

Behavioral Health in Massachusetts

This first-ever Behavioral Health Dashboard includes key indicators of behavioral health access, finance, utilization, quality, and equity. Behavioral health care includes services and treatment for both mental health and substance use disorders (SUD).



ACCESS

METRICS FOCUSED ON ACCESS TO BEHAVIORAL HEALTH CARE SERVICES

[EXPLORE](#) ►

In 2023, one-third of behavioral health-related emergency department visits resulted in patients being boarded for more than 12 hours, an increase from 2021.

In 2023, 8.8% of families and 5.1% of individuals had unmet behavioral health needs due to cost.



FINANCE

METRICS FOCUSED ON SPENDING FOR BEHAVIORAL HEALTH CARE SERVICES

[EXPLORE](#) ►

In 2022, Medicaid MCO/ACO-A plans had the highest percentage of spending on behavioral health services, at 20% of total medical expenses.

Medicare Advantage plans had the lowest percentage of spending on behavioral health care in 2022 (2.2%).



UTILIZATION

METRICS FOCUSED ON THE USE OF BEHAVIORAL HEALTH CARE SERVICES

[EXPLORE](#) ►

Between 2021 and 2022, the rate of behavioral health emergency department visits at acute care hospitals decreased from 1,793 per 100,000 residents to 1,661 per 100,000 residents.

In 2022, the rate of opioid-related acute care hospital emergency department visits and inpatient stays was 737 per 100,000 residents, a decrease from 885 per 100,000 residents in 2021.



QUALITY

METRICS FOCUSED ON THE QUALITY OF BEHAVIORAL HEALTH CARE SERVICES

[EXPLORE](#) ►

Between 2020 and 2022, the percentage of patients who had a follow-up visit within seven days after an emergency department visit for mental illness increased 5.6 points.

Between 2021 and 2022, both private commercial and MassHealth members reported increased rates of being screened for depression and anxiety during primary care visits.



EQUITY

METRICS FOCUSED ON ASSESSING INEQUITIES IN BEHAVIORAL HEALTH CARE

[EXPLORE](#) ►

In 2023, Hispanic residents reported the highest rate of families who did not receive the behavioral health care they needed in the past 12 months due to cost.

Between 2021 and 2023, there were substantial increases in the percentage of residents who had a visit for behavioral health care in the past 12 months among all racial and ethnic groups.

CONTEXT

CONTEXT ON THE MASSACHUSETTS BEHAVIORAL HEALTH CARE MARKET AND AT-A-GLANCE HEALTH OUTCOMES MEASURES

[EXPLORE](#) ►

Metrics included in this dashboard have been collected from various data sources. The Behavioral Health Dashboard databook includes multi-year trends where data is available. For additional information, see the Behavioral Health [interactive Tableau dashboard](#), [databook](#), and [technical appendix](#).

CONTEXT ON THE STATE OF MASSACHUSETTS

At-a-glance health outcome measures in Massachusetts and market notes

Behavioral health care encompasses an array of services that can meaningfully shape patient outcomes and form the foundation for a well-performing health care system. In the years following the onset of the COVID-19 pandemic, there was a sharp increase in the need for and expansion of behavioral health care services covered by commercial plans for children and adolescents.¹ The demand for and usage of these services remains high; this Behavioral Health Dashboard is intended to provide a comprehensive overview of indicators related to behavioral health care access, finance, utilization, quality, and equity in Massachusetts.

Metrics in this dashboard are sourced from various publicly available datasets and reflect the most recent data available.

Mental Health Status

Percentage of Massachusetts residents who reported their mental health was either “fair” or “poor” in the previous 12 months.*

12.4%
2021

Suicide Deaths

Number of suicide deaths per 100,000 Massachusetts residents.

Per 100,000
8.3
2022
(age-adjusted)

Alcohol-Related Deaths

Number of alcohol-related deaths per 100,000 Massachusetts residents.*

Per 100,000
12.5
2021
(age-adjusted)

Drug Overdose Deaths

Number of drug overdose deaths per 100,000 Massachusetts residents.*

Per 100,000
36.8
2021
(age-adjusted)

Tobacco and Alcohol Use

Percentage of Massachusetts adults who reported regular tobacco use and/or heavy drinking.

Tobacco
10.6%
2021

10.4%
2022

Heavy Drinking
6.3%
2021

6.7%
2022

*One year of data displayed due to data availability.

¹For more information, please see [DOI Bulletin 2018-07](#).



ACCESS



FINANCE



UTILIZATION



QUALITY



EQUITY

CONTEXT ON THE STATE OF MASSACHUSETTS

At-a-glance health outcome measures in Massachusetts and market notes

Behavioral Health Visits

Percentage of Massachusetts residents who had a visit for mental health or substance use disorder care in the past 12 months.

MH
17.5%
2021

SUD
1.5%
2021

21.4%
2023

1.1%
2023

Behavioral Health ED Visits

Percentage of Massachusetts residents who reported that their most recent emergency department visit was related to mental health or substance use disorders.

MH
6.0%
2021

SUD
2.1%
2021

4.5%
2023

0.7%
2023

Behavioral Health Member Months

Percentage of members with a behavioral health (mental health and/or substance use disorder) diagnosis.

Commercial

2021 **22.3%** (MH: 20.8%, SUD: 1.5%)

2022 **22.7%** (MH: 21.3%, SUD: 1.4%)

Medicaid MCO/ACO-A

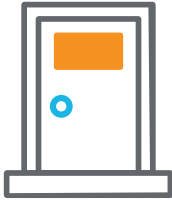
2021 **25.4%** (MH: 21.7%, SUD: 3.7%)

2022 **24.8%** (MH: 21.2%, SUD: 3.5%)

Medicare Advantage

2021 **15.2%** (MH: 13.7%, SUD: 1.6%)

2022 **14.1%** (MH: 12.5%, SUD: 1.6%)

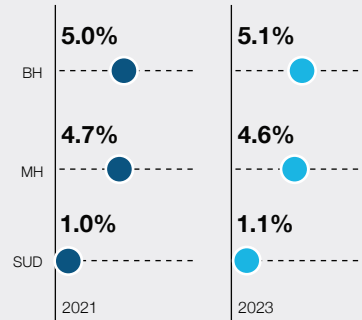


ACCESS

Metrics focused on access to behavioral health care services

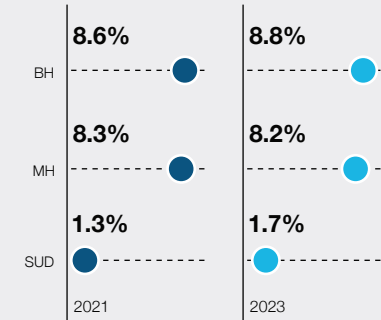
Individual Unmet Behavioral Health Needs Due to Cost

Percentage of Massachusetts residents who reported that they did not receive needed behavioral health care in the past 12 months due to cost.



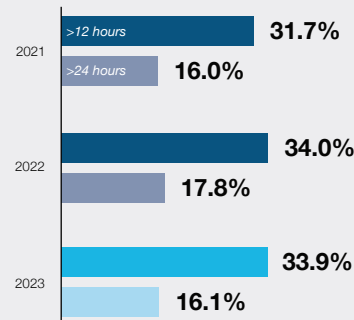
Family Unmet Behavioral Health Needs Due to Cost

Percentage of Massachusetts families who reported that they did not receive needed behavioral health care in the past 12 months due to cost.



Behavioral Health-Related Emergency Visits Resulting in Boarding

Percentage of behavioral health-related emergency department visits in Massachusetts that resulted in patients being boarded for more than 12 and 24 hours.*



The Behavioral Health-Related Emergency Visits Resulting in Boarding measure was updated to include data for greater than 24 hours.

For at-a-glance health outcome measures in Massachusetts, see the [context page](#). For additional information on the metrics displayed above, including data sources, see the [technical appendix](#) and [databook](#).

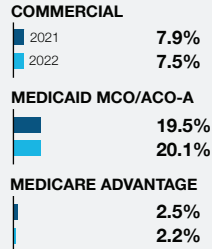


FINANCE

Metrics focused on spending for behavioral health care services

Behavioral Health Percentage of Total Spending

Percentage of total health care spending attributed to behavioral health services in Massachusetts.



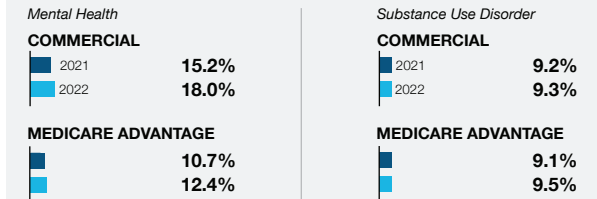
Mental Health Care Out-of-Pocket Costs

Percentage of individuals in Massachusetts who paid the entire cost of their most recent mental health care visit out-of-pocket.

15.0%
2023

Behavioral Health Member Cost-Sharing

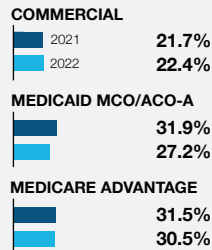
Percentage of total behavioral health care costs that are paid out-of-pocket by members in Massachusetts.



Note: Medicaid MCO/ACO-A numbers were too small to be included.

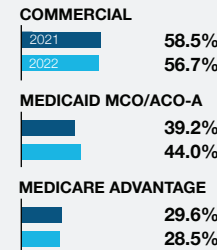
Behavioral Health Inpatient Spending

Percentage of total behavioral health spending attributed to behavioral health inpatient services.



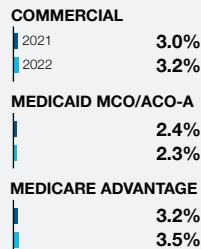
Behavioral Health Outpatient Spending

Percentage of total behavioral health spending attributed to behavioral health outpatient services.



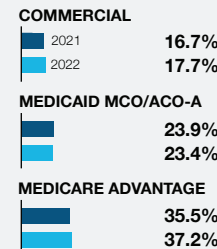
Behavioral Health ED/Observation Spending

Percentage of total behavioral health spending attributed to emergency department observation services.



Behavioral Health Prescription Drug Spending

Percentage of total behavioral health spending attributed to prescription drugs.



For at-a-glance health outcomes measures in Massachusetts, see the [context page](#). For additional information on the metrics displayed above, including data sources, see the [technical appendix](#) and [databook](#).

Notes: All metrics displayed except for Member Cost-Sharing represent commercial full-claims and commercial partial-claims. Member Cost-Sharing is based on reported commercial full-claims only. For commercial partial-claim data where payers reported pharmacy carve-outs, CHIA estimated pharmacy spending by service type. Analysis represents data from payers that submitted CY2021 and CY2022 data: BCBSMA, Cigna, Fallon, HPHC, HPI, MGBHP, THPP, Tufts Medicare Advantage, and UniCare, representing approximately 2 percent of the commercial market, 60 percent of the MCO/ACO-A market, and percent of the Medicare Advantage market. Commercial full-claim members represent approximately 46 percent of the commercial market. Due to payer exclusions, data may not tie to previously published data points. Data does not reflect aggregate statewide spending, and findings should not be extrapolated for that purpose. Mental health and substance use disorder diagnosis prevalence are not mutually exclusive. Totals may not sum due to rounding.

Effective January 1, 2022, HPHC discontinued its Medicare Advantage plans due to the integration of HPHC and THP under the parent company, Point32Health. See the [technical appendix](#) for more information.



ACCESS



FINANCE



UTILIZATION



QUALITY



EQUITY



UTILIZATION

Metrics focused on the use of behavioral health care services

Behavioral Health-Related Inpatient Discharges

Number of inpatient discharges in Massachusetts related to behavioral health conditions.

283,537

2021

269,665

2022

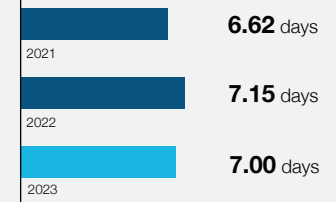
271,393

2023

Length of Stay at Acute Hospitals

Average length of stay at acute care hospitals in Massachusetts for discharges associated with any behavioral health condition.

Average Length of Stay (ALOS)



Opioid-Related ED Visits & Inpatient Stays

Number of combined emergency department visits and inpatient stays at acute care hospitals related to opioid use per 100,000 Massachusetts residents.

PER 100,000

885

2021

737

2022

Behavioral Health-Related ED Visits at Acute Care Hospitals

Number of emergency department visits at acute care hospitals related to behavioral health conditions per 100,000 Massachusetts residents.

PER 100,000

1,793

2021

1,661

2022

Psychotherapy Visits

Number of psychotherapy visits per 1,000 commercially insured members in Massachusetts ages 0-64.

PER 1,000

1,942

2021

For at-a-glance health outcome measures in Massachusetts, see the [context page](#). For additional information on the metrics displayed above, including data sources, see the [technical appendix](#) and [databook](#).

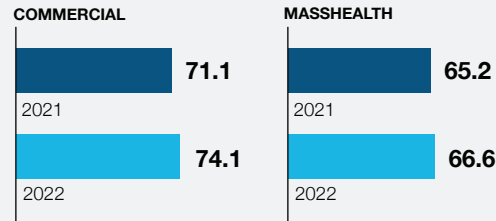


QUALITY

Metrics focused on the quality of behavioral health care services

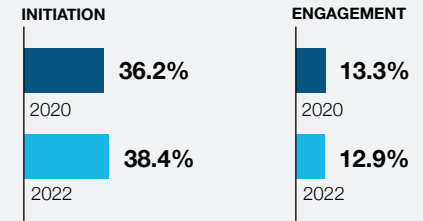
Behavioral Health Screening in Primary Care

Massachusetts adult patients who reported being screened for depression and anxiety during a primary care visit based on aggregate survey responses, on a 0-100 scale.



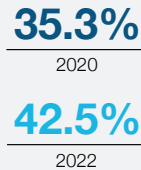
Initiation and Engagement of SUD Treatment

Percentage of patients in Massachusetts with a new episode of substance use disorder (SUD) who initiated and engaged in ongoing treatment.*



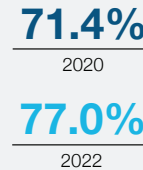
Metabolic Monitoring for Youth on Antipsychotics (APM)

Percentage of children and adolescents in Massachusetts on antipsychotic medications who received metabolic testing.



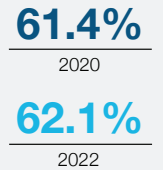
7-Day Follow-Up After ED Visit for Mental Illness (FUM)

Percentage of patients in Massachusetts who had a follow-up visit within seven days after an emergency department visit for mental illness.



7-Day Follow-Up After Mental Health Hospitalization (FUH)

Percentage of patients in Massachusetts who had a follow-up visit within seven days after being discharged from hospitalization for mental illness.



*The initiation phase measures the percentage of members who initiated treatment through an inpatient AOD (alcohol or other drug) admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis. The engagement phase measures the percentage of members who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit. A higher score indicates better performance.

For at-a-glance health outcome measures in Massachusetts, see the [context page](#). For additional information on the metrics displayed above, including data sources, see the [technical appendix](#) and [databook](#).

Note: Quality metrics presented in this analysis are statewide results.

For more insight from CHIA's reporting on clinical quality measures for behavioral health and other services, see <https://www.chiamass.gov/a-focus-on-provider-quality-selected-clinical-measures>.

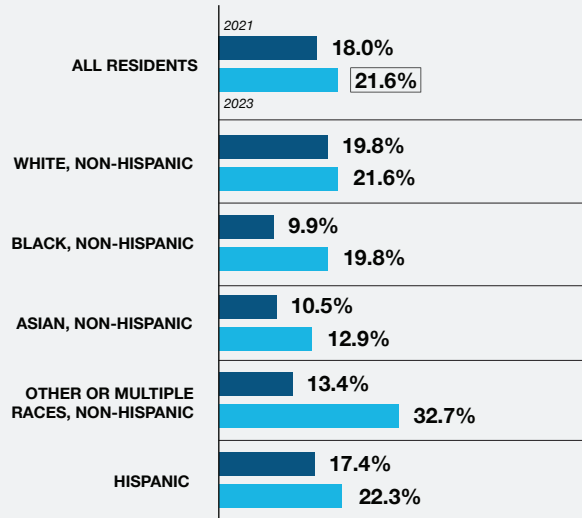


EQUITY

Metrics focused on assessing inequities in behavioral health care

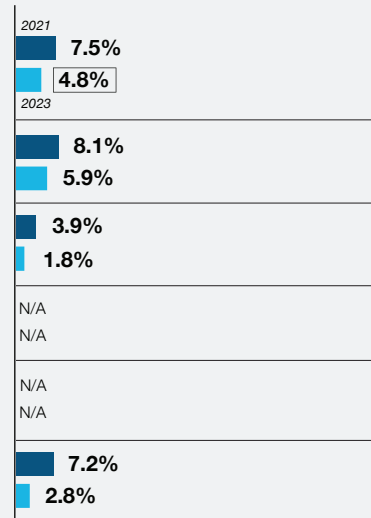
Behavioral Health Visits

Percentage of Massachusetts residents who had a visit for behavioral health care in the past 12 months.



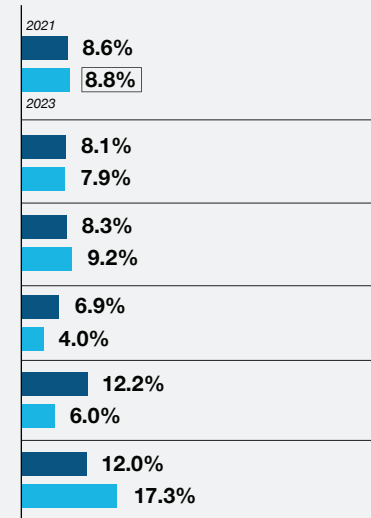
Mental Health and SUD ED Visits

Percentage of Massachusetts residents who reported that their most recent emergency department visit was related to mental health or substance use disorders.



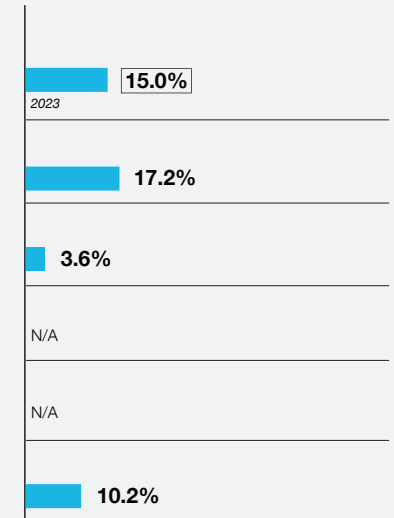
Family Unmet Behavioral Health Needs Due to Cost

Percentage of Massachusetts families who reported that they did not receive needed behavioral health care in the past 12 months due to cost.



Mental Health Care Out-of-Pocket Costs

Percentage of individuals in Massachusetts who paid the entire cost of their most recent mental health visit out-of-pocket.



Estimates for which the sample size is fewer than 50 respondents are not reported.

For at-a-glance health outcome measures in Massachusetts, see the [context page](#). For additional information on the metrics displayed above, including data sources, see the [technical appendix](#) and [databook](#).

Note: Percentages for all residents (gray boxes) are identified for each metric in 2023. Mental Health Care Out-of-Pocket Costs was newly available as of 2023. Further stratifications and regional analyses are included in the [interactive Tableau dashboard](#). N/A = Estimates for which the sample size is fewer than 50 respondents are not reported.