

2025 Multi-State Behavioral Health Initiative – Reference Guide

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About Onpoint’s Collective Impact Initiative

Onpoint's Collective Impact initiative is an ongoing program dedicated to leveraging our nonprofit mission to drive meaningful change for our clients and communities. As an independent health data organization, we believe in the power of collaboration to create innovative, data-driven solutions that support healthcare transformation. The Collective Impact initiative provides pro bono solutions that deliver insights, deepen understanding, and demonstrate the value of APCDs nationwide.

About the 2025 Multi-State Behavioral Health Initiative

The 2025 Multi-State Behavioral Health Initiative is an exciting collaboration between Onpoint and five of our state all-payer claims database (APCD) clients – Connecticut, Maryland, Minnesota, Vermont, and Washington. Working together to leverage their collective data for systemwide healthcare improvement, we developed a series of interactive dashboards that explore the relationships between behavioral health, other medical conditions, and social drivers of health across key geographies

The following document provides an orientation to the 2025 Multi-State Behavioral Health Initiative dashboards, including key parameters, reference details, and operating principles.

Key Domains

The 2025 Multi-State Behavioral Health Initiative cover the following five key domains (**Figure 1**):

- **Diagnoses.** Describes the total percentage of patients diagnosed with behavioral health (BH) conditions, with the opportunity to drill into specific condition categories and examine trends over time, variation in rates across the state, variation by age group and sex, and variation by insurance type.
- **Use of Care.** Describes the use of key healthcare services among patients with behavioral health conditions compared to those without BH conditions, with the opportunity to drill into specific behavioral health condition categories and examine trends over time, variation in rates across the state, variation by age group and sex, and variation by insurance type.
- **Cost of Care.** Describes the total cost of healthcare services for patients with behavioral health conditions compared to those without behavioral health conditions, including payments specifically for BH services. This dashboard provides the opportunity to explore trends within a behavioral health condition category over time, including variation in rates across the state, variation by age group and sex, and variation by insurance type.
- **Co-Occurring Conditions.** Describes the rates of behavioral health conditions among patients with common chronic medical conditions. This dashboard examines differences in rates of emergency department (ED) visits, inpatient admissions, and total cost of care for these patients compared to those without BH conditions.
- **Social Drivers.** Describes variation across the state in terms of social vulnerability and rurality. This dashboard provides a comparison in the use of key services by behavioral health patients between the most vulnerable ZIP codes and the least vulnerable ZIP codes and between rural and urban areas. This dashboard also enables users to drill into a specific ZIP code to see how rates compare to the statewide average.

Figure 1. Healthcare Domains Explored in the Multi-State Behavioral Health Initiative Dashboards



Data are presented individually by payer type (i.e., commercial, Medicaid, Medicare) instead of as a combined population total because the mix of members in the APCD may not be representative of the state's full population due to the lack of data from certain plans (e.g., some self-insured, TRICARE, federal employees) and the uninsured.



Dashboard Descriptions

Dashboard 1 – Diagnoses

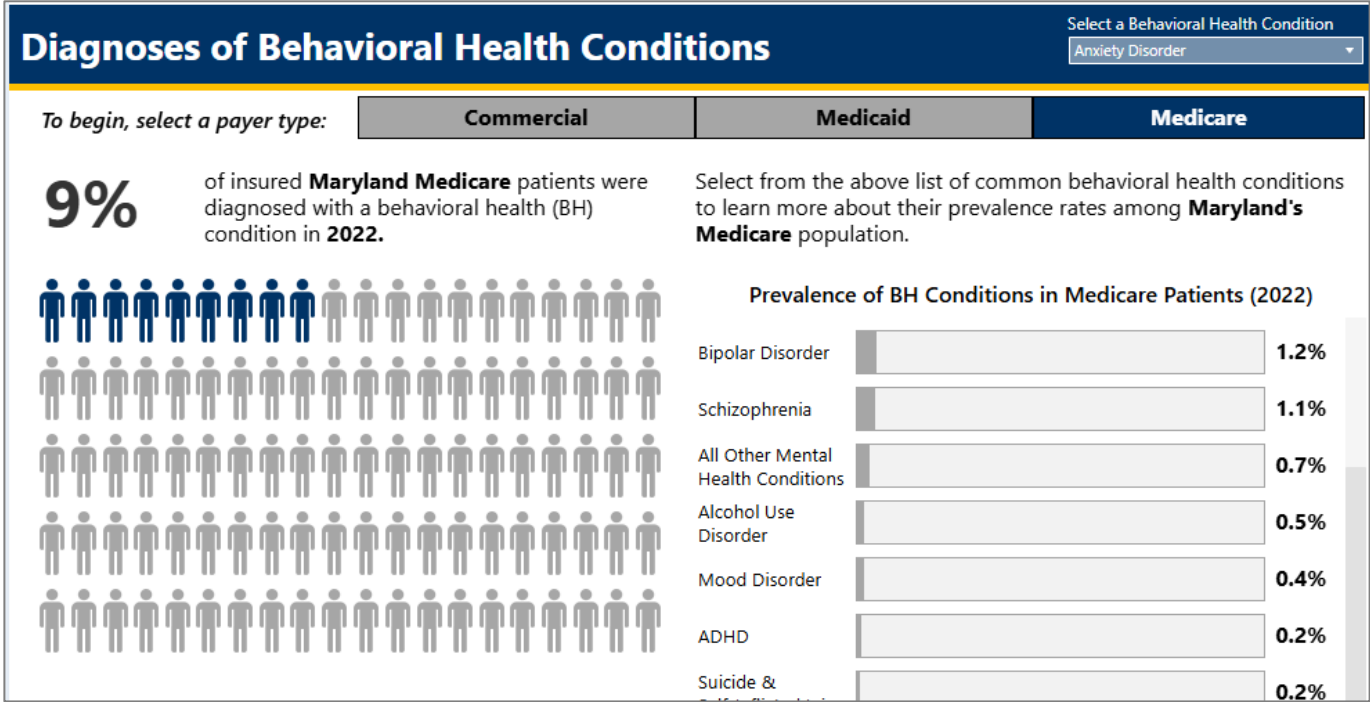
This dashboard provides a broad overview of the percentage of insured patients in the state (the screenshots in this guide show data from the various state dashboards) diagnosed with behavioral health conditions. The dashboard displays both the total percentage of insured patients (or “members”) in the APCD who have been diagnosed with one or more behavioral health conditions is provided as well as the percentage who have been diagnosed with conditions grouped into a specific condition category (e.g., anxiety disorders). The percentage with BH diagnoses is determined by looking through the claims for the measurement year and the prior year prior and identifying whether a patient had at least one inpatient claim or two or more outpatient claims for the condition.

Diagnoses by Category

This dashboard focuses on the percentage of insured patients grouped into specific condition categories (e.g., anxiety disorder, trauma and stress, depression), ranked by the prevalence within the population (Figure 2).

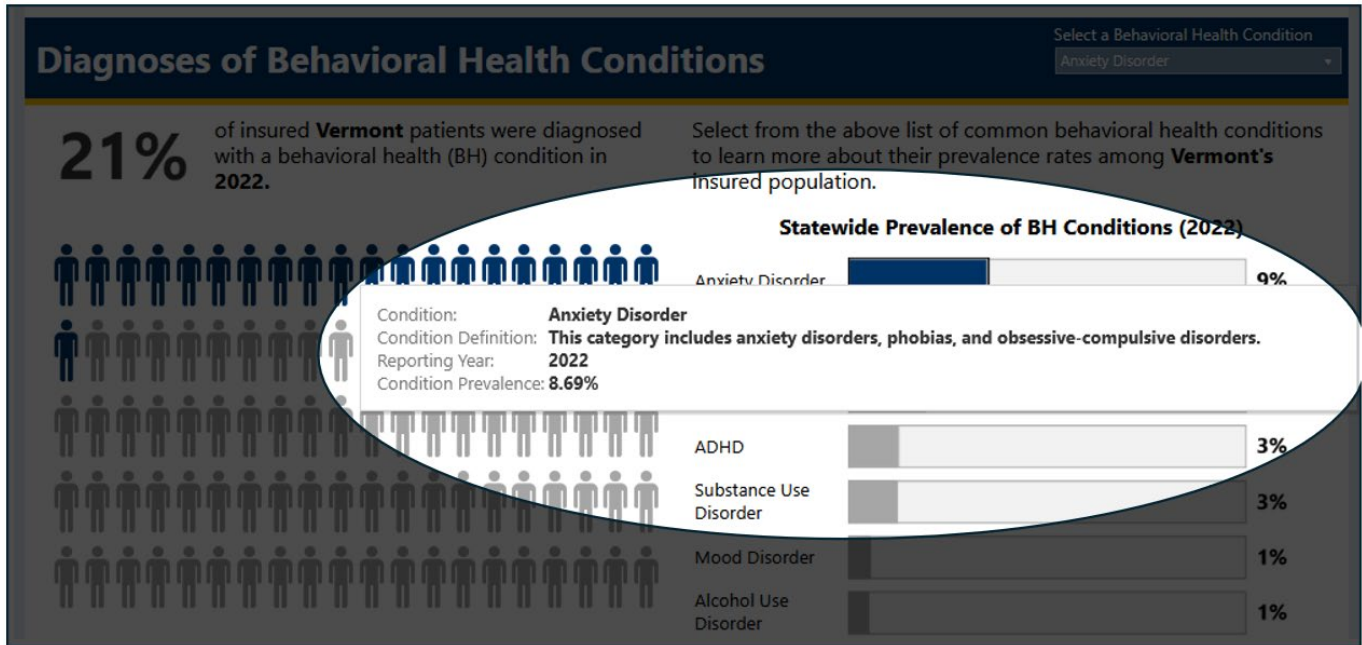
Users can click on any condition or use the filter in the title bar to find out more info about that condition. The selected filter is applied to all other sections of the Diagnosis dashboard. For example, if the user chooses Anxiety Disorder, other sections of the dashboard automatically refresh to reflect information about anxiety disorders.

Figure 2. Diagnoses Dashboard (Panel 1) – Diagnoses of Behavioral Health Conditions



Users can access additional information on the condition category – including its definition, reporting year, and the prevalence of the condition in the state – by hovering their mouse over the name of the condition in the graph. In **Figure 3**, additional details are displayed for the Anxiety Disorder condition category.

Figure 3. Additional Condition Category Details



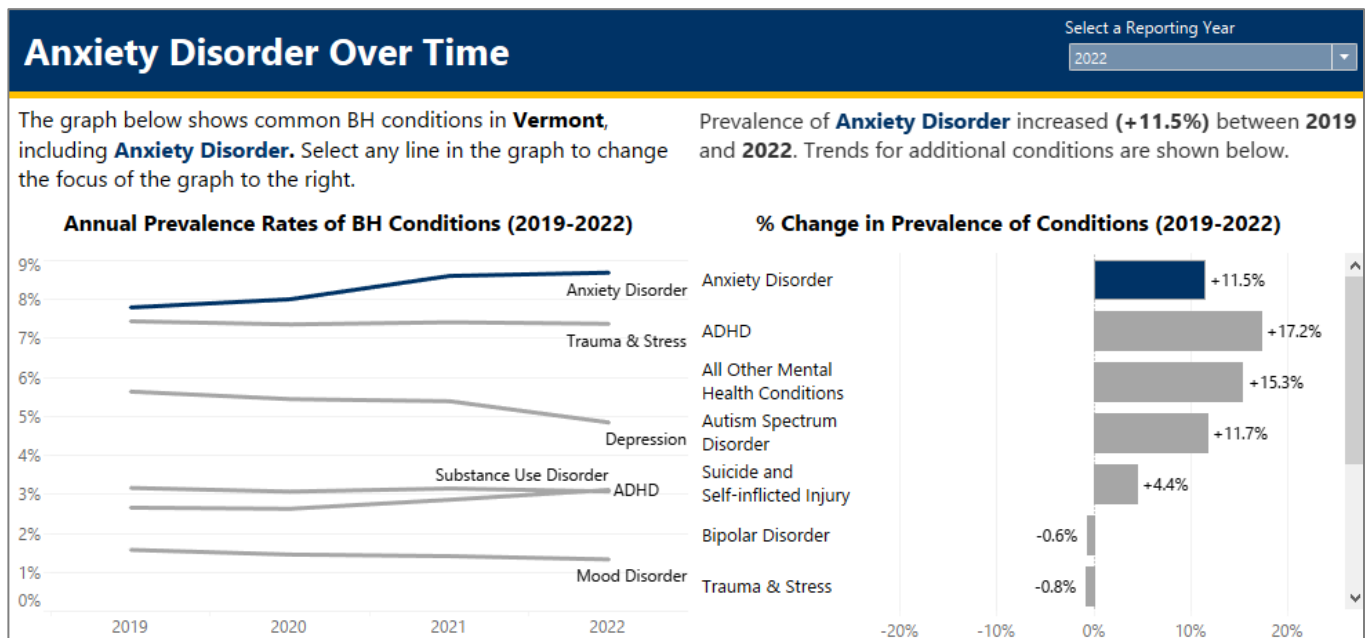
Trends in Diagnoses

In this panel, the prevalence of each condition category (represented as a percentage of the total member population in the APCD) is presented over time, with the selected condition highlighted in blue (Figure 4).

To explore the percentage change in the prevalence of the condition categories over a specific time frame, users may select a reporting year in the panel's title bar. The graph will display the percentage change between the baseline year (2019) and the selected year.

To highlight a different condition category, users can simply click on the name (or the bar or line) of the category in either of the graphs. This selection will then be applied to the rest of the dashboard.

Figure 4. Diagnoses Dashboard (Panel 2) – Trends in Diagnoses Over Time



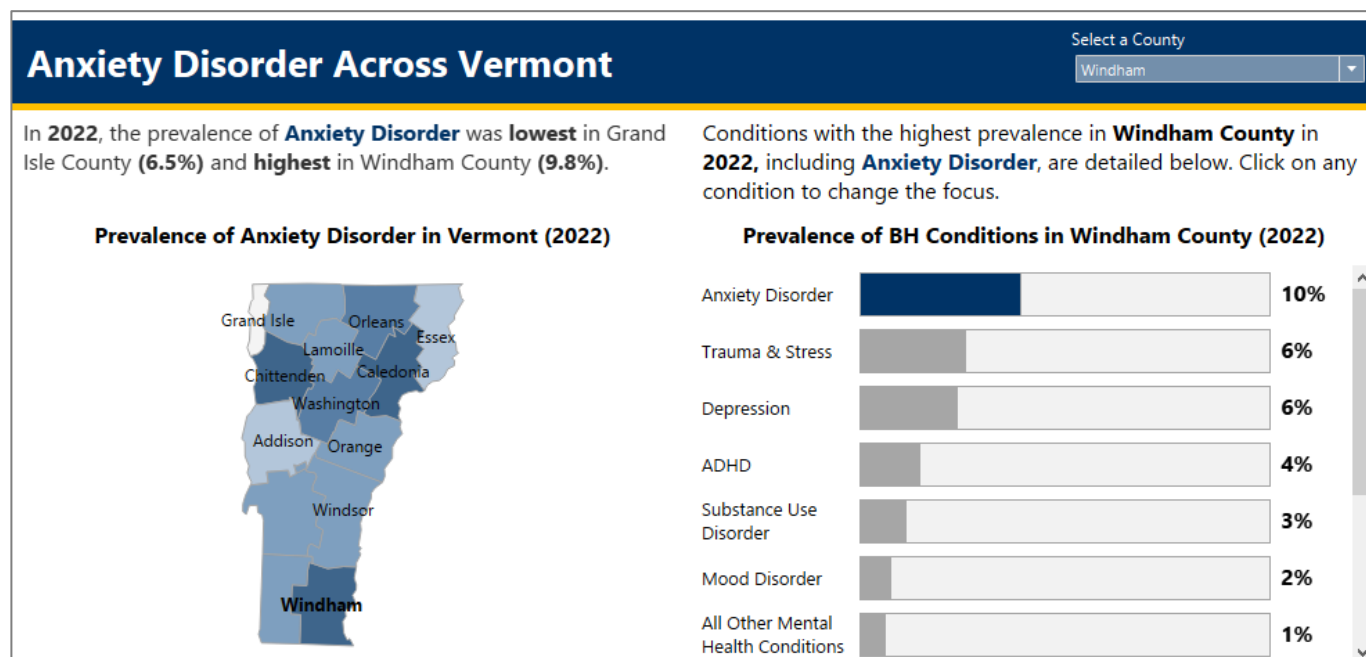
Diagnoses by County

This panel shows the county-level variation in the percentage of patients allocated to each condition category to highlight areas of the state where these conditions are more prevalent (**Figure 5**). (Note that residents are reported instead by “planning region” in Connecticut’s dashboard’s given the state’s shift from counties to planning regions.)

To see the top behavioral health conditions for a specific county, users can click on the county in the map on the left or select it using the filter in the panel’s title bar.

To reconfigure the map to examine the statewide variation for a different condition category, users can simply click on the desired BH condition category in the chart on the right.

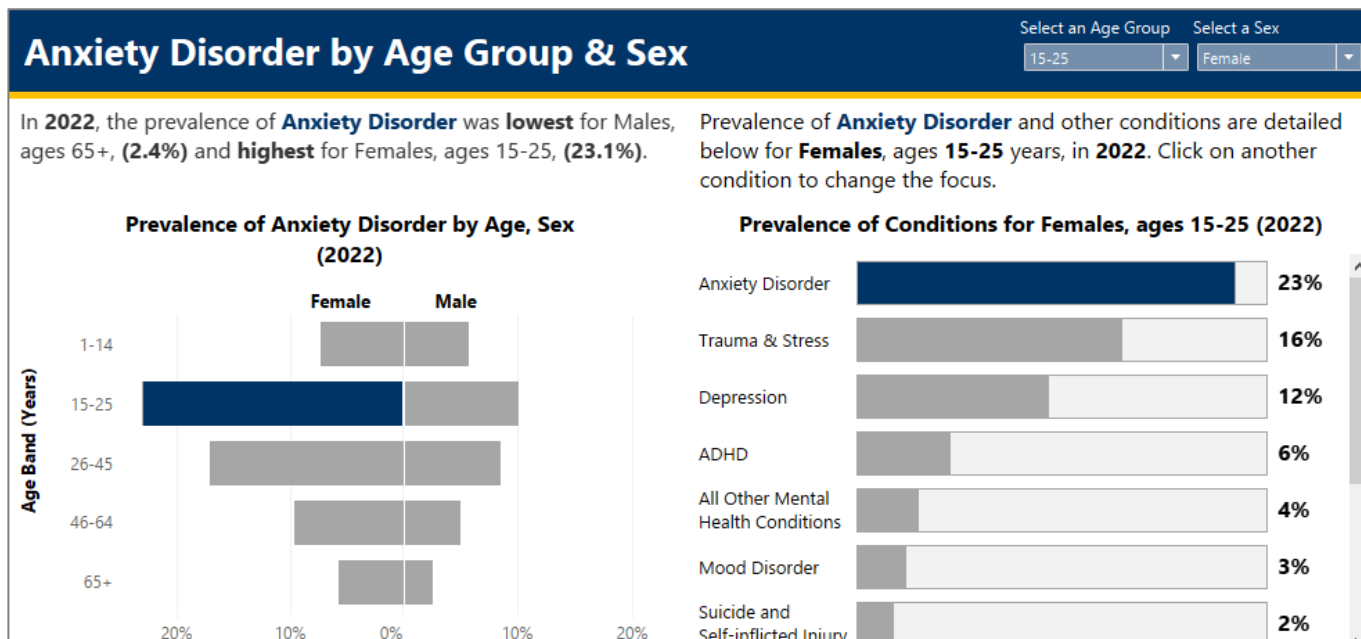
Figure 5. Diagnoses Dashboard (Panel 3) – Diagnoses by Geography



Diagnoses by Age Group & Sex

This panel shows the rates of the selected condition category by age group and sex, which can be selected using the filters in the panel's title bar (**Figure 6**). Users also can click on a particular age group and sex combination within the bar graphs to focus on that specific demography, with the rates for that group reflected in both of the panel's graphs.

Figure 6. Diagnoses Dashboard (Panel 3) – Diagnoses by Age Group & Sex

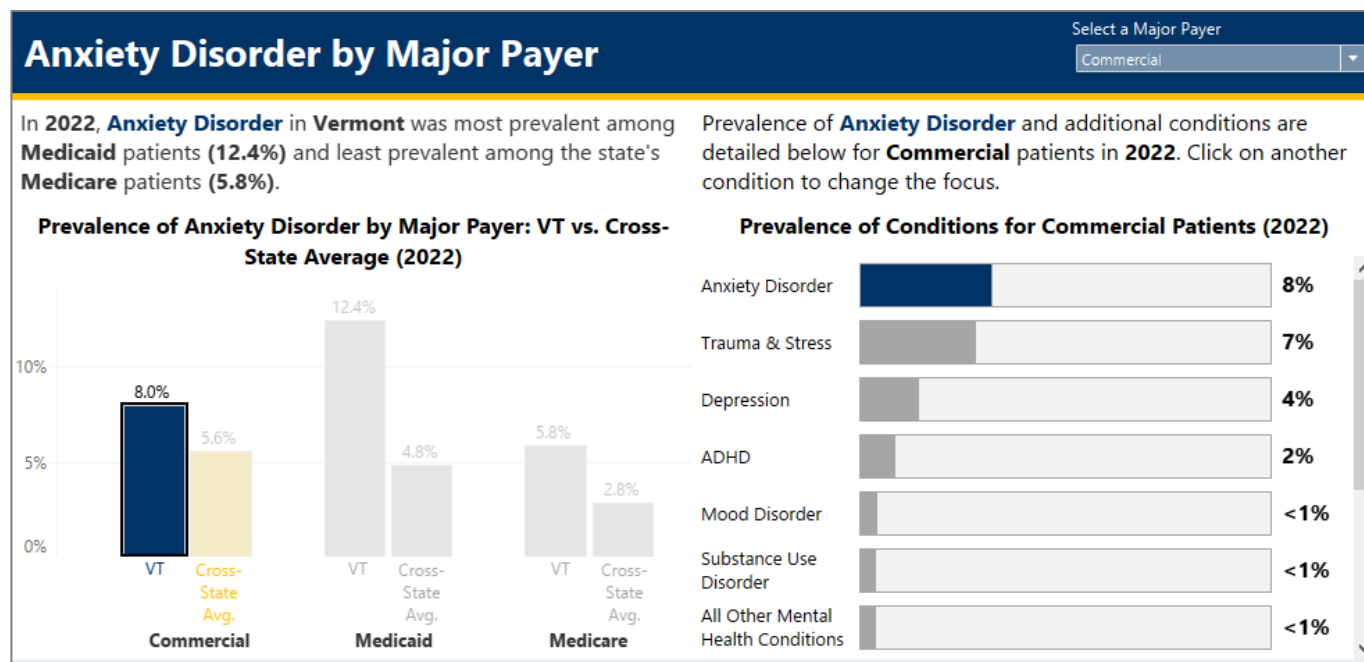


Diagnoses by Payer Type

This panel provides rates for the selected condition category by payer type (i.e., commercial, Medicaid, Medicare) and includes a comparison to the average rate across the five states participating in the 2025 Multi-State Behavioral Health Initiative (**Figure 7**).

Users can click on a particular insurance type in the graph or use the filter in the panel's title bar to display the prevalence of the condition category for the selected payer type within the state.

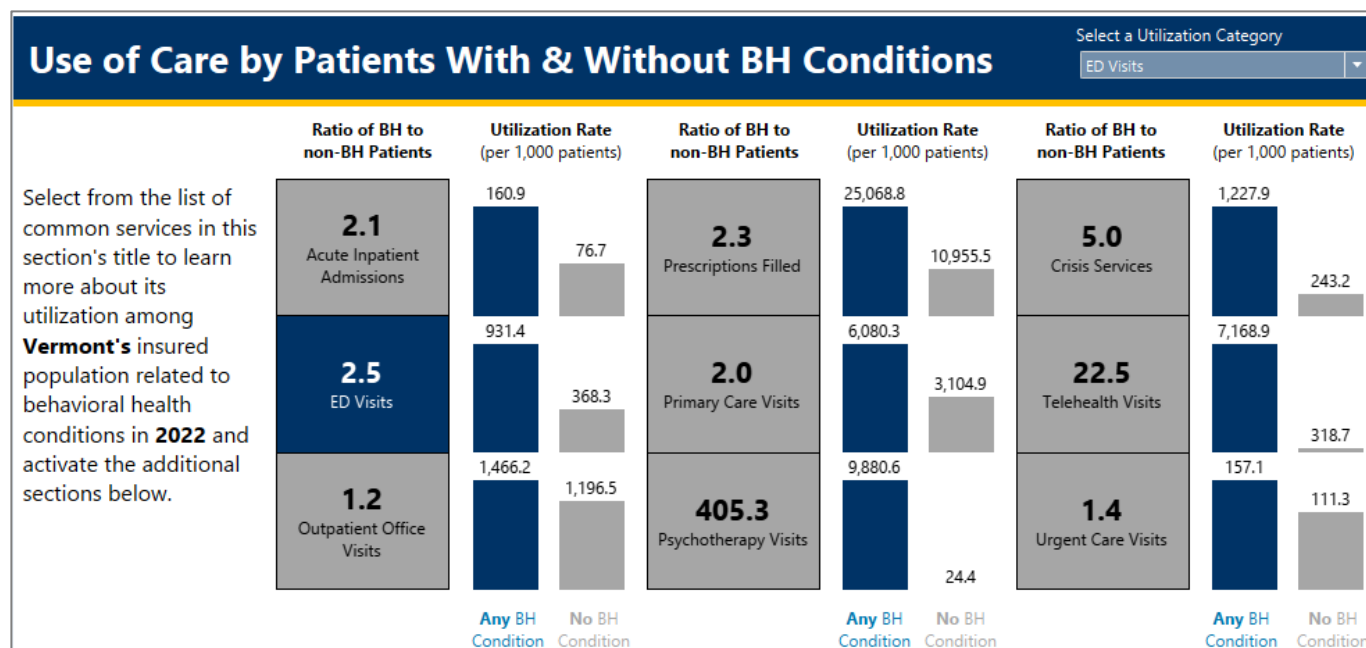
Figure 7. Diagnoses Dashboard (Panel 4) – Diagnoses by Payer Type



Dashboard 2 – Use of Care

This dashboard focuses on the use of common services by insured patients with and without behavioral health conditions (**Figure 8**). It provides the rates of use per 1,000 patients for the following categories: acute inpatient admissions, crisis services, emergency department (ED) visits, outpatient office visits, prescriptions filled, primary care visits, psychotherapy visits, telehealth visits, and urgent care visits.

Figure 8. Use of Care Dashboard (Panel 1) – Use of Care by Patients with & without BH Conditions



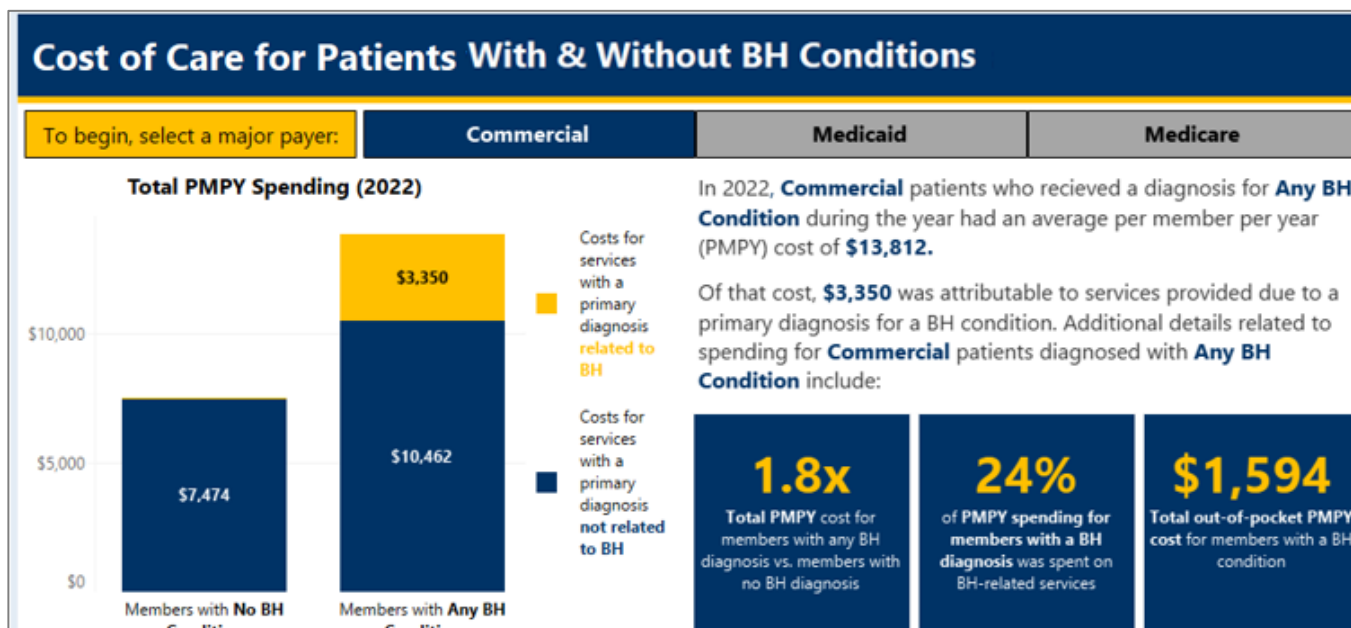
Additional notes about the Use of Care dashboard include the following:

- The rate of patients diagnosed with any behavioral health condition is compared to that of patients who have not been diagnosed with a BH condition. A ratio is calculated to demonstrate how much more frequently patients with BH conditions needed a particular type of care than patients without these conditions.
- Services are not restricted to those for which a BH diagnosis was billed. This dashboard shows the overall healthcare use of patients with BH conditions rather than their use of specifically BH-related services.
- To change the utilization category highlighted in the chart, users can simply select from the available categories using the filter in the panel's title bar. They also can click on any of the larger, ratio boxes to select the category they wish to highlight. Either approach will apply that selection to the dashboard's other panels.
- As with the Diagnoses dashboard, the Use of Care dashboard has sections that show rates over time, across the state, by age group and sex, and by payer type (with cross-state benchmarks). The filtering and flow of these sections are similar to the Diagnoses dashboard.

Dashboard 3 – Cost of Care

The Cost of Care dashboard provides information on claims-based spending for patients with behavioral health conditions and those without behavioral health conditions (**Figure 9**). The costs include both the plan payments and member payments (i.e., copay, coinsurance, deductible). Spending for services with a behavioral health diagnosis is broken out separately from spending on services with non-BH diagnoses to provide an estimate of care specific to behavioral health. Users should be aware, however, that other care may include a behavioral health diagnosis as a non-primary diagnosis.

Figure 9. Use of Care Dashboard (Panel 2) – Cost of Care for Patients With & Without BH Conditions



Users can choose a payer type – commercial, Medicaid, or Medicare – to see the costs for that payer. (Please note that Medicaid is recognized as “Minnesota Health Care Programs” in Minnesota’s dashboards.) The rest of the dashboard will then be filtered by that payer type. The payer type is stratified for this dashboard due to the significant payment differences between payers.

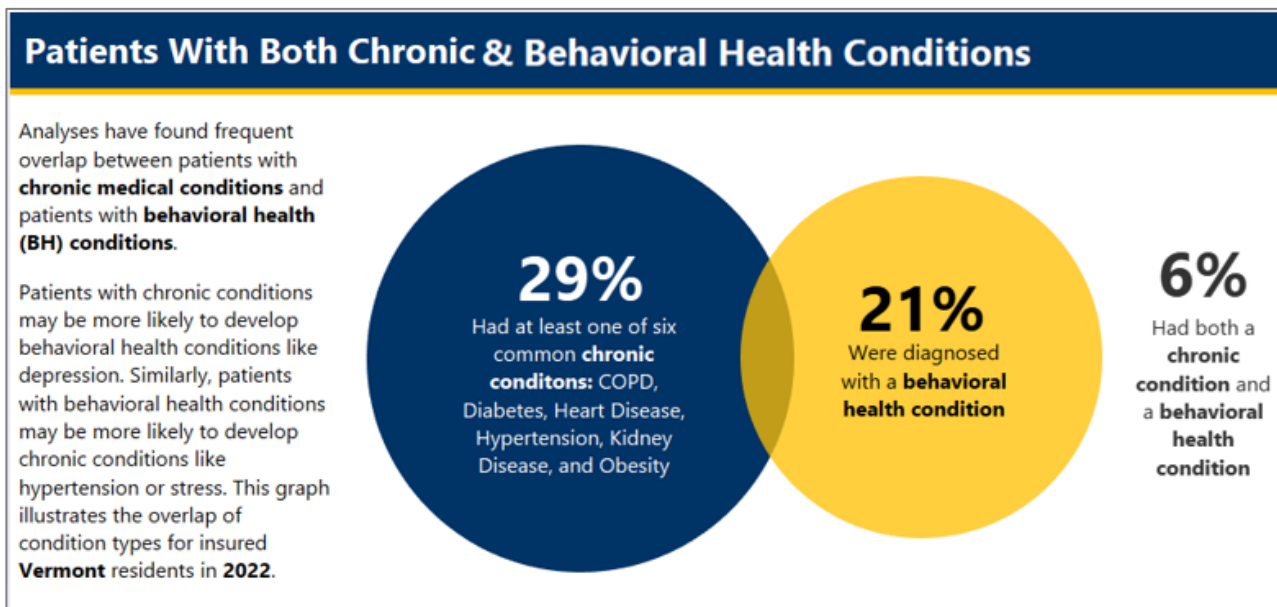
Similar to the Diagnoses and the Use of Care dashboards, this dashboard has sections on costs over time, across the state, by age group and sex, and by payer type (with cross-state benchmarks). Users can drill into specific conditions, and the overall filtering and flow are similar to the prior dashboards.



Dashboard 4 – Co-Occurring Conditions

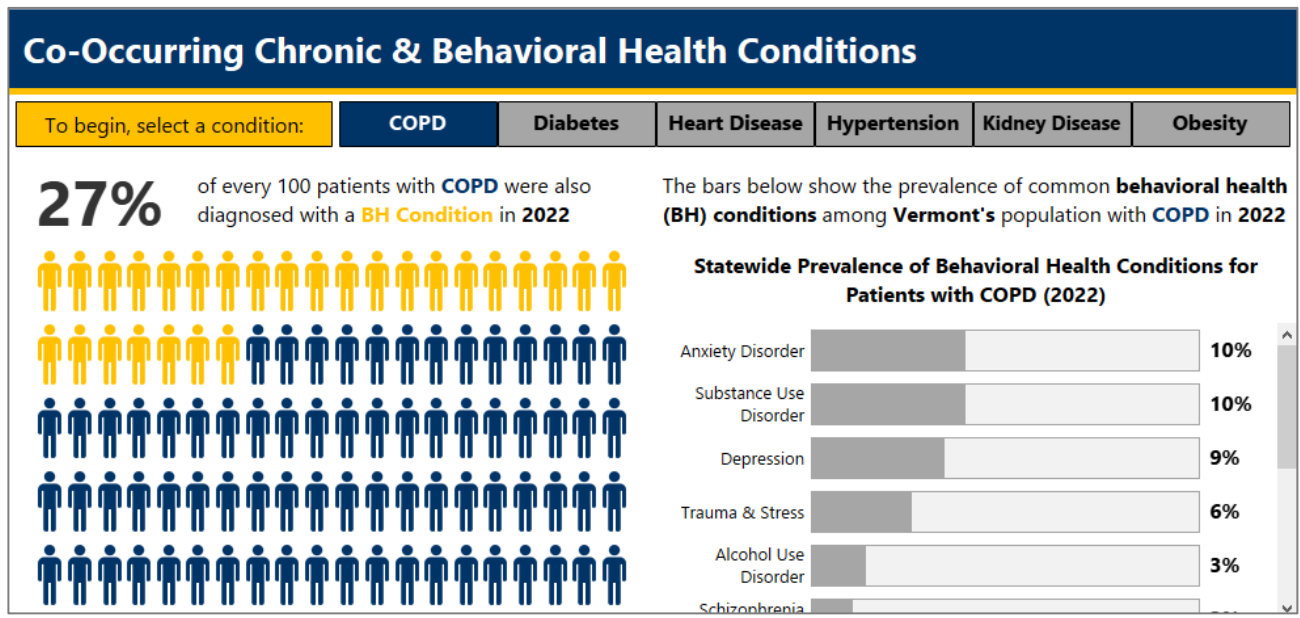
This dashboard introduces users to the topic of medical conditions co-occurring with behavioral health conditions (**Figure 10**). It provides insights into the percentage of patients who have been diagnosed with at least one of six common chronic medical conditions (i.e., COPD, diabetes, heart disease, hypertension, kidney disease, and obesity), the percentage who have been diagnosed with a behavioral health condition, and the percentage who have been diagnosed with both.

Figure 10. Co-Occurring Conditions Dashboard (Panel 1) – Patients with Both Chronic & Behavioral Health Conditions



Users can select a chronic medical condition and see the percentage of patients diagnosed with that condition who also had behavioral health conditions as well as the top behavioral health conditions among that population (**Figure 11**). The selected filter also is applied to other sections of the dashboard to show information on ED visits, inpatient admissions, and the cost of care for patients with that condition.

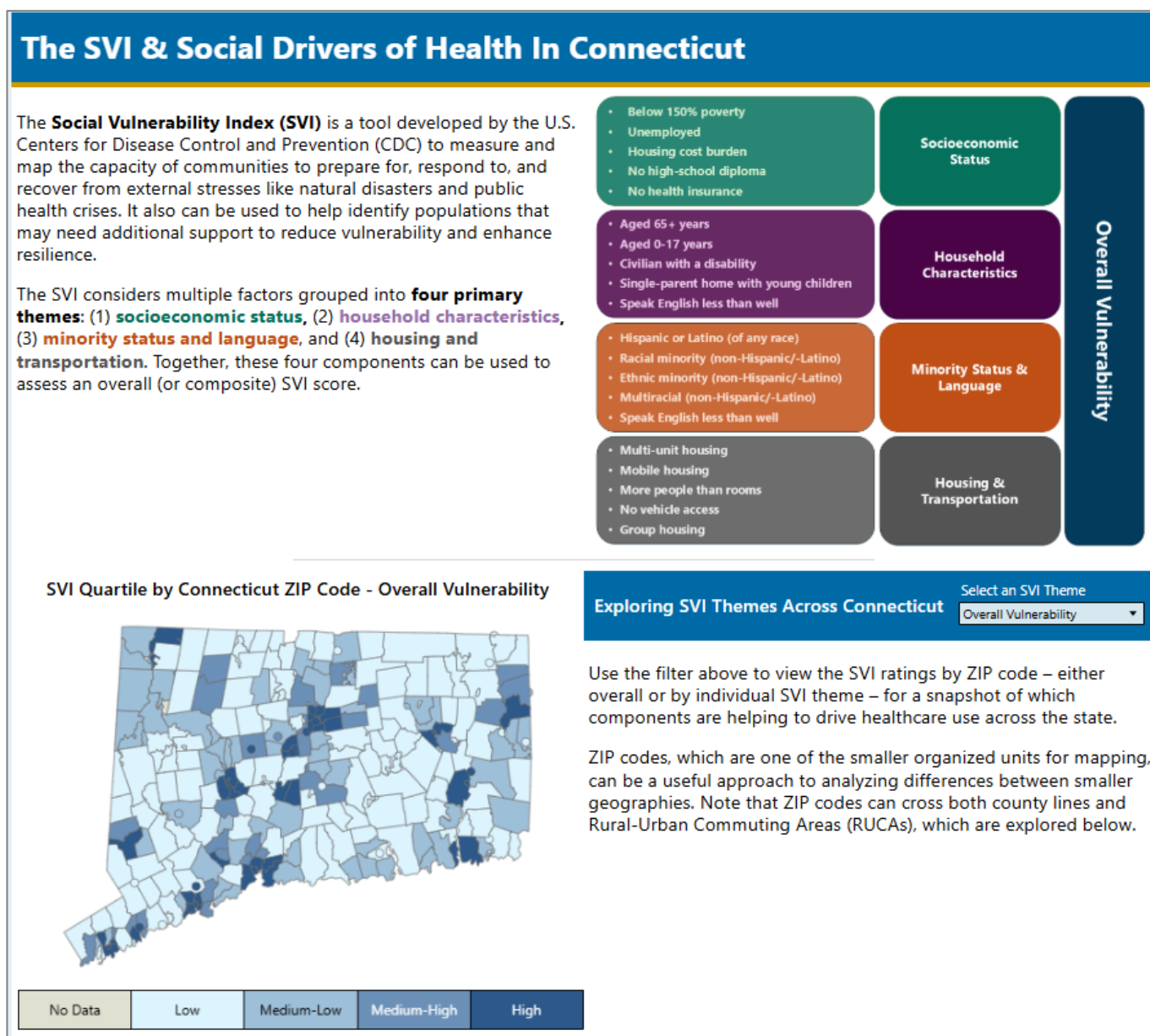
Figure 11. Co-Occurring Conditions Dashboard (Panel 2) – Co-Occurring Chronic & Behavioral Health Conditions



Dashboard 5 – Social Drivers

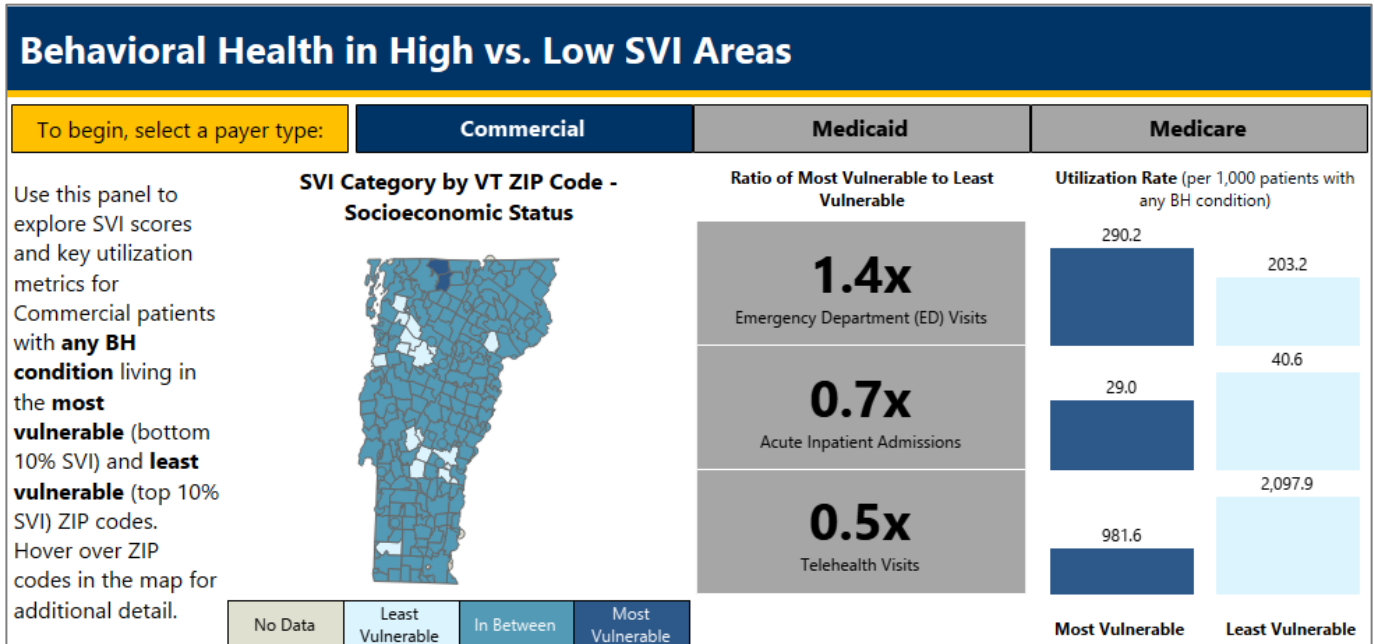
This dashboard allows users to explore social drivers of health and questions of rural and urban areas and how they relate to the prevalence of behavioral health conditions (**Figure 12**). The Social Vulnerability Index (SVI), a tool developed by the U.S. Centers for Disease Control and Prevention (CDC), was used to measure vulnerability across four key “themes”: (1) socioeconomic status, (2) household characteristics, (3) minority status and language, and (4) housing and transportation. Users can select different themes to see geographical variation by ZIP code from low to high vulnerability.

Figure 12. Social Drivers Dashboard (Panel 1) – The SVI & Social Drivers of Health



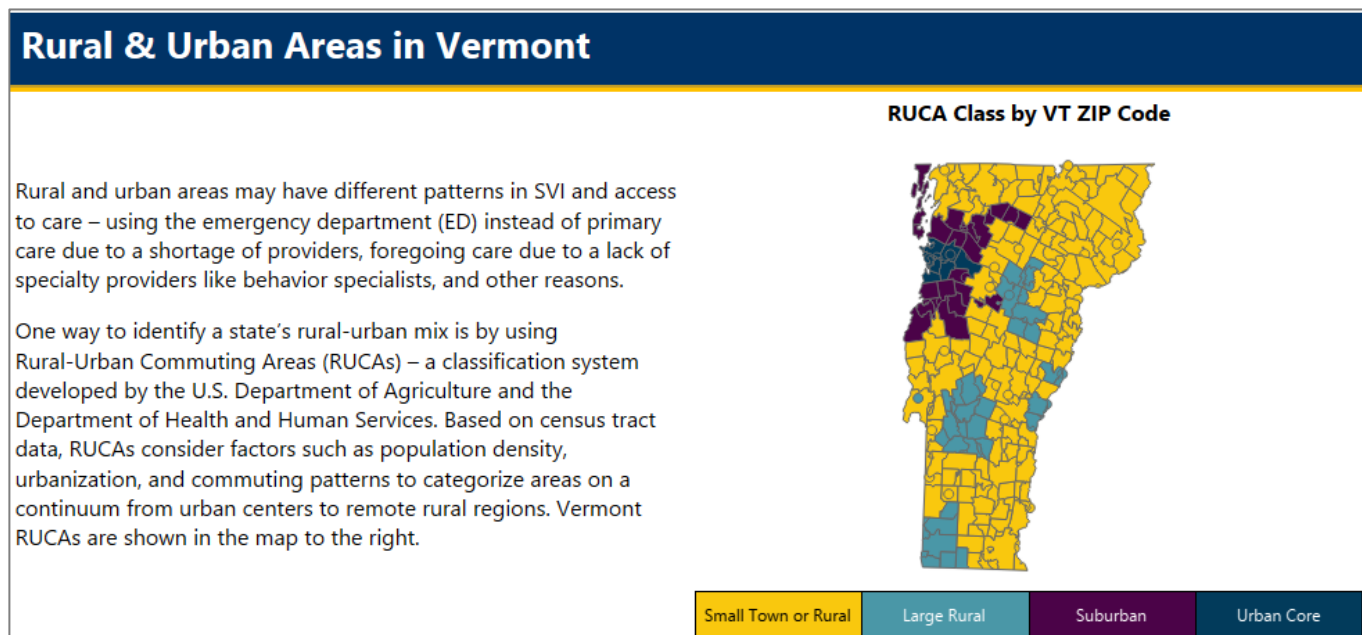
The next section of the dashboard allows users to compare areas of high vulnerability (the 10 percent of ZIP codes within the state with the highest SVI scores) and low vulnerability (the 10 percent of ZIP codes with the lowest SVI scores). For each payer type, users can see the ratio in utilization of key services (i.e., ED visits, acute inpatient admissions, and telehealth visits) between the most vulnerable areas and the least vulnerable areas. For example, **Figure 13**, shows that patients with commercial health coverage who had behavioral health conditions were 1.4 times more likely to use the ED in areas with the highest socioeconomic vulnerability than in the areas with the lowest socioeconomic vulnerability.

Figure 13. Social Drivers Dashboard (Panel 2) – Behavioral Health in High vs. Low SVI Areas



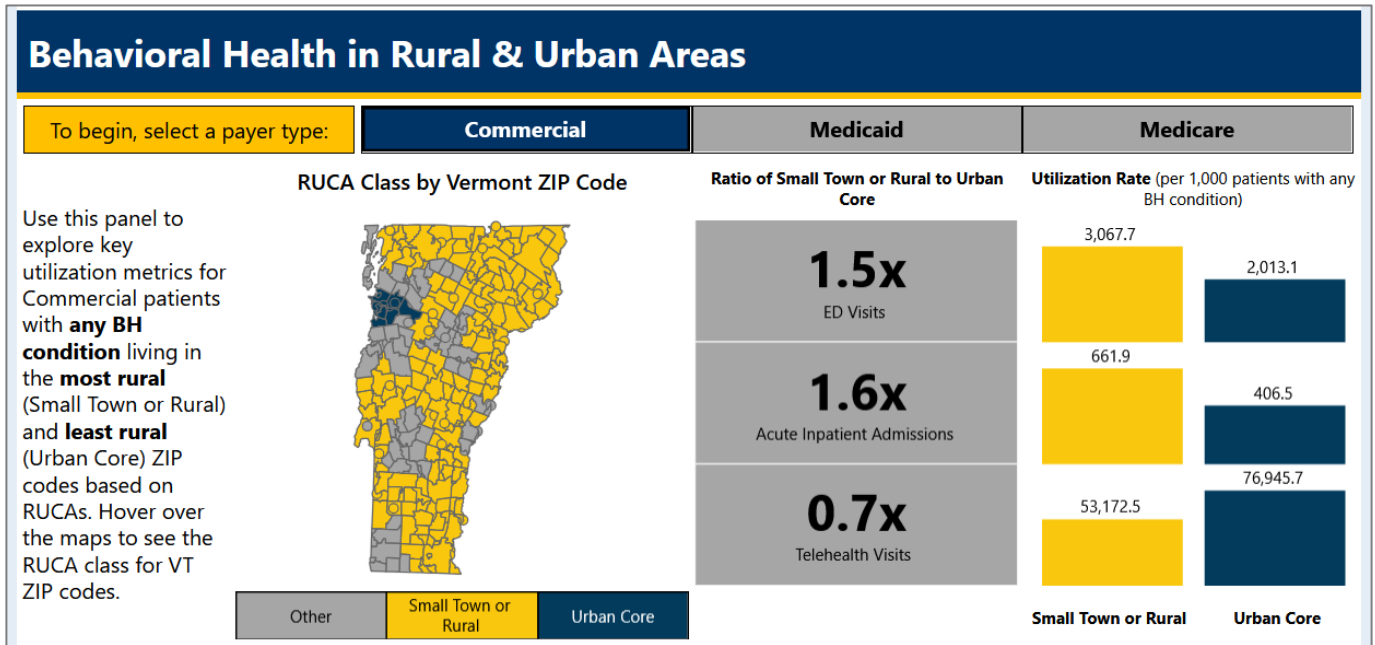
The dashboards also provide information on rural and urban areas, grouping ZIP codes into larger groupings based on Rural-Urban Commuting Areas (RUCAs), a classification system developed by the U.S. Department of Agriculture (**Figure 14**). These groupings include small town or rural, large rural, suburban, and urban core.

Figure 14. Social Drivers Dashboard (Panel 3) – Rural & Urban Areas



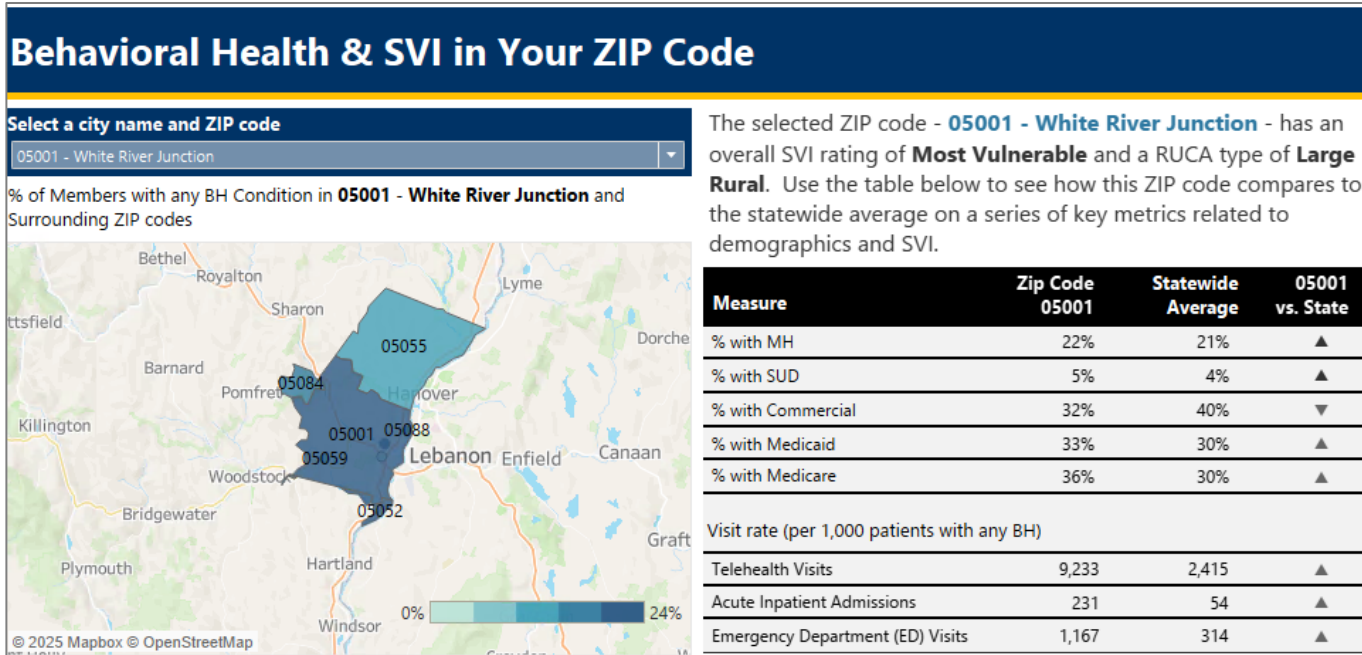
The next panel provides a comparison between the most rural areas (“small town or rural”) and the most developed areas (“urban core”) (**Figure 15**). In the example below, small town and rural areas had 1.5 times the number of ED visits for commercial patients with behavioral health conditions compared to the urban core.

Figure 15. Social Drivers Dashboard (Panel 4) – Behavioral Health in Rural & Urban Areas



The dashboard's bottom panel allows users to explore behavioral health in a specific ZIP code and see how it compares to the state average across several key metrics (**Figure 16**).

Figure 16. Social Drivers Dashboard (Panel 5) – Behavioral Health & SVI in Your ZIP Code





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