

ABSTRACT

Association between AIMS Funding Distribution and Behavioral Health Service Need and Capacity



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Abstract

We seek to highlight where Access Increases in Mental Health and Substance Abuse Services (AIMS) funds were distributed based on state population, mental health (MH) professional shortage area (HSPA) designations, behavioral health provider counts, and opioid overdose death rates. We conducted a secondary data analysis to examine correlations between “independent variables” and “dependent variables.” The independent variables included state population, MH HSPA designations, behavioral health provider counts, and opioid overdose death rates. The dependent variables were the number of AIMS centers in a state, total AIMS funds received by the state, and mean AIMS funding per facility by state. We observed no relationship between the age-adjusted opioid overdose deaths rate and the number of AIMS centers and total AIMS center funding within a state. We found a negative association between the mean number of behavioral health providers and the number of AIMS centers and AIMS funding per state. We found that while the size of the population living in a HPSA designation was negatively correlated with the number of AIMS centers in a state and the total AIMS funding a state received, there was no association between the number of HPSAs in a state and the number of AIMS centers or funding. We encourage future research to examine causal associations between our independent and dependent variables, as our analysis cannot suggest any causal relationships.

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