condition definition: the ICD-9 codes 291, 292, 303, 304, 3050, 3052–3059, 6483.

**18-24: Table 22    Adults, Aged 18–44 Years, Admitted to Hospital  
with Mental Health or Substance Use Disorder  
Condition as the Primary Reason in New England  
and in the United States, 2010–2012**

Location	2010		2011		2012	
	N	%	N	%	N	%
<b>Rhode Island</b>	4,754	1.25	5,056	1.34	4,990	1.32
<b>Maine</b>	4,562	1.06	4,958	1.16	4,808	1.13
<b>Massachusetts</b>	23,162	0.96	23,478	0.97	23,936	0.99
<b>Vermont</b>	1,445	0.68	1,554	0.73	1,340	0.64
<b>National</b>	913,445	0.82	890,601	0.79	895,095	0.79

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID), 2010–2012, from the following states: Rhode Island, Maine, Massachusetts, and Vermont and from a total of all 50 states

Notes:

1. Age range was 18–44 years, the closest available age group from HCUPNet.
2. Mental health/Substance Use Disorder conditions definition: the ICD-9 codes: 291, 292, 295–304, 3050, 3052-3059, 306–314, 6483, 6484, V402, V403, V409, V61, V663, V673, V701, V702, V710.

**18-24: Table 23      Individuals, Aged 18–44 Years, Receiving Detox  
in General Hospital, in New England and the  
United States, 2010–2012**

Location	2010		2011		2012	
	N	%	N	%	N	%
<b>Rhode Island</b>	560	0.15	633	0.17	692	0.34
<b>Maine</b>	2,175	0.51	2,502	0.59	2,629	0.62
<b>Massachusetts</b>	6,345	0.26	6,726	0.28	7,123	0.29
<b>Vermont</b>	177	0.08	199	0.09	204	0.10
<b>National</b>	163,869	0.15	142,299	12.7	140,075	0.12

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID), 2010–2012, from the following states: Rhode Island, Maine, Massachusetts, and Vermont and from a total of all 50 states

Notes:

1. Some of the discharges may be double counted; more than one detox code may appear on the same discharge.
2. Detox definition: the ICD-9 procedure codes 94.62, 94.63, 94.65, 94.66, 94.68, 94.69.

**18-24: Table 24      Adults, Aged 18–44 Years, Admitted to Hospital With Detoxification as the Primary Reason in New England and in the United States, 2010–2012**

Location	2010		2011		2012	
	N	%	N	%	N	%
<b>Rhode Island</b>	534	0.14	606	0.16	669	0.18
<b>Maine</b>	2,139	0.50	2,448	0.57	2,568	0.61
<b>Massachusetts</b>	5,855	0.24	6,228	0.26	6,651	0.27
<b>Vermont</b>	120	0.06	113	0.05	127	0.06
<b>National</b>	155,275	0.14	134,378	0.12	128,970	0.11

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID), 2010–2012, from the following states: Rhode Island, Maine, Massachusetts, and Vermont and from a total of all 50 states

Notes:

1. Age range was 18–44 years, the closest available age group from HCUPNet.
2. Detoxification definition: the ICD-9-PCS procedure codes 94.62, 94.63, 94.65, 94.66, 94.68, 94.69.

**18-24: Table 25      Adults, Aged 18–24 Years, Needing but Not Receiving Treatment for Drug or Alcohol Use in a Specialty Facility in the Past Year in New England and in the United States, 2008–2011**

Location	2008/2009			2010/2011		
	N	%	CI	N	%	CI
<b>Rhode Island</b>	24	20.7	16.0–26.3	25	21.3	17.0–26.3
<b>Connecticut</b>	75	24.3	20.2–29.0	69	20.9	17.3–25.0
<b>Maine</b>	21	18.8	14.5–23.9	20	17.2	13.2–22.1
<b>Massachusetts</b>	166	24.6	20.6–29.1	153	22.5	18.6–27.0
<b>New Hampshire</b>	30	24.4	19.4–30.3	24	18.9	14.7–24.0
<b>Vermont</b>	15	23.8	19.5–28.8	16	24.7	19.5–30.7
<b>National</b>	5,788	19.6	19.0–20.2	5,576	18.5	17.9–19.0

Source: National Survey on Drug Use and Health

Notes:

1. N is the weighted population in thousands.
2. CI = 95% confidence interval.

**18-24: Table 26      Adults, Aged 18–24 Years, With an Unmet Need for Mental Health Services in the Past Year in New England and in the United States, 2008–2011**

Location	2008/2009			2010/2011		
	N	%	CI	N	%	CI
Rhode Island	14	12.0	8.9–15.9	11	9.1	6.7–12.3
Connecticut	22	7.1	5.1–9.9	26	7.8	5.3–11.5
Maine	12	11.0	8.5–14.3	12	10.5	7.5–14.6
Massachusetts	61	9.0	6.6–12.2	67	10.0	8.0–12.3
New Hampshire	12	10.3	7.6–13.7	11	8.4	5.9–11.8
Vermont	6	10.3	7.4–14.1	6	9.1	6.4–12.6
National	2,303	7.8	7.5–8.2	2,282	7.6	7.2–8.0

Source: National Survey on Drug Use and Health

Notes:

1. N is the weighted population in thousands.
2. CI = 95% confidence interval.



**Ages 25–64 Years**

**25-64: Table 1**

**Adults With Serious Mental Illness in New England and the United States, 2008–2013**

Location	2008/2009			2010/2011			2012/2013		
	N	%	CI	N	%	CI	N	%	CI
Rhode Island	60	10.8	7.2–15.8	24	4.4	2.5–7.4	5.0	3.8–6.6	
Connecticut	75	4.0	2.4–6.5	85	4.5	2.6–7.9	3.3	2.4–4.4	
Maine	35	4.8	3.5–6.5	34	4.8	3.0–7.5	5.0	3.8–6.4	
Massachusetts	181	5.2	3.4–7.6	212	5.9	4.0–8.8	4.2	3.2–5.5	
New Hampshire	26	3.6	2.0–6.3	44	6.1	3.9–9.6	3.8	2.9–4.9	
Vermont	14	4.0	2.6–6.1	23	6.7	4.6–9.7	5.6	4.3–7.2	
National	6,909	4.3	4.1–4.6	7,671	4.8	4.5–5.1	4.1	3.9–4.4	

Source: National Survey on Drug Use (NSDUH)

Notes:

1. N is weighted population in thousands.
2. CI = 95% confidence interval.
3. N was not available for 2012/2013 estimates.
4. 2012/2013 estimates are for 26+ year olds. 2008/2009 and 2010/2011 estimates are for 25–64 year olds.

**25-64: Table 2**

**Adults With Any Mental Illness in the Past Year in  
New England and the United States, 2008–2013**

Location	2008/2009			2010/2011			2012/2013		
	N	%	CI	N	%	CI	N	%	CI
<b>Rhode Island</b>	168	30.4	25.6–35.7	107	19.3	14.7–25.0		20.2	17.4–23.2
<b>Connecticut</b>	369	19.6	15.7–24.3	299	15.9	12.2–20.4		17.1	14.8–19.7
<b>Maine</b>	160	22.1	18.0–26.9	124	17.2	13.3–22.0		21.5	18.7–24.5
<b>Massachusetts</b>	633	18.0	14.9–21.7	632	17.8	14.1–22.1		18.9	16.5–21.6
<b>New Hampshire</b>	142	19.6	16.1–23.6	164	22.7	18.6–27.4		18.2	15.9–20.8
<b>Vermont</b>	76	22.2	18.0–27.1	71	21.0	17.5–25.0		19.3	16.8–22.1
<b>National</b>	31,138	19.6	19.1–20.1	31,204	19.4	18.9–19.9		18.4	17.9–18.9

Source: National Survey on Drug Use and Health (NSDUH)

Notes:

1. N is weighted population in thousands.
2. CI = 95% confidence interval.
3. N was not available for 2012/2013 estimates.
4. 2012/2013 estimates are for 26+ year olds. 2008/2009 and 2010/2011 estimates are for 25–64 year olds.

**25-64: Table 3      Adults Who Had Serious Thoughts of Suicide in the Past Year in New England and the United States, 2008–2013**

Location	2008/2009			2010/2011			2012/2013		
	N	%	CI	N	%	CI	N	%	CI
Rhode Island	43	7.7	5.3–11.1	21	4.0	2.4–6.4		3.8	2.8–5.0
Connecticut	74	3.9	2.5–6.2	70	3.7	2.1–6.6		3.2	2.4–4.3
Maine	38	5.2	3.5–7.6	23	3.2	1.7–6.0		4.0	3.0–5.8
Massachusetts	139	4.0	2.5–6.2	150	4.2	2.6–6.9		3.4	2.6–4.5
New Hampshire	20	2.8	1.9–4.2	43	5.9	3.9–8.9		3.1	2.4–4.1
Vermont	14	4.1	2.5–6.7	22	6.6	4.7–9.2		4.0	3.0–5.3
National	5,993	3.8	3.6–4.0	5,879	3.7	3.4–3.9		3.3	3.1–3.5

Source: National Survey on Drug Use and Health (NSDUH)

Notes:

1. N is weighted population in thousands.
2. CI = 95% confidence interval.
3. N was not available for 2012/2013 estimates.
4. 2012/2013 estimates are for 26+ year olds. 2008/2009 and 2010/2011 estimates are for 25–64 year olds.

**25-64: Table 4**

**Adults Who Had at Least One Major Depressive Episode in the Past Year in New England and the United States, 2008–2013**

Location	2008/2009			2010/2011			2012/2013		
	N	%	CI	N	%	CI	N	%	CI
Rhode Island	83	15.0	10.8–20.5	39	7.1	4.8–10.5		8.2	6.5–10.3
Connecticut	110	5.9	3.9–8.8	154	8.2	5.4–12.1		6.0	4.7–7.6
Maine	59	8.1	5.8–11.3	54	7.5	5.0–11.1		7.8	6.2–9.6
Massachusetts	267	7.6	5.3–10.7	271	7.6	5.6–10.3		6.3	5.1–7.9
New Hampshire	67	9.2	6.4–13.2	56	7.7	5.1–11.7		6.4	5.1–8.1
Vermont	23	6.6	4.8–9.1	31	9.2	6.7–12.5		7.1	5.7–8.7
National	11,491	7.2	6.9–7.6	11,812	7.3	7.0–7.7		6.4	6.1–6.7

Source: National Survey on Drug Use and Health (NSDUH)

Notes:

1. N is weighted population in thousands.
2. CI = 95% confidence interval.
3. N was not available for 2012/2013 estimates.
4. 2012/2013 estimates are for 26+ year olds. 2008/2009 and 2010/2011 estimates are for 25–64 year olds.

**25-64: Table 5**

**Illicit Drug or Alcohol Abuse or Dependence  
Among Adults in the Past Year in New England  
and the United States, 2008–2013**

Location	2008/2009			2010/2011			2012/2013		
	N	%	CI	N	%	CI	N	%	CI
<b>Rhode Island</b>	72	13	10.1–17.0	71	12.8	9.7–16.8	9.0	7.5–10.8	
<b>Connecticut</b>	183	9.8	7.1–13.3	158	8.4	6.1–11.5	7.0	5.7–8.6	
<b>Maine</b>	60	8.3	6.2–11.0	45	6.3	4.4–9.0	7.3	6.0–9.0	
<b>Massachusetts</b>	306	8.7	6.4–11.7	335	9.4	7.3–12.0	7.3	6.1–8.9	
<b>New Hampshire</b>	62	8.5	6.3–11.4	59	8.2	6.1–11.0	7.4	6.1–8.9	
<b>Vermont</b>	28	8.3	5.9–11.5	26	7.7	5.5–10.8	7.5	6.1–9.1	
<b>National</b>	14,036	8.8	8.5–9.2	13,139	8.2	7.8–8.5	7.0	6.8–7.3	

Source: National Survey on Drug Use and Health (NSDUH)

Notes:

1. N is weighted population in thousands.
2. CI = 95% confidence interval.
3. N was not available for 2012/2013 estimates.
4. 2012/2013 estimates are for 26+ year olds. 2008/2009 and 2010/2011 estimates are for 25–64 year olds.

**25-64: Table 6      Adults Who Used Drugs in the Past Month in New England and the United States, 2008–2013**

Location	2008/2009			2010/2011			2012/2013		
	N	%	CI	N	%	CI	N	%	CI
<b>Rhode Island</b>	72	13.1	9.9–17.2	79	14.2	10.5–18.9		12.8	10.4–15.5
<b>Connecticut</b>	160	8.5	5.7–12.6	153	8.1	6.0–10.9		7.5	5.9–9.4
<b>Maine</b>	83	11.5	8.9–14.6	66	9.2	6.6–12.7		9.3	7.3–11.6
<b>Massachusetts</b>	348	9.9	7.3–13.2	337	9.5	7.0–12.6		8.7	7.0–10.8
<b>New Hampshire</b>	77	10.7	8.2–13.8	54	7.5	5.4–10.4		8.3	6.6–10.4
<b>Vermont</b>	38	11.2	8.7–14.2	53	15.6	12.0–20.1		9.6	7.7–11.9
<b>National</b>	12,051	7.6	7.2–7.9	13,054	8.1	7.7–8.5		7.2	6.9–7.5

Source: National Survey on Drug Use and Health (NSDUH)

Notes:

1. N is weighted population in thousands.
2. CI = 95% confidence interval.
3. N was not available for 2012/2013 estimates.
4. 2012/2013 estimates are for 26+ year olds. 2008/2009 and 2010/2011 estimates are for 25–64 year olds.

**25-64: Table 7      Illicit Drug Dependence or Abuse in the Past Year  
Among Adults in New England and the United States,  
2008–2013**

Location	2008/2009			2010/2011			2012/2013		
	N	%	CI	N	%	CI	N	%	CI
<b>Rhode Island</b>	30	5.5	3.5–8.6	16	2.9	1.6–5.2		2.6	1.8–3.7
<b>Connecticut</b>	42	2.2	1.2–4.1	59	3.1	1.6–5.9		1.5	1.0–2.2
<b>Maine</b>	16	2.2	1.3–3.7	6	0.8	0.3–2.0		1.7	1.1–2.4
<b>Massachusetts</b>	139	4.0	2.5–6.2	61	1.7	1.0–2.8		1.8	1.2–2.6
<b>New Hampshire</b>	20	2.8	1.6–4.9	15	2.1	1.2–3.8		1.7	1.1–2.5
<b>Vermont</b>	8	2.4	1.1–5.2	9	2.7	1.6–4.5		1.8	1.2–2.5
<b>National</b>	3,491	2	2.0–2.4	3,261	2.0	1.9–2.2		1.7	1.6–1.9

Source: National Survey on Drug Use and Health

Notes:

1. N is weighted population in thousands.
2. CI = 95% confidence interval.
3. N was not available for 2012/2013 estimates.
4. 2012/2013 estimates are for 26+ year olds. 2008/2009 and 2010/2011 estimates are for 25–64 year olds.

**25-64: Table 8 Adults Who Had at Least One Drink of Alcohol Within the Past 30 Days in New England and the United States, 2008–2013**

Location	2008/2009			2010/2011			2012/2013		
	N	%	CI	N	%	CI	N	%	CI
Rhode Island	375	68.1	61.4–74.1	391	70.7	65.2–75.6		62.5	58.5–66.3
Connecticut	1,320	70.4	65.7–74.7	1,283	68.2	62.0–73.8		65.5	61.5–69.2
Maine	473	65.3	60.0–70.2	459	63.8	58.1–69.2		57.7	53.6–61.6
Massachusetts	2,380	67.7	61.6–73.3	2,558	71.9	66.3–76.9		69.4	65.6–72.8
New Hampshire	502	69.1	63.8–73.8	497	68.9	62.0–74.9		69.6	66.0–73.1
Vermont	223	65.3	59.6–70.5	228	67.2	61.8–72.2		61.7	57.8–65.4
National	93,354	58.7	58.0–59.5	95,415	59.2	58.5–59.9		55.7	55.0–56.4

Source: National Survey on Drug Use and Health (NSDUH)

Notes:

1. N is weighted population in thousands.
2. CI = 95% confidence interval.
3. N was not available for 2012/2013 estimates.
4. 2012/2013 estimates are for 26+ year olds. 2008/2009 and 2010/2011 estimates are for 25–64 year olds.



**25-64: Table 9 Binge Alcohol Use in the Past Month Among Adults in New England and the United States, 2008–2013**

Location	2008/2009			2010/2011			2012/2013		
	N	%	CI	N	%	CI	N	%	CI
Rhode Island	166	30.1	25.3–35.3	178	32.2	26.7–38.3		25.6	22.5–29.1
Connecticut	577	30.7	26.7–35.1	515	27.3	22.7–32.6		22.7	19.8–25.9
Maine	184	25.4	21.6–29.5	195	27.1	22.9–31.7		20.0	17.3–23.0
Massachusetts	920	26.2	22.6–30.0	1125	31.6	27.1–36.5		24.3	21.3–27.4
New Hampshire	199	27.4	22.6–32.7	187	25.9	21.3–31.1		23.1	20.3–26.1
Vermont	89	26.1	21.5–31.3	88	26.0	22.0–30.5		18.4	15.7–21.4
National	41,256	26.0	25.4–26.6	41,510	25.8	25.2–26.3		22.2	21.7–22.7

Source: National Survey on Drug Use and Health (NSDUH)

Notes:

1. N is weighted population in thousands.
2. CI = 95% confidence interval.
3. N was not available for 2012/2013 estimates.
4. 2012/2013 estimates are for 26+ year olds. 2008/2009 and 2010/2011 estimates are for 25–64 year olds.

**25-64: Table 10**

**Adults With Alcohol Dependence in the  
Past Year in New England and the United  
States, 2008–2013**

Location	2008/2009			2010/2011			2012/2013		
	N	%	CI	N	%	CI	N	%	CI
<b>Rhode Island</b>	32	5.9	3.9–8.8	22	4.0	2.3–6.8	3.5	2.5–4.7	
<b>Connecticut</b>	72	3.8	2.3–6.3	53	2.8	1.6–4.9	3.1	2.2–4.2	
<b>Maine</b>	28	3.8	2.7–5.4	22	3.0	1.7–5.2	3.2	2.4–4.3	
<b>Massachusetts</b>	92	2.6	1.5–4.5	119	3.3	2.2–5.1	2.7	2.0–3.6	
<b>New Hampshire</b>	23	3.2	1.9–5.4	28	3.8	2.3–6.3	3.1	2.3–4.2	
<b>Vermont</b>	17	4.9	2.9–8.1	10	2.8	1.6–5.0	2.8	2.1–3.9	
<b>National</b>	5,552	3.5	3.3–3.8	6,195	3.9	3.6–4.2	3.0	2.8–3.2	

Source: National Survey on Drug Use and Health (NSDUH)

Notes:

1. N is weighted population in thousands.
2. CI = 95% confidence interval.
3. N was not available for 2012/2013 estimates.
4. 2012/2013 estimates are for 26+ year olds. 2008/2009 and 2010/2011 estimates are for 25–64 year olds.

**25-64: Table 11      Adults Who Have Ever Used Cocaine in New England and the United States, 2008–2011**

Location	2008/2009			2010/2011		
	N	%	CI	N	%	CI
Rhode Island	157	28.5	23.2–34.4	144	26.1	21.1–31.8
Connecticut	470	25.0	19.4–31.6	414	22.1	18.0–26.8
Maine	176	24.2	20.4–28.6	149	20.8	17.1–25.0
Massachusetts	962	27.5	22.9–32.6	843	23.7	19.7–28.2
New Hampshire	198	27.3	22.4–32.8	188	26.0	22.3–30.2
Vermont	90	26.2	22.2–30.7	93	27.5	23.4–32.1
<b>National</b>	31,456	19.8	19.3–20.4	32,143	20.0	19.4–20.5

Source: National Survey on Drug Use and Health (NSDUH)

Notes:

1. N is weighted population in thousands.
2. CI = 95% confidence interval.
3. N was not available for 2012/2013 estimates.
4. 2012/2013 estimates are for 26+ year olds. 2008/2009 and 2010/2011 estimates are for 25–64 year olds.

**25-64: Table 12 Marijuana Use in the Past Year Among Adults in New England and the United States, 2008–2013**

Location	2008/2009			2010/2011			2012/2013		
	N	%	CI	N	%	CI	N	%	CI
<b>Rhode Island</b>	76	13.7	10.6–17.5	91	16.4	12.4–21.5		15.4	12.9–18.4
<b>Connecticut</b>	196	10.5	7.2–15.0	213	11.3	8.7–14.6		9.7	7.8–12.0
<b>Maine</b>	104	14.4	11.7–17.7	102	14.1	11.1–17.8		13.1	10.7–16.0
<b>Massachusetts</b>	443	12.6	9.9–15.9	446	12.5	9.6–16.1		11.0	9.0–13.5
<b>New Hampshire</b>	95	13.0	10.1–16.6	70	9.7	7.2–13.1		10.6	8.6–12.9
<b>Vermont</b>	49	14.2	11.3–17.7	60	17.7	13.8–22.5		14.3	11.9–17.1
<b>National</b>	14,844	9.3	9.0–9.7	16,199	10.1	9.7–10.5		8.9	8.6–9.2

Source: National Survey on Drug Use and Health (NSDUH)

Notes:

1. N is weighted population in thousands.
2. CI = 95% confidence interval.
3. N was not available for 2012/2013 estimates.
4. 2012/2013 estimates are for 26+ year olds. 2008/2009 and 2010/2011 estimates are for 25–64 year olds.

**25-64: Table 13 Unemployed Adults, Aged 25–64  
Years, in New England and the  
United States 2008–2013**

Location	2008/2009			2010/2011		
	N	%	CI	N	%	CI
Rhode Island	29	5.2	3.5–7.8	28	5.0	3.1–7.9
Connecticut	83	4.4	2.6–7.3	103	5.5	2.8–10.4
Maine	26	3.6	2.2–5.9	35	4.9	3.1–7.5
Massachusetts	164	4.7	3.1–7.0	207	5.8	3.9–8.6
New Hampshire	17	2.3	1.5–3.6	35	4.8	2.8–8.1
Vermont	10	2.8	1.6–4.9	16	4.6	2.9–7.2
<b>National</b>	<b>8,146</b>	<b>5.1</b>	<b>4.8–5.4</b>	<b>9,710</b>	<b>6.0</b>	<b>5.7–6.3</b>

Source: National Survey on Drug Use and Health (NSDUH)

Notes:

1. N is weighted population in thousands.
2. CI = 95% confidence interval.
3. 2012/2013 estimates are for 26+ year olds. 2008/2009 and 2010/2011 estimates are for 25–64 year olds.

**25-64: Table 14      Adults, Aged 25–64 Years, Who Received Mental Health Care in the Past Year in New England and the United States, 2008–2011**

Location	2008/2009			2010/2011		
	N	%	CI	N	%	CI
<b>Rhode Island</b>	148	26.8	21.9–32.4	131	24.0	18.8–30.1
<b>Connecticut</b>	328	17.6	13.9–22.1	298	15.9	12.5–20.1
<b>Maine</b>	175	24.1	20.0–28.8	120	16.8	13.5–20.6
<b>Massachusetts</b>	609	17.3	14.2–21.0	647	18.2	14.6–22.5
<b>New Hampshire</b>	133	18.3	14.3–23.1	159	22.0	17.8–27.0
<b>Vermont</b>	77	22.4	18.9–26.3	80	23.6	19.3–28.4
<b>National</b>	23,515	14.8	14.4–15.3	24,463	15.2	14.8–15.7

Source: National Survey on Drug Use and Health (NSDUH)

Notes:

1. N is weighted population in thousands.
2. CI = 95% confidence interval.

**25-64: Table 15**      **Adults, Aged 25–64 Years, Who Received  
Outpatient Mental Health Care in the Past Year  
in New England and the United States,  
2008–2011**

Location	2008/2009			2010/2011		
	N	%	CI	N	%	CI
<b>Rhode Island</b>	104	18.8	14.1–24.7	64	11.8	8.5–16.0
<b>Connecticut</b>	201	10.8	7.8–14.7	194	10.4	7.4–14.3
<b>Maine</b>	96	13.2	9.9–17.4	73	10.1	7.5–13.5
<b>Massachusetts</b>	400	11.4	9.1–14.2	460	12.9	10.3–16.2
<b>New Hampshire</b>	85	11.8	8.8–15.6	90	12.5	9.6–16.1
<b>Vermont</b>	41	12.0	9.1–15.7	40	11.9	9.2–15.2
<b>National</b>	12,019	7.6	7.2–7.9	12,240	7.6	7.3–8.0

Source: National Survey on Drug Use and Health (NSDUH)

Notes:

1. N is weighted population in thousands.
2. CI = 95% confidence interval.

**25-64: Table 16      Adults, Aged 25–64 Years, Who Received Treatment at Any Location for Illicit Drugs or Alcohol in the Past Year in New England and the United States, 2008–2011**

Location	2008/2009			2010/2011		
	N	%	CI	N	%	CI
Rhode Island	15	2.7	1.5–5.0	10	1.8	0.9–3.8
Connecticut	41	2.2	1.0–4.6	50	2.7	1.5–4.6
Maine	20	2.8	1.8–4.4	13	1.7	0.9–3.5
Massachusetts	74	2.1	1.1–3.9	65	1.8	1.0–3.3
New Hampshire	15	2.1	1.1–3.9	13	1.8	0.9–3.7
Vermont	9	2.5	1.2–5.2	10	3.0	1.5–6.0
<b>National</b>	2,958	1.9	1.7–2.0	2,727	1.7	1.5–1.9

Source: National Survey on Drug Use and Health (NSDUH)

Notes:

1. N is weighted population in thousands.
2. CI = 95% confidence interval.



**25-64: Table 17      Adults, Aged 25–64 Years, Who Received Treatment at Specialty Facility for Illicit Drugs or Alcohol in the Past Year in New England and the United States, 2008–2011**

	2008/2009			2010/2011		
	N	%	CI	N	%	CI
<b>Rhode Island</b>	11	2.1	1.1–4.0	8	1.5	0.7–3.5
<b>Connecticut</b>	18	1.0	0.4–2.5	36	1.9	1.0–3.7
<b>Maine</b>	10	1.3	0.7–2.5	8	1.1	0.5–2.8
<b>Massachusetts</b>	53	1.5	0.7–3.2	44	1.2	0.6–2.6
<b>New Hampshire</b>	12	1.7	0.9–3.3	4	0.6	0.2–1.6
<b>Vermont</b>	4	1.2	0.5–2.9	7	2.2	1.1–4.3
<b>National</b>	1,797	1.1	1.0–1.3	1,781	1.1	1.0–1.2

Source: National Survey on Drug Use and Health (NSDUH)

Notes:

1. N is weighted population in thousands.
2. CI = 95% confidence interval.

**25-64: Table 18 Adults, Aged 45–64 Years, Admitted to Hospital With Mental Health Condition as the Primary Reason in New England and the United States, 2010–2012**

Location	2010		2011		2012	
	N	%	N	%	N	%
<b>Rhode Island</b>	2,492	0.85	2,728	0.92	2,611	0.89
<b>Maine</b>	1,441	0.35	1,631	0.39	1,596	0.39
<b>Massachusetts</b>	12,491	0.69	12,327	0.67	12,245	0.66
<b>Vermont</b>	696	0.36	634	0.33	645	0.34
<b>National</b>	437,567	0.54	436,326	0.53	436,545	0.53

Source: Agency for Healthcare Cost and Utilization (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID), 2010–2012, from the following states: Rhode Island, Maine, Massachusetts, and Vermont and from a total of all 50 states

Note: Mental health condition definition: the ICD-9 codes 295–302, 306–314, 6484, v402–v403, v409, v61, v663, v673, v701, v702, v710.

**25-64: Table 19 Adults, Aged 45–64 Years, Admitted to Hospital With Substance Use Disorder Condition as the Primary Reason in New England and the United States, 2010–2012**

Location	2010		2011		2012	
	N	%	N	%	N	%
<b>Rhode Island</b>	1,199	0.41	1,261	0.43	1,321	0.45
<b>Maine</b>	1,769	0.43	1,658	0.40	1,699	0.41
<b>Massachusetts</b>	5,346	0.29	5,988	0.32	6,468	0.35
<b>Vermont</b>	316	0.16	291	0.15	273	0.14
<b>National</b>	208,655	0.26	196,673	0.24	191,450	0.23

Source: Agency for Healthcare Cost and Utilization (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID), 2010–2012, from the following states: Rhode Island, Maine, Massachusetts, and Vermont and from a total of all 50 states

Note: Substance use disorder condition definition: the ICD-9 codes 291, 292, 303, 304, 3050, 3052–3059, 6483.

**25-64: Table 20 Adults, Aged 45–64 Years, Admitted to Hospital With Mental Health or Substance Use Disorder Condition as the Primary Reason in New England and the United States, 2010–2012**

Location	2010		2011		2012	
	N	%	N	%	N	%
<b>Rhode Island</b>	3,691	1.26	3,989	1.35	3,932	1.34
<b>Maine</b>	3,210	0.78	3,289	0.79	3,295	0.80
<b>Massachusetts</b>	17,837	0.98	18,315	0.99	18,713	1.01
<b>Vermont</b>	1,012	0.53	925	0.48	918	0.48
<b>National</b>	646,222	0.79	632,999	0.77	627,995	0.76

Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID), 2010–2012, from the following states: Rhode Island, Maine, Massachusetts, and Vermont and from a total of all 50 states

Note: Mental health and substance use conditions definition: the ICD-9 codes: 291, 292, 295-304, 3050, 3052–3059, 306–314, 6483, 6484, V402, V403, V409, V61, V663, V673, V701, V702, V710.

**25-64: Table 21 Individuals, Aged 65–84 Years, Receiving Detox in General Hospital, in New England and the United States, 2010–2012**

Location	2010		2011		2012	
	N	%	N	%	N	%
<b>Rhode Island</b>	133	0.11	134	0.11	147	0.11
<b>Maine</b>	241	0.13	267	0.14	287	0.15
<b>Massachusetts</b>	1,240	0.16	1,206	0.16	1,294	0.16
<b>Vermont</b>	66	0.08	92	0.07	93	0.11
<b>National</b>	19,161	0.05	19,499	0.05	19,695	0.05

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID), 2010–2012, from the following states: Rhode Island, Maine, Massachusetts, and Vermont and from a total of all 50 states

Notes:

1. Some of the discharges may be double counted; more than one detox code may appear on the same discharge.
2. Detox definition: the ICD-9 procedure codes 94.62, 94.63, 94.65, 94.66, 94.68, 94.69.

**25-64: Table 22 Adults, Aged 45–64 Years, Admitted to General Hospital for Detox in New England and the United States, 2010–2012**

Location	2010		2011		2012	
	N	%	N	%	N	%
<b>Rhode Island</b>	759	0.26	858	0.29	920	0.31
<b>Maine</b>	1,741	0.42	1,764	0.43	1,885	0.46
<b>Massachusetts</b>	6,137	0.34	6,674	0.36	6,905	0.37
<b>Vermont</b>	173	0.09	174	0.09	143	0.07
<b>National</b>	149,428	0.18	132,749	0.16	122,795	0.15

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID), 2010–2012, from the following states: Rhode Island, Maine,

Note: Detox definition: the ICD-9 procedure codes 94.62, 94.63, 94.65, 94.66, 94.68, 94.69.

**25-64: Table 23 Adults Needing but Not Receiving Treatment for Drug or Alcohol Use in a Specialty Facility in New England and the United States, 2008–2013**

Location	2008/2009			2010/2011		
	N	%	CI	N	%	CI
Rhode Island	64	11.6	8.8–15.0	66	12	8.9–16.0
Connecticut	176	9.4	6.9–12.8	127	6.7	4.6–9.8
Maine	56	7.7	5.7–10.3	39	5.5	3.6–8.2
Massachusetts	262	7.5	5.4–10.2	315	8.8	6.7–11.5
New Hampshire	57	7.9	5.8–10.6	57	7.9	5.8–10.8
Vermont	27	8.0	5.7–11.2	22	6.4	4.4–9.3
National	12,701	8.1	7.8–8.5	12,932	8.1	7.8–8.5

Source: National Survey on Drug Use and Health (NSDUH)

Notes:

1. N is weighted population in thousands.
2. CI = 95% confidence interval.

**25-64: Table 24 Adults, Aged 25–64 Years, Needing  
but Not Receiving Mental Health  
Treatment in New England and the  
United States, 2008–2013**

Location	2008/2009			2010/2011		
	N	%	CI	N	%	CI
Rhode Island	53	9.7	6.2–14.7	37	6.7	4.4–10.1
Connecticut	116	6.2	3.9–9.7	107	5.7	3.9–8.2
Maine	32	4.4	3.0–6.4	22	3.0	1.7–5.3
Massachusetts	150	4.3	2.8–6.4	174	4.9	3.2–7.4
New Hampshire	24	3.4	2.2–5.2	54	7.4	5.1–10.7
Vermont	20	5.9	4.4–7.8	22	6.6	4.8–9.0
National	8,692	5.5	5.2–5.8	8,333	5.2	4.9–5.5

Source: National Survey on Drug Use and Health (NSDUH)

Notes:

1. N is weighted population in thousands.
2. CI = 95% confidence interval.



**25-64: Table 25 Adults Who Received or Had an Unmet Need for Mental Health or Substance Abuse Treatment in New England and the United States, 2011**

Location	Adults Who Received Any MH Treatment		Adults With Perceived Unmet MH Need		Adults Who Received Any SA Treatment		Adults With Perceived Unmet SA Need	
	N in 1,000s	%	N in 1,000s	%	N in 1,000s	%	N in 1,000s	%
Rhode Island	163	20	56	7.0	5	0.6	91	11
Connecticut	331	12	174	6	80	2.9	267	9.8
Maine	179	17	27	3	20	1.9	64	6.1
Massachusetts	802	16	231	5	20	0.4	431	8.4
New Hampshire	174	17	56	6	12	1.1	79	7.7
Vermont	107	22	32	7	19	3.8	48	9.6
National	31,642	13.6	10,768	4.6	3,463	1.5	17,655	7.6

Source: Substance Abuse and Mental Health Services Administration. Behavioral Health, United States, 2012

**25-64: Table 26 Deaths due to Narcotics or Hallucinogens Among All Ages in New England and the United States, 2010–2013**

Location	2010			2011			2012			2013		
	N	%	CI	N	%	CI	N	%	CI	N	%	CI
Rhode Island	65	6.0	4.6–7.7	57	5.6	4.2–7.3	88	8.3	6.6–10.3	125	12.00	9.8–14.1
Connecticut	207	5.9	5.0–6.7	221	6.3	5.4–7.1	218	6.1	5.3–7.0	361	10.10	9.0–11.1
Maine	47	3.9	2.8–5.2	55	4.4	3.3–5.8	50	4.1	3.0–5.5	48	4.10	3.0–5.5
Massachusetts	455	7.0	6.3–7.6	500	7.6	6.9–8.3	543	8.2	7.5–8.9	673	10.20	9.4–11.0
New Hampshire	69	5.4	4.2–6.8	84	6.3	5.0–7.9	87	7.1	5.7–8.8	113	8.70	7.1–10.4
Vermont				35	5.8	4.0–8.1	27	4.5	2.9–6.7	41	6.80	4.8–9.4
National	861	6.0	5.6–6.4	952	6.7	6.2–7.1	1,013	7.1	6.6–7.5	1,361	9.50	9.0–10.0

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2013 on CDC WONDER Online Database, released 2015. Data are from the Multiple Cause of Death Files, 1999-2013, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10.html> on Mar 6, 2015 2:45:03 PM.

Notes:

1. N is deaths with underlying causes of narcotics or hallucinogens.
2. % are age-adjusted rates per 100,000.
3. 95% confidence intervals are given.
4. 2010 data for VT not available.

## Ages 50+ Years

**50+: Table 1**

**Older Adults With Severe Mental Illness in the Past Year in New England and the United States, 2010–2013**

State-Level Estimates, 50+ Years	2010/2011			2012/2013		
	N	%	CI	N	%	CI
<b>Rhode Island</b>	9	2.4	0.8–6.8	19	5.2	2.6–9.9
<b>Connecticut</b>	25	2.1	0.6–7.0	16	1.3	0.4–3.7
<b>Maine</b>	9	1.8	0.6–5.8	22	4.0	2.1–7.7
<b>Massachusetts</b>	77	3.5	1.6–7.7	59	2.6	1.1–6.1
<b>New Hampshire</b>	23	5.0	2.2–10.6	8	1.7	0.6–4.5
<b>Vermont</b>	12	5.1	2.5–10.1	20	8.0	4.8–13.1
<b>National, 50+ years</b>	2,823	2.9	2.5–3.2	3,239	3.1	2.8–3.5
<b>New England, 65+ years</b>	15	0.8	0.3–1.9	19	0.9	0.4–2.3

Source: National Survey on Drug Use and Health (NSDUH)

Notes:

1. Ns are weighted population in thousands.
2. CI = 95% confidence interval.

**50+: Table 2**

**Older Adults with Any Mental Illness in  
the Past Year in New England and the  
United States, 2010–2013**

	2010/2011			2012/2013		
	N	%	CI	N	%	CI
<b>State-Level Estimates, 50+ Years</b>						
<b>Rhode Island</b>	48	13.5	8.6–20.6	77	20.7	14.2–29.3
<b>Connecticut</b>	156	12.9	7.8–20.5	217	17.0	12.0–23.6
<b>Maine</b>	46	9.0	5.7–14.2	104	19.4	14.6–25.2
<b>Massachusetts</b>	302	13.8	9.3–20.0	283	12.3	8.4–17.7
<b>New Hampshire</b>	65	13.9	8.6–21.6	66	13.4	9.6–18.4
<b>Vermont</b>	38	16.2	11.5–22.3	44	18.3	13.3–24.5
<b>National, 50+ years</b>	14,924	15.2	14.4–15.9	16,160	15.6	14.8–16.3
<b>New England, 65+ years</b>	250	12.7	8.6–18.4	255	12.0	8.7–16.4

Source: National Survey on Drug Use and Health (NSDUH)

Notes:

1. Ns are weighted population in thousands.
2. CI = 95% confidence interval.

**50+: Table 3**

**Older Adults With Serious Suicidal Thoughts in the Past Year in New England and the United States, 2010–2013**

State-Level Estimates, 50+ Years	2010/2011			2012/2013		
	N	%	CI	N	%	CI
Rhode Island	10	2.7	0.9–7.8	9	2.4	1.0–5.8
Connecticut	28	2.3	0.7–6.9	40	3.2	1.4–7.1
Maine	9	1.8	0.6–5.8	23	4.3	2.1–8.9
Massachusetts	77	3.5	1.6–7.7	40	1.7	0.6–5.0
New Hampshire	23	4.9	2.1–11.2	7	1.4	0.4–4.3
Vermont	12	5.3	3.1–8.9	14	5.6	3.1–10.2
National, 50+ years	2,542	2.6	2.3–2.9	2,672	2.6	2.3–2.9
New England, 65+ years	33	1.7	0.8–3.6	52	2.5	1.1–5.3

Source: National Survey on Drug Use and Health (NSDUH)

Notes:

1. Ns are weighted population in thousands.
2. CI = 95% confidence interval.

**50+: Table 4                      Older Adults Who Had at Least One Major Depressive Episode in the Past Year in New England and the United States, 2010–2013**

State-Level Estimates, 50+ Years	2010/2011			2012/2013		
	N	%	CI	N	%	CI
<b>Rhode Island</b>	17	4.9	2.3–10.3	35	9.4	6.1–14.3
<b>Connecticut</b>	57	4.8	2.3–9.8	57	4.5	2.3–8.7
<b>Maine</b>	21	4.1	1.9–8.4	36	6.8	4.2–10.9
<b>Massachusetts</b>	95	4.4	2.4–7.8	101	4.5	2.3–8.6
<b>New Hampshire</b>	26	5.5	2.6–11.3	22	4.5	2.5–8.0
<b>Vermont</b>	19	8.4	4.9–14.0	15	6.4	3.6–11.0
<b>National, 50+ years</b>	5,097	5.2	4.8–5.7	5,537	5.4	4.9–5.9
<b>New England, 65+ years</b>	31	1.6	0.7–3.7	49	2.4	1.3–4.3

Source: National Survey on Drug Use and Health (NSDUH)

Notes:

1. Ns are weighted population in thousands.
2. CI = 95% confidence interval.

**50+: Table 5**

**Older Adults With Dependence or Abuse of Illicit Drugs or Alcohol in the Past Year in New England and the United States, 2010–2013**

State-Level Estimates, 50+ Years	2010/2011			2012/2013		
	N	%	CI	N	%	CI
Rhode Island	21	5.8	3.1–10.7	17	4.6	2.4–8.5
Connecticut	46	3.8	1.3–10.7	91	7.1	4.4–11.3
Maine	12	2.3	0.9–5.6	21	3.8	2.3–6.4
Massachusetts	49	2.2	1.0–5.0	90	3.9	1.7–8.9
New Hampshire	13	2.8	1.1–7.1	16	3.2	1.3–7.4
Vermont	7	3.1	1.3–7.1	10	3.9	2.1–7.2
National, 50+ years	3,541	3.6	3.2–4.0	4,024	3.9	3.5–4.3
New England, 65+ years	51	2.6	0.9–6.9	72	3.4	1.8–6.2

Source: National Survey on Drug Use and Health (NSDUH)

Notes:

1. Ns are weighted population in thousands.
2. CI = 95% confidence interval.

**50+: Table 6**

**Older Adults With Any Drug Use in  
the Past Month in New England and  
the United States, 2010–2013**

State-Level Estimates, 50+ Years	2010/2011			2012/2013		
	N	%	CI	N	%	CI
Rhode Island	25	7.1	3.5–13.7	25	6.9	3.7–12.3
Connecticut	35	2.9	1.2–6.8	59	4.6	2.6–8.1
Maine	17	3.3	1.3–7.9	33	6.2	3.9–9.8
Massachusetts	50	2.3	0.8–6.6	98	4.3	2.4–7.4
New Hampshire	17	3.6	1.5–8.6	14	2.8	1.3–6.2
Vermont	17	7.5	4.5–12.2	13	5.2	2.4–10.6
National, 50+ years	3,417	3.5	3.1–3.9	4,235	4.1	3.7–4.5
New England, 65+ years	20	1.0	0.4–2.6	34	1.6	0.6–4.1

Source: National Survey on Drug Use and Health (NSDUH)

Notes:

1. Ns are weighted population in thousands.
2. CI = 95% confidence interval.



**50+: Table 7**

**Older Adults Who Used Alcohol in the  
Past Month in New England and the  
United States, 2010–2013**

State-Level Estimates, 50+ Years	2010/2011			2012/2013		
	N	%	CI	N	%	CI
Rhode Island	229	63.9	56.1–71.0	204	55.0	46.6–63.1
Connecticut	760	62.9	53.0–71.8	789	62.0	52.4–70.8
Maine	281	55.2	46.8–63.3	256	47.8	39.6–56.2
Massachusetts	1,418	64.6	54.8–73.4	1,578	68.8	60.1–76.3
New Hampshire	279	59.5	50.4–68.0	311	62.9	55.8–69.5
Vermont	128	55.1	48.1–61.9	125	51.7	43.8–59.5
National, 50+ years	47,735	48.5	47.3–49.6	51,520	49.7	48.6–50.8
New England, 65+ years	1,060	53.7	46.4–60.9	1,180	55.7	48.0–63.1

Source: National Survey on Drug Use and Health (NSDUH)

Notes:

1. Ns are weighted population in thousands.
2. CI = 95% confidence interval.

**50+: Table 8 Older Adults Reporting Binge Drinking in the Past Month in New England and the United States, 2010–2013**

State-Level Estimates, 50+ Years	2010/2011			2012/2013		
	N	%	CI	N	%	CI
<b>Rhode Island</b>	58	16.3	11.5–22.7	66	17.7	12.3–24.6
<b>Connecticut</b>	11	18.5	12.1–27.1	192	15.1	10.8–20.8
<b>Maine</b>	56	11.0	7.3–16.2	61	11.4	7.6–16.8
<b>Massachusetts</b>	400	18.3	12.6–25.8	386	16.8	12.4–22.5
<b>New Hampshire</b>	66	14.1	9.4–20.4	74	15.0	9.8–22.2
<b>Vermont</b>	29	12.4	8.9–16.9	23	9.6	6.4–14.2
<b>National, 50+ years</b>	13,479	13.7	13.0–14.4	14,843	14.3	13.6–15.0
<b>New England, 65+ years</b>	184	9.3	5.6–15.2	243	11.5	7.8–16.6

Source: National Survey on Drug Use and Health (NSDUH)

Notes:

1. Ns are weighted population in thousands.
2. CI = 95% confidence interval.

**50+: Table 9**

**Older Adults Reporting Any  
Marijuana Use in the Past Year in  
New England and the United States,  
2010–2013**

	2010/2011			2012/2013		
	N	%	CI	N	%	CI
<b>State-Level Estimates, 50+ Years</b>						
<b>Rhode Island</b>	24	6.8	2.7–16.0	25	6.7	3.3–13.2
<b>Connecticut</b>	52	4.3	1.9–9.5	98	7.7	4.6–12.4
<b>Maine</b>	42	8.2	4.9–13.5	38	7.2	4.2–12.1
<b>Massachusetts</b>	61	2.8	1.1–6.8	141	6.2	3.6–10.2
<b>New Hampshire</b>	24	5.2	2.4–10.9	18	3.7	2.2–6.1
<b>Vermont</b>	16	7.0	4.2–11.2	20	8.3	5.1–13.2
<b>National, 50+ years</b>	4,073	4.1	3.7–4.6	4,842	4.7	4.2–5.1
<b>New England, 65+ years</b>	32	1.6	0.7–3.8	33	1.6	0.6–4.0

Source: National Survey on Drug Use and Health (NSDUH)

Notes:

1. Ns are weighted population in thousands.
2. CI = 95% confidence interval.

**50+: Table 10      Adults, Aged 65 Years and Older,  
Who Received Any Mental Health  
Treatment in the Past Year in New  
England and the United States,  
2006–2009 and 2012–2013**

State-Level Estimates	2006/2009			2012/2013		
	N	%	CI	N	%	CI
<b>Rhode Island</b>	17	12.1	6.5–21.4	27	18.0	8.6–33.7
<b>Connecticut</b>	32	7.3	4.2–12.4	83	16.1	9.0–27.1
<b>Maine</b>	24	12.4	7.9–19.1	42	19.0	12.0–28.8
<b>Massachusetts</b>	67	8.3	4.7–14.3	101	10.8	5.0–21.8
<b>New Hampshire</b>	20	12.4	7.3–20.4	16	8.3	3.9–16.8
<b>Vermont</b>	11	13.4	7.0–24.1	5	5.6	2.3–13.4
<b>National</b>	3,394	9.2	8.5–10.0	4,541	10.7	9.7–11.7

Source: National Survey on Drug Use and Health (NSDUH)

Notes:

1. Ns are weighted population in thousands.
2. CI = 95% confidence interval.

**50+: Table 11      Adults, Aged 65 Years and Older,  
Who Received Any Outpatient Mental  
Health Treatment in the Past Year in  
New England and the United States,  
2006–2009**

State-Level Estimates	2006/2009		
	N	%	CI
Rhode Island	9	6.7	2.8–15.0
Connecticut	11	2.4	0.8–6.6
Maine	5	2.4	0.7–8.0
Massachusetts	48	5.9	3.1–10.9
New Hampshire	9	5.6	2.5–12.0
Vermont	3	4.1	1.4–11.7
National	1,310	3.6	3.1–4.1

Source: National Survey on Drug Use and Health (NSDUH)

Notes:

1. Ns are weighted population in thousands.
2. CI = 95% confidence interval.

**50+: Table 12**

**Older Adults Who Ever Received  
Alcohol or Drug Treatment in New  
England and the United States,  
2006–2009 and 2012–2013**

State-Level Estimates, 50+ Years	2006/2009			2012/2013		
	N	%	CI	N	%	CI
Rhode Island	17	5.7	3.1–10.2	30	8.8	4.2–17.5
Connecticut	66	6.6	4.3–10.0	76	6.2	3.7–10.3
Maine	22	5.3	3.4–8.3	32	6.5	4.0–10.6
Massachusetts	120	6.6	4.0–10.8	128	6.0	3.5–10.0
New Hampshire	25	6.3	4.0–9.6	23	5.1	2.9–8.6
Vermont	12	6.3	4.0–10.0	13	6.0	3.1–11.1
National, 50+ years	3,990	5.1	4.8–5.5	5,378	6.0	5.5–6.5
New England, 65+ years	29	1.9	1.0–3.6	98	5.2	2.8–9.5

Source: National Survey on Drug Use and Health (NSDUH)

Notes:

1. Ns are weighted population in thousands.
2. CI = 95% confidence interval.

**50+: Table 13      Adults, Aged 65–84 Years, Admitted to  
General Hospital for Mental Health  
Disorder in New England and the  
United States, 2010–2012**

Location	2010		2011		2012	
	N	%	N	%	N	%
<b>Rhode Island</b>	540	0.43	530	0.42	523	0.40
<b>Maine</b>	460	0.25	400	0.21	403	0.21
<b>Massachusetts</b>	3530	0.46	3531	0.46	3249	0.40
<b>Vermont</b>	132	0.17	127	0.16	109	0.13
<b>National</b>	108,911	0.31	117,979	0.33	106,830	0.29

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID), 2010–2012, from the following states: Rhode Island, Maine, Massachusetts, and Vermont and from a total of all 50 states

Note: Mental health condition definition: the ICD-9 codes 295–302, 306–314, 6484, v402-v403, v409, v61, v663, v673, v701, v702, v710.

**50+: Table 14**

**Adults, Aged 65–84 Years,  
Admitted to General Hospital for  
Substance Use Disorder in New  
England and in the United States,  
2010–2012**

Location	2010		2011		2012	
	N	%	N	%	N	%
<b>Rhode Island</b>	192	0.15	192	0.15	156	0.12
<b>Maine</b>	252	0.14	272	0.15	248	0.13
<b>Massachusetts</b>	962	0.13	954	0.12	962	0.12
<b>Vermont</b>	58	0.07	72	0.09	68	0.08
<b>National</b>	28,483	0.08	29,557	0.08	28,295	0.08

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID), 2010–2012, from the following states: Rhode Island, Maine, Massachusetts, and Vermont and from a total of all 50 states

Note: SUD condition definition: the ICD-9 codes 291, 292, 303, 304, 3050, 3052–3059, 6483.



**50+: Table 15**

**Adults, Aged 65–84 Years, Admitted  
to General Hospital for Mental Health  
or Substance Use Disorder in New  
England and the United States,  
2010–2012**

Location	2010		2011		2012	
	N	%	N	%	N	%
<b>Rhode Island</b>	732	0.58	722	0.57	679	0.52
<b>Maine</b>	712	0.39	672	0.36	651	0.33
<b>Massachusetts</b>	4492	0.59	4485	0.58	4211	0.52
<b>Vermont</b>	190	0.24	199	0.25	177	0.21
<b>National</b>	137,394	0.39	147,536	0.41	135,125	0.36

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID), 2010–2012, from the following states: Rhode Island, Maine, Massachusetts, and Vermont and from a total of all 50 states

Note: MH/SUD conditions definition: the ICD-9 codes: 291, 292, 295-304, 3050, 3052–3059, 306–314, 6483, 6484, V402, V403, V409, V61, V663, V673, V701, V702, V710.

**50+: Table 16 Individuals, Aged 65–84 Years, Receiving Detox in General Hospital, in New England and the United States, 2010–2012**

Location	2010		2011		2012	
	N	%	N	%	N	%
<b>Rhode Island</b>	133	0.11	134	0.11	147	0.11
<b>Maine</b>	241	0.13	267	0.14	287	0.15
<b>Massachusetts</b>	1,240	0.16	1,206	0.16	1,294	0.16
<b>Vermont</b>	66	0.08	92	0.70	93	0.11
<b>National</b>	19,161	0.05	19,499	0.05	19,695	0.05

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID), 2010–2012, from the following states: Rhode Island, Maine, Massachusetts, and Vermont and from a total of all 50 states

Notes:

1. Some of the discharges may be double counted; more than one detox code may appear on the same discharge.
2. Detox definition: the ICD-9 procedure codes 94.62, 94.63, 94.65, 94.66, 94.68, 94.69.

**50+: Table 17                      Individuals, Aged 65–84 Years, Admitted to  
General Hospital for Detox in New England and  
the United States, 2010–2012**

Location	2010		2011		2012	
	N	%	N	%	N	%
<b>Rhode Island</b>	106	0.08	100	0.08	114	0.09
<b>Maine</b>	192	0.11	211	0.11	226	0.12
<b>Massachusetts</b>	874	0.11	850	0.11	897	0.11
<b>Vermont</b>	37	0.05	47	0.06	51	0.06
<b>National</b>	14,367	0.04	14,406	0.04	13,985	0.04

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID), 2010–2012, from the following states: Rhode Island, Maine, Massachusetts, and Vermont and from a total of all 50 states

Note: Detox definition: the ICD-9 procedure codes 94.62, 94.63, 94.65, 94.66, 94.68, 94.69.

**50+: Table 18      Adults, Aged 50+ Years,  
Reporting Frequent  
Mental Distress in  
Rhode Island, New  
England, and the United  
States, 2011**

	<b>50-64 Years</b>	<b>65+</b>
<b>Location</b>	<b>%</b>	<b>%</b>
<b>Rhode Island</b>	13.2	7.3
<b>Region 1 New England</b>	10.9	6.5
<b>United States</b>	12.8	7.0

Source: Behavioral Risk Factor Surveillance System, 2011

Note: Region 1 includes Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.

**50+: Table 19**

**Admission to Substance Abuse  
Treatment in Rhode Island, New  
England, and the United States, by  
Age, 2011**

	<40 Years	40–49 Years	50–54 Years	55+ Years
Location	N	N	N	N
<b>Rhode Island</b>	1,212.5	1,567.1	999.4	174.2
<b>Region I (New England)</b>	1,578.0	1,834.2	1,458.9	284.4
<b>United States</b>	728.1	940.6	624.1	138.7

Source: Treatment Episode Data Set (TEDS), 2011

Notes:

1. Table entries are admissions per 100,000 population.
2. Data include only those admissions reported to TEDS.
3. TEDS data are collected by states that accept Substance Abuse Prevention and Treatment (SAPT) Block Grant funds. Guidelines suggest that states report all clients admitted to publicly financed treatment; however, states are inconsistent in applying the guidelines. States also have freedom to structure and implement different quality controls over the data. For example, states may collect different categories of information to answer TEDS questions. Information is then “walked over” to TEDS definitions.

**50+: Table 20      Adults, Aged 65+ Years,  
Admitted to State Mental  
Health Services in Rhode  
Island, New England, and  
the United States, 2011**

	<b>65-74</b>	<b>75+</b>	<b>65+</b>
<b>Location</b>	<b>N</b>	<b>N</b>	<b>N</b>
<b>Rhode Island</b>	11.9	8.6	10.2
<b>Region I (New England)</b>	16.3	15.1	15.7
<b>United States</b>	7.9	5.7	6.9

Source: Center for Mental Health Services (CMHS) Uniform Reporting System (URS), 2011

Notes:

1. Table entries are numbers served per 100,000 population.