



Collective Impact's 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 their 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 all-payer claims databases (APCDs) nationwide.

About the Multi-State Behavioral Health Initiative

The Multi-State Behavioral Health Initiative is an exciting collaboration between Onpoint and five of our state all-payer claims database (APCD) clients – Connecticut, Georgia, Maryland, Minnesota, and Vermont. 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 and the behavioral health provider workforce.

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

Key Domains

The Multi-State Behavioral Health Initiative covers the following six 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.
- **Provider Workforce.** Describes variation across the state in terms of the behavioral health provider workforce. This dashboard provides a comparison of the number of providers by county, and the number of providers per 1,000 total members and per 1,000 members with a behavioral health condition. This dashboard also allows users to see how health care utilization rates vary by behavioral health provider access level, and the types of insurance claims behavioral health providers use to bill for their services.

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



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

Dashboard Descriptions

Dashboard 1 – Diagnoses

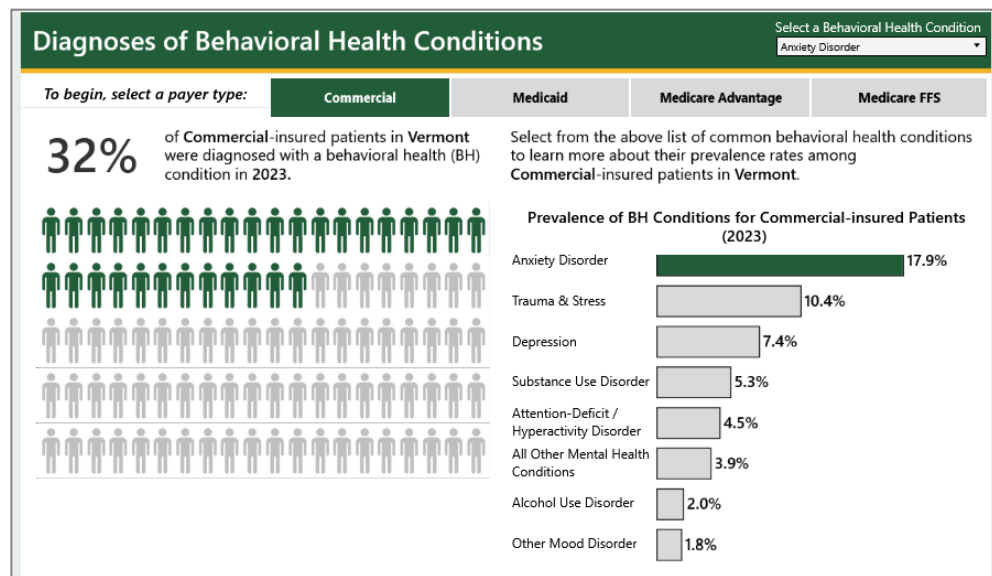
This dashboard provides a broad overview of the percentage of insured patients in the state (the screenshots in this guide show data from the various state dashboards) diagnosed with behavioral health conditions. The dashboard displays both the total percentage of insured patients (or “members”) in the APCD (by payer type) who have been diagnosed with one or more behavioral health conditions 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 was determined by identifying patients that had at least one inpatient claim or two or more outpatient claims for the condition, meaning claims that included the relevant diagnosis codes in any position (i.e., the primary diagnosis code, admitting diagnosis code, or in one of the 24 “other” diagnosis codes that may be included on a claim) in the measurement year and the year prior to the measurement year. For Connecticut and Georgia, only mental health conditions are shown because an Onpoint evaluation determined that some percentage of SUD-related claims had been removed from their APCDs.

Diagnoses by Category

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

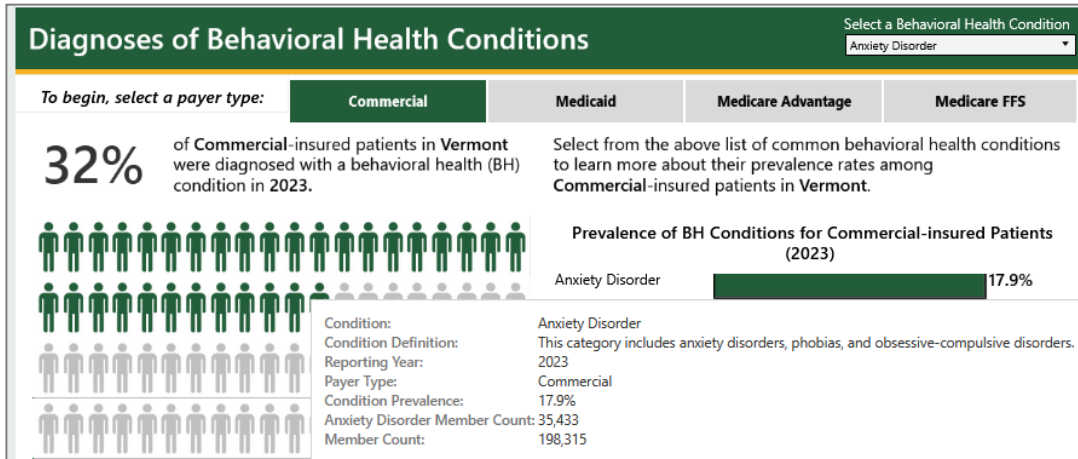
Users can click on any condition or use the filter in the title bar to find out more information about that condition. The selected filter is applied to all other sections of the Diagnosis dashboard. For example, if the user chooses “Anxiety Disorder,” other sections of the dashboard automatically refresh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

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



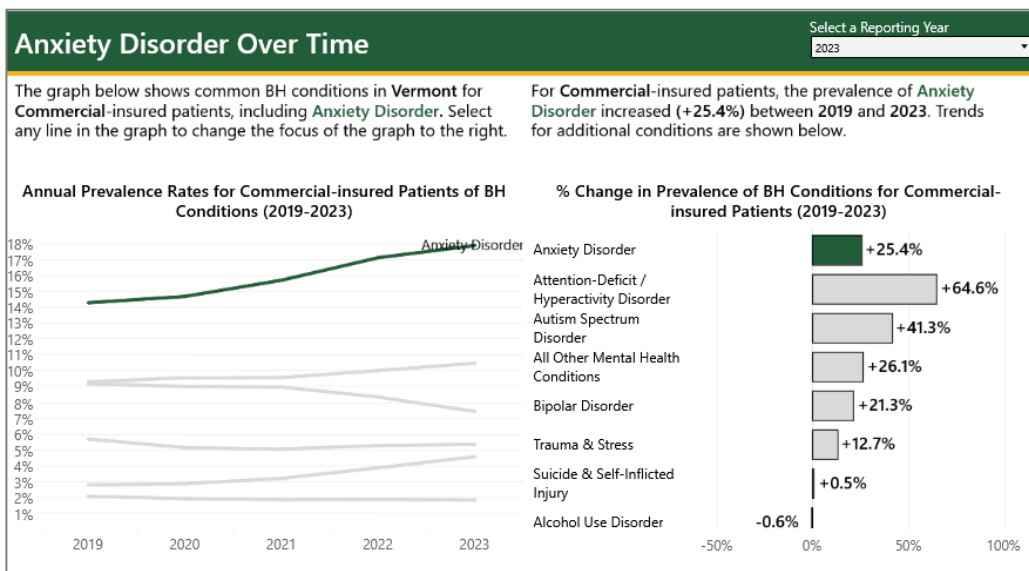
Trends in Diagnoses

In this panel, the prevalence of each condition category (represented as a percentage of the total member population in the APCD by payer type) is presented over time, with the selected condition highlighted (**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 relative percentage change between the baseline year (2019 or 2020, depending on the state) and the selected year.

To highlight a different 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

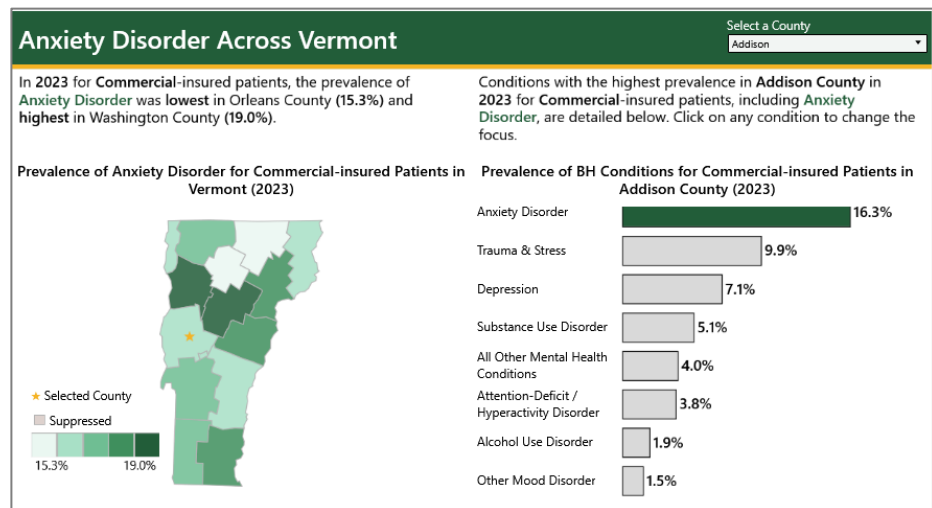


Diagnoses by County

This panel shows the county-level variation in the percentage of patients in each condition category to highlight areas of the state where these conditions are more prevalent (**Figure 5**). (Note that residents are reported by “planning region” in Connecticut’s dashboards because these regions supersede counties under state and federal law.) 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 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 and the map will refresh to show those results.

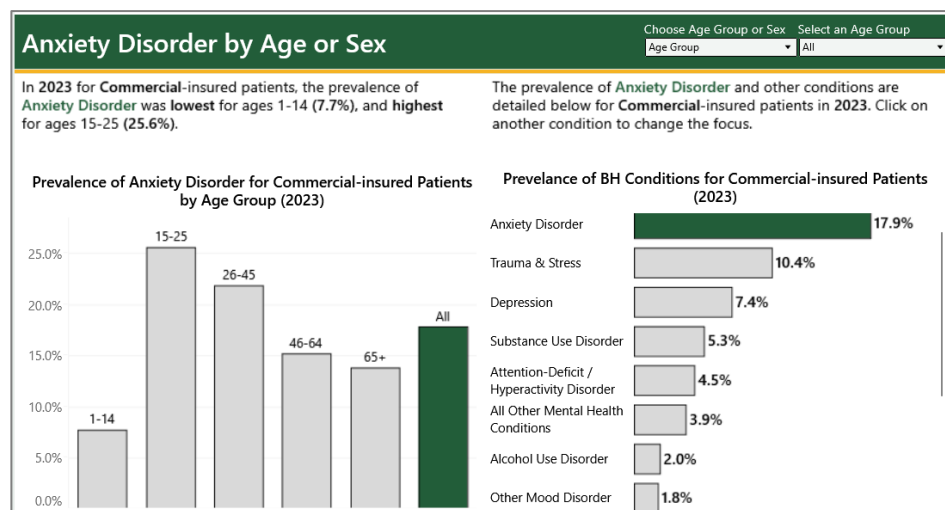
Figure 5. Diagnoses Dashboard (Panel 3) – Diagnoses by Geography



Diagnoses by Age Group & Sex

This panel shows the percentage of insured patients in the selected condition category by age group or sex (**Figure 6**). Users also can click on a particular age group or sex within the bar graph on the left to highlight that age or sex in the bar graph on the right. They can also select age group or sex using the filters in the panel’s title bar.

Figure 6. Diagnoses Dashboard (Panel 4) – Diagnoses by Age or Sex

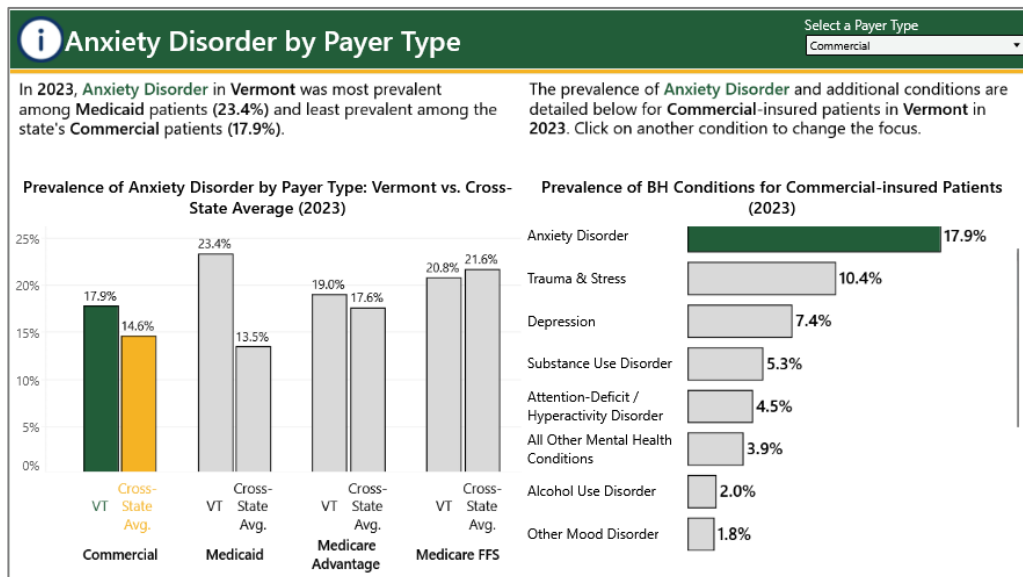


Diagnoses by Payer Type

This panel provides the percentage of insured patients in the selected condition category by payer type (i.e., commercial, Medicaid, Medicare Advantage, Medicare FFS) and includes a comparison to the average percentage by payer type across the five states participating in the Multi-State Behavioral Health Initiative (**Figure 7**).

To display the prevalence of a selected condition category for a specific payer type, users can click on the desired payer type in the graph on the left or use the filter in the panel's title bar.

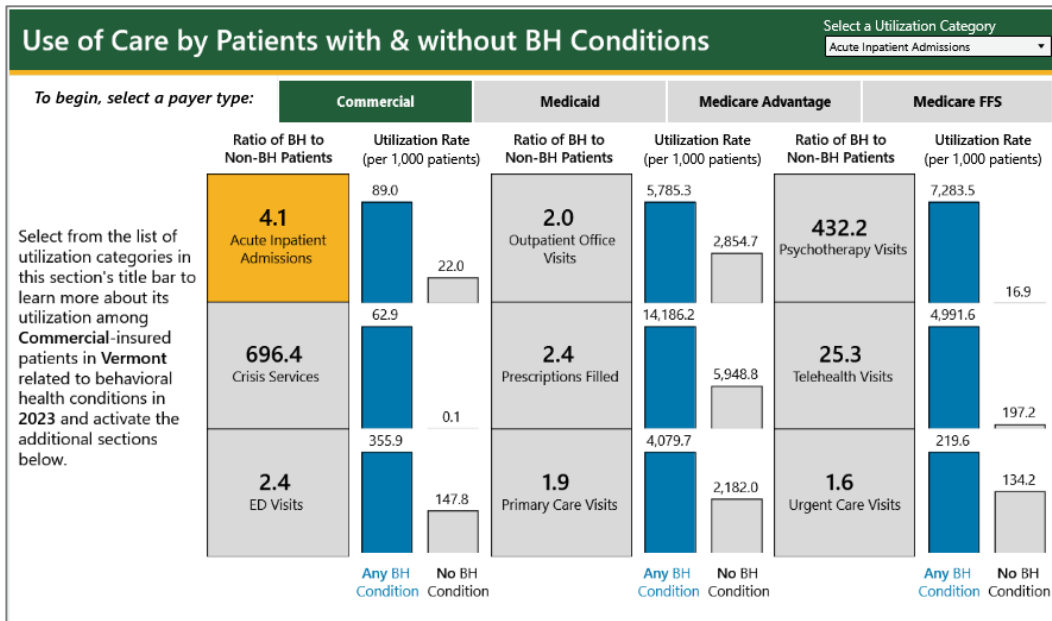
Figure 7. Diagnoses Dashboard (Panel 5) – Diagnoses by Payer Type



Dashboard 2 – Use of Care

This dashboard focuses on the use of health care 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 services: 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. For more detailed definitions of each service, see the Methods document.

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



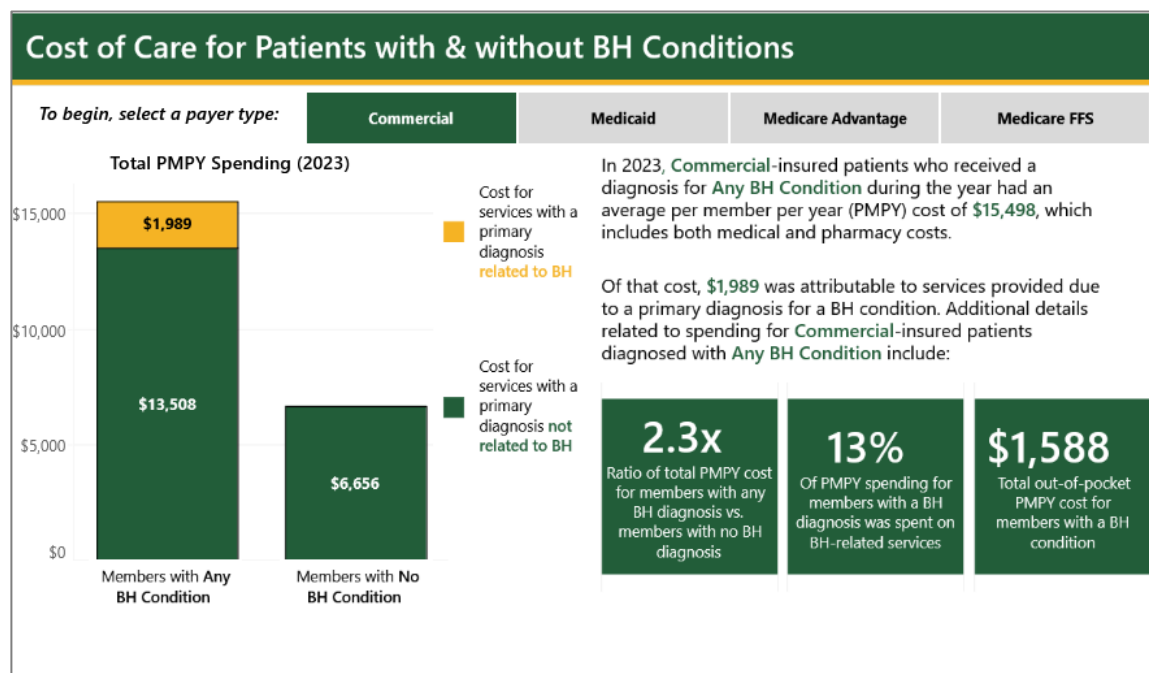
Additional notes about the Use of Care dashboard include the following:

- The utilization rates for patients diagnosed with any behavioral health condition were compared to those for patients who did not have at least one diagnosis of a BH condition. A ratio was calculated to demonstrate how much more/less frequently patients with BH conditions used a particular type of health care service than patients who did not have these conditions.
- Services were not restricted to those for whom a BH diagnosis was billed. This dashboard shows the overall health care use of patients with BH conditions rather than their use of BH-related services specifically.
- To focus on a different utilization category, users can simply select from the available categories using the filter in the panel's title bar. Clicking on a box that displays a ratio for a category will also highlight that category. 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 those in the Diagnoses dashboard.

Dashboard 3 – Cost of Care

The Cost of Care dashboard provides information on medical and pharmacy claims-based costs 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). To provide an estimate of care specific to conditions related to behavioral health, spending on services that included a primary diagnosis related to behavioral health has been broken out separately from spending on services that included a primary diagnosis that was not related to behavioral health. Users should be aware, however, that non-BH care could still include services with a behavioral health diagnosis as a non-primary diagnosis.

Figure 9. Cost of Care Dashboard (Panel 1) – Cost of Care for Patients With & Without BH Conditions



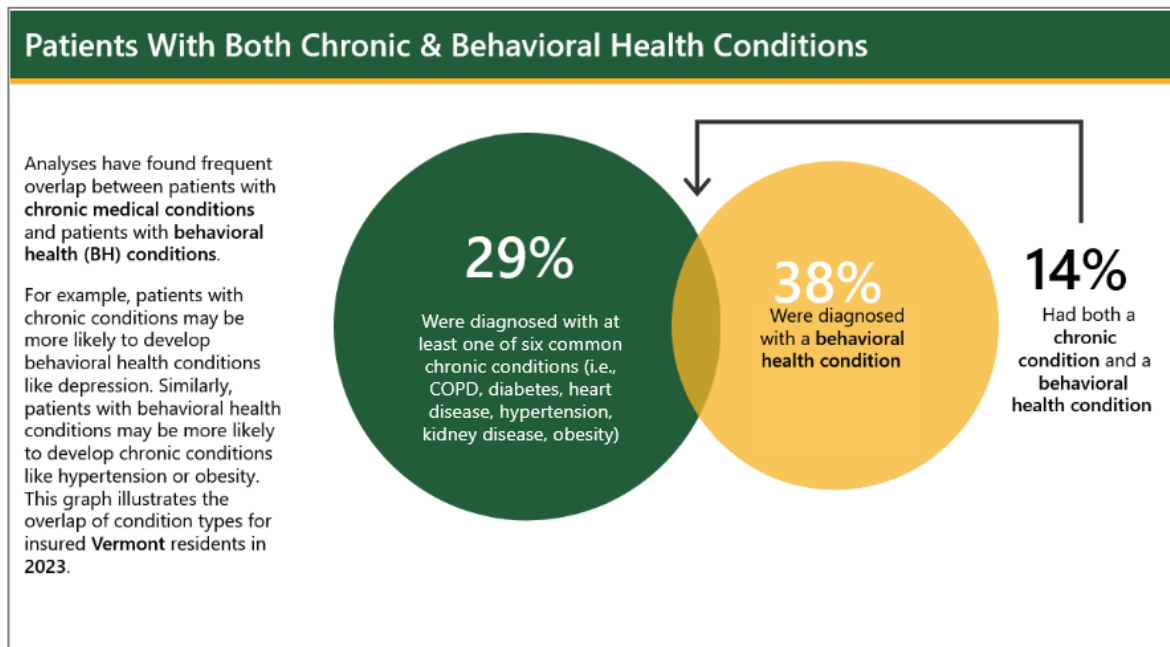
Users can choose a payer type – commercial, Medicaid, Medicare Advantage, or Medicare Fee-for-Service– to see the costs for that payer. (Please note that Medicaid is recognized as “Minnesota Health Care Programs” in Minnesota’s dashboards.) The rest of the dashboard will then be filtered by that payer type. The dashboard is stratified by payer type due to the substantial spending differences among payer types.

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 also drill into specific conditions, and the overall filtering and flow are similar to the other dashboards.

Dashboard 4 – Co-Occurring Conditions

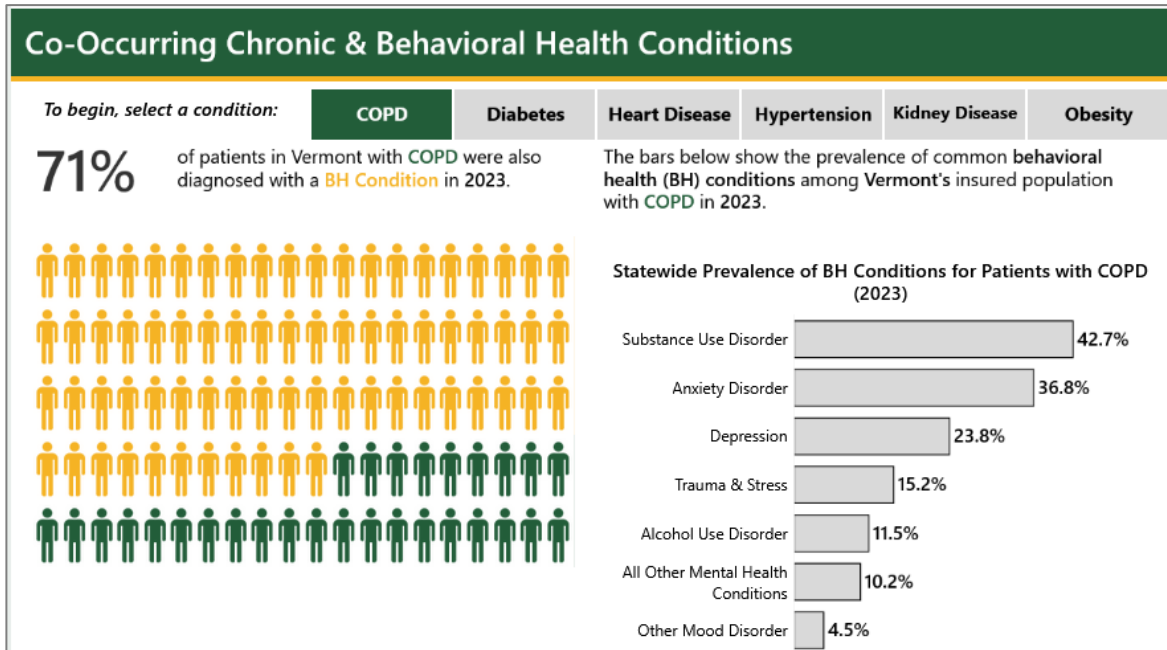
This dashboard introduces users to the topic of medical conditions co-occurring with behavioral health conditions (**Figure 10**). It provides insights into the percentage of patients who have been diagnosed with at least one of six common non-BH chronic medical conditions (i.e., chronic obstructive pulmonary disease [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 & BH Health Conditions



Users can select a non-BH chronic medical condition and see the percentage of patients diagnosed with that condition who also had behavioral health conditions as well as the most common behavioral health conditions occurring within the population with the non-BH chronic medical condition (**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 chronic medical condition, with or without any behavioral health condition.

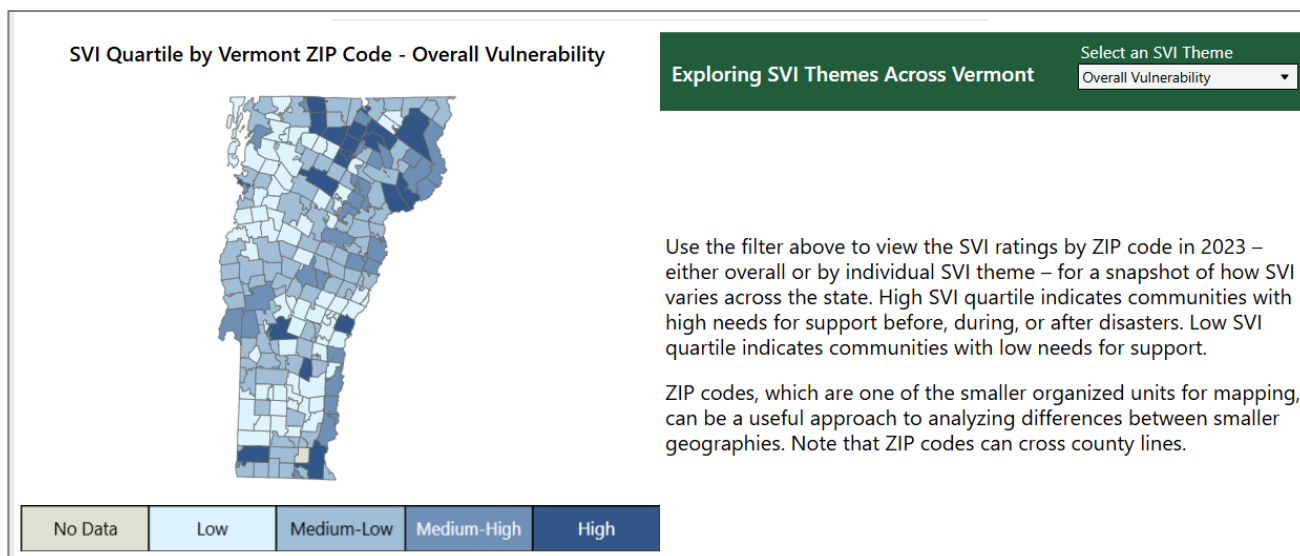
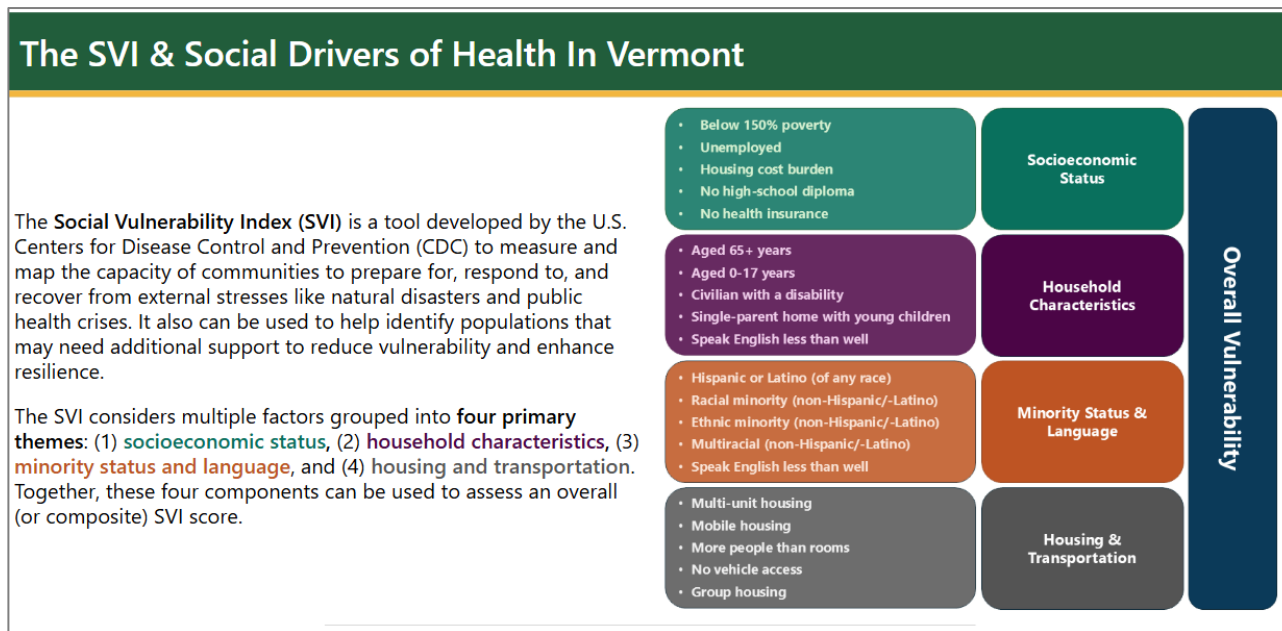
Figure 11. Co-Occurring Conditions Dashboard (Panel 2) – Co-Occurring Chronic & BH Conditions



Dashboard 5 – Social Drivers

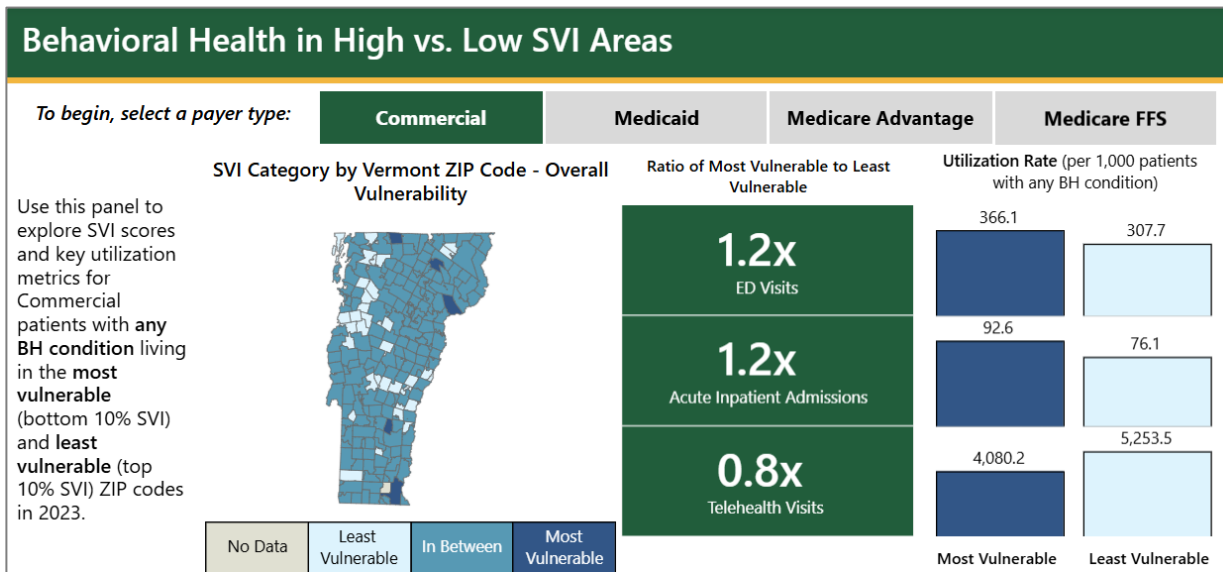
This dashboard allows users to explore social drivers of health and how rural and urban areas compare in terms of the prevalence of behavioral health conditions (**Figure 12**). The Social Vulnerability Index (SVI), a tool developed by the U.S. Centers for Disease Control and Prevention (CDC), was used 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



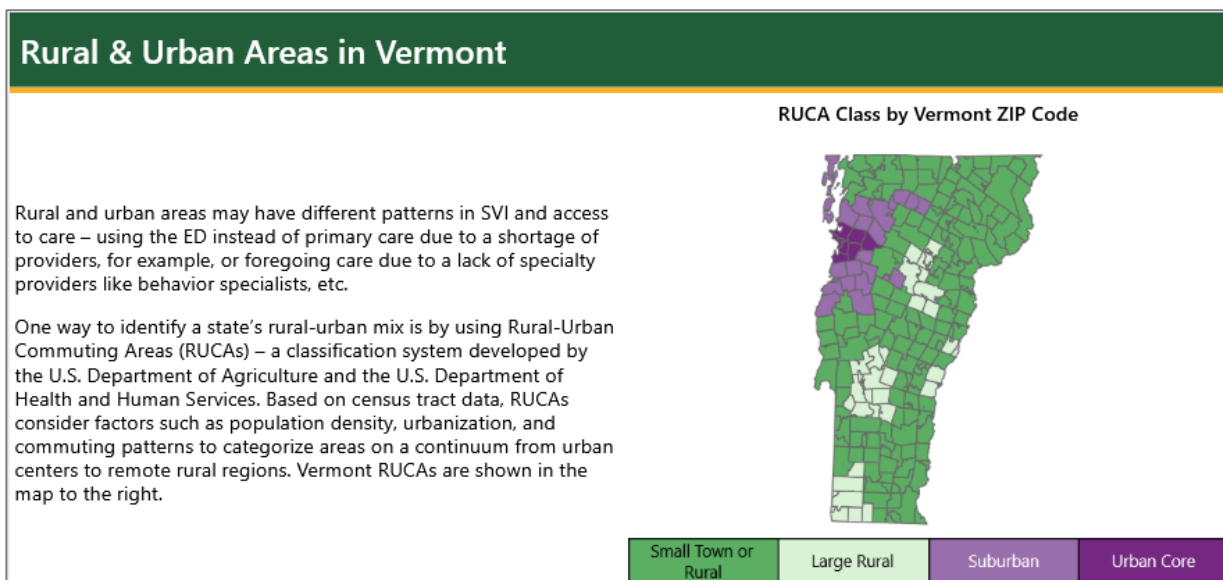
The next section of the dashboard allows users to compare areas of high vulnerability (the 10 percent of ZIP codes within the state with the highest SVI scores) and low vulnerability (the 10 percent of ZIP codes within the state with the lowest SVI scores). For each payer type, users can see the ratio in utilization of select 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 living in areas with the highest socioeconomic vulnerability had 1.2 times the rate of ED use compared to those living in areas with the lowest socioeconomic vulnerability.

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



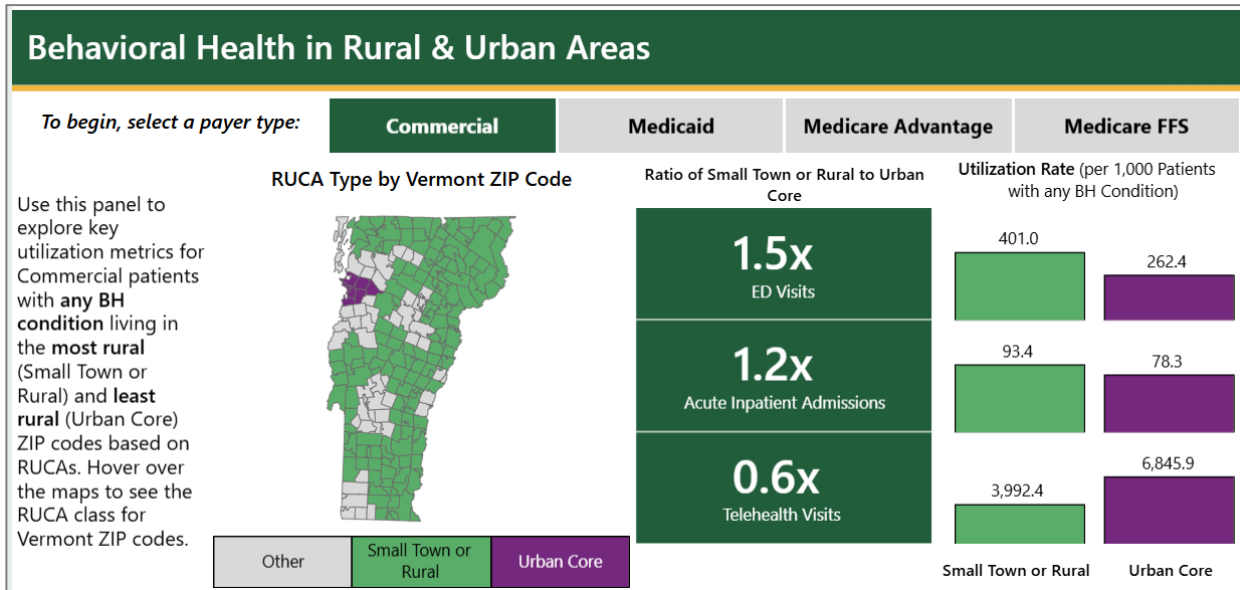
The dashboards also provide information on rural and urban areas, using ZIP-code level Rural-Urban Commuting Areas (RUCAs), a classification system developed by the U.S. Department of Agriculture (**Figure 14**). RUCAs were grouped into four categories: small town or rural; large rural; suburban; and urban core.

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



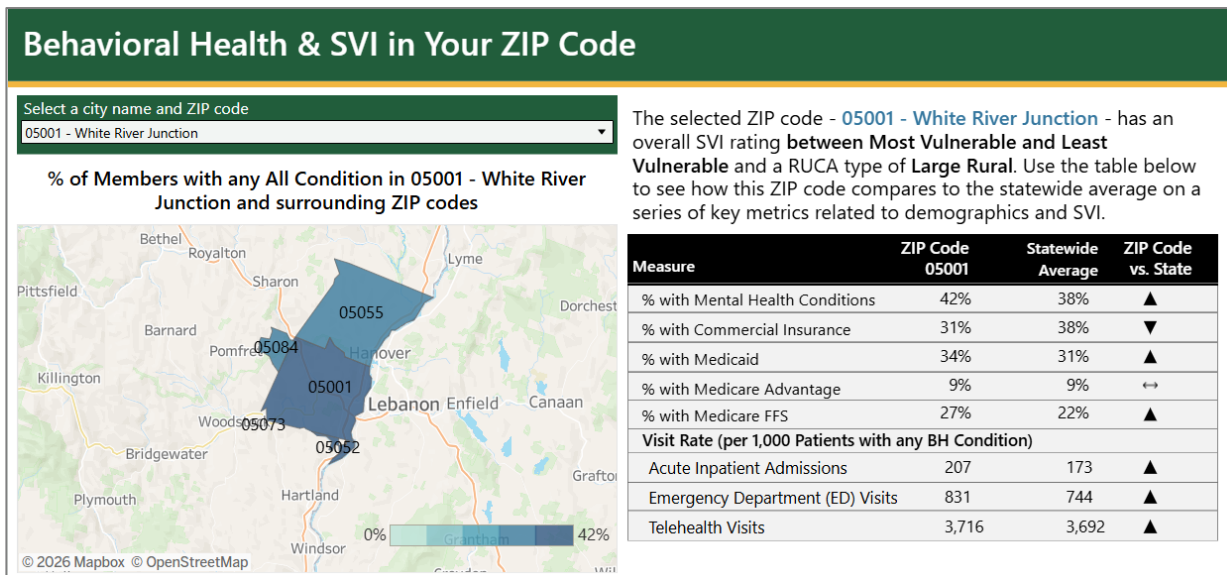
The next panel provides a comparison between the most rural areas (“small town or rural”) and the most urban areas (“urban core”) (Figure 15). In the example below, commercial patients with behavioral health conditions living in small towns and rural areas had 1.5 times the rate of ED visits as compared to those living in urban core areas. Commercial patients with behavioral health conditions living in small towns and rural areas had 0.6 times the rate of telehealth visits as compared to those living in urban core areas.

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



The dashboard’s bottom panel allows users to see behavioral health-related measures for a specific ZIP code and compare the results for that ZIP code to the state average across several key metrics (Figure 16).

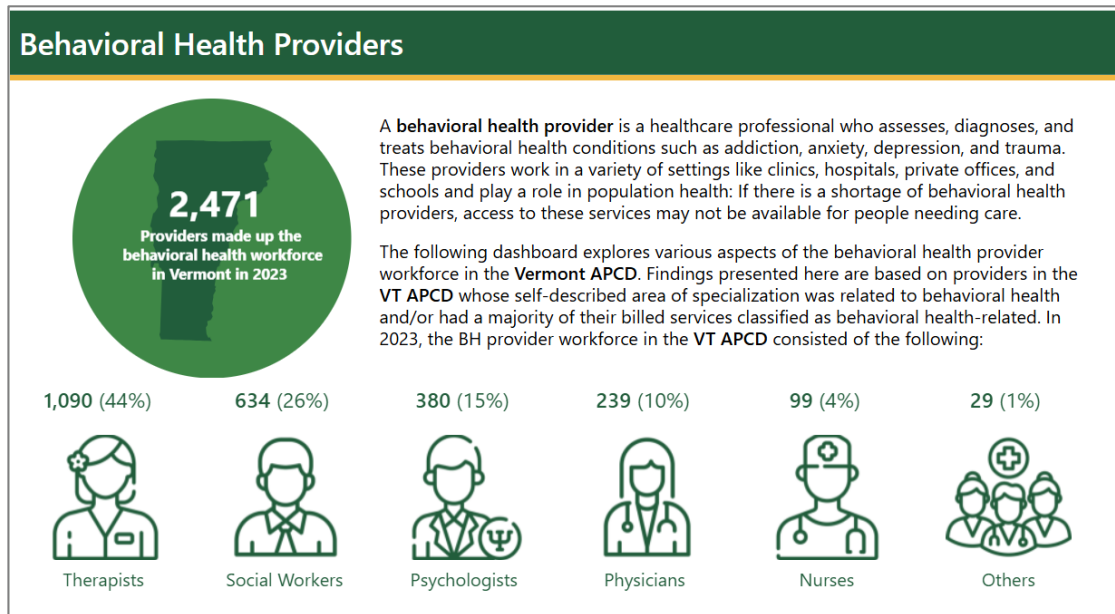
Figure 16. Social Drivers Dashboard (Panel 5) – Behavioral Health & SVI in Your ZIP Code



Dashboard 6 – Behavioral Health Provider Workforce

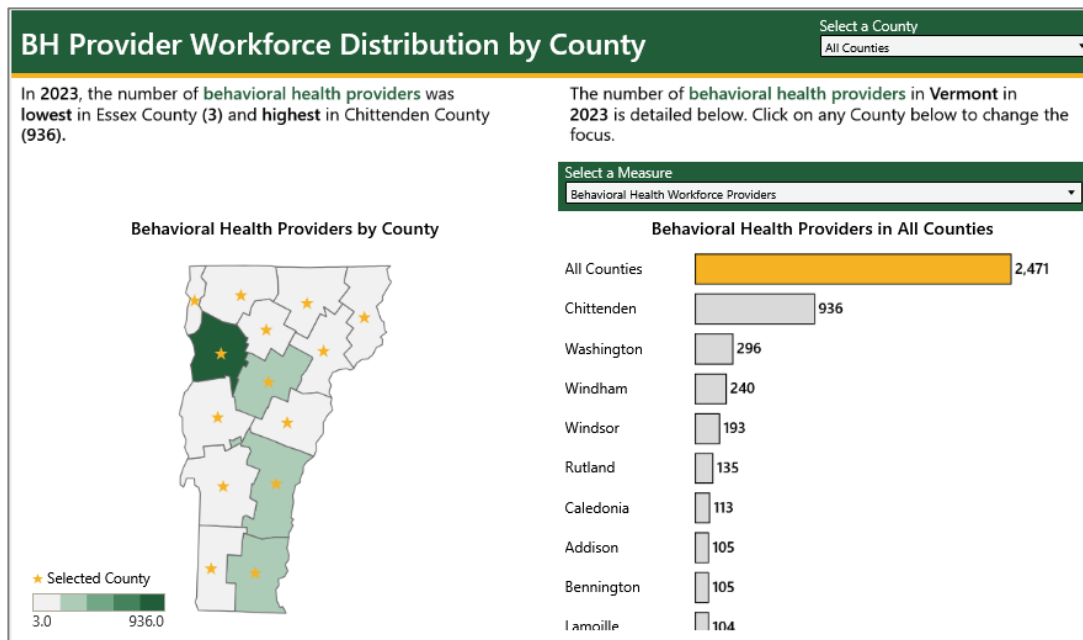
This dashboard allows users to explore the behavioral provider workforce in each state, including the types of providers available in the state, the types of insurance accepted by those providers, and how these elements are associated with variations in healthcare utilization. In the first panel (**Figure 17**), users can see the total number of behavioral health providers working in the state, and the breakdown by provider type.

Figure 17. Provider Workforce (Panel 1) – Behavioral Health Providers



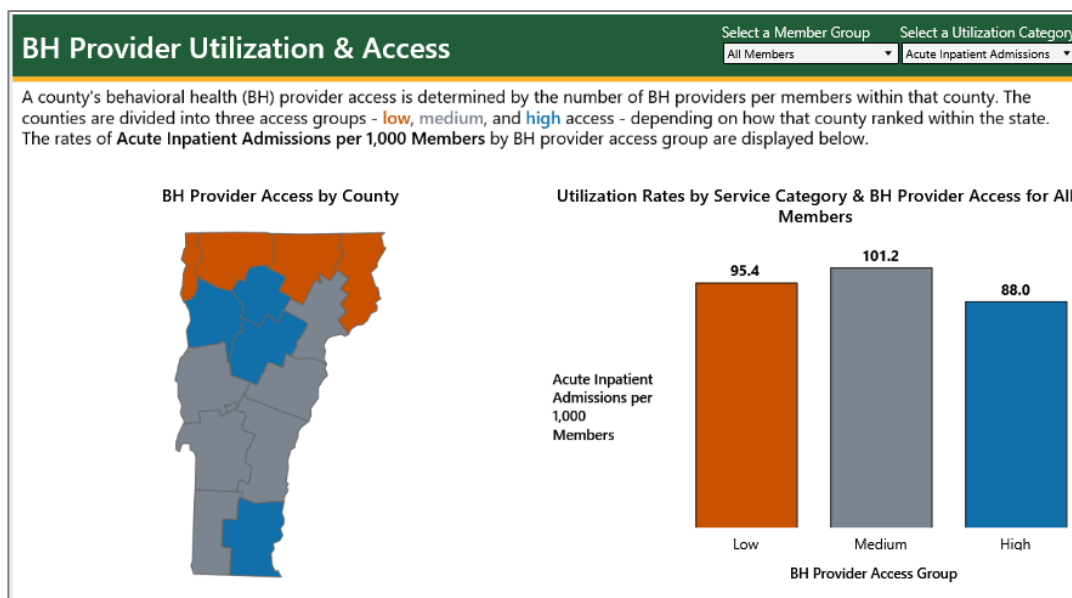
In the second panel, users can select a behavioral health provider workforce measure to show the distribution of the behavioral health provider workforce by county (**Figure 18**). Users can select the total number of behavioral health providers, the number of behavioral health providers per 1,000 members in the APCD, and the number of behavioral health providers per 1,000 members in the APCD who have been diagnosed with a behavioral health condition.

Figure 18. Provider Workforce Distribution by County (Panel 2) – Behavioral Health Providers



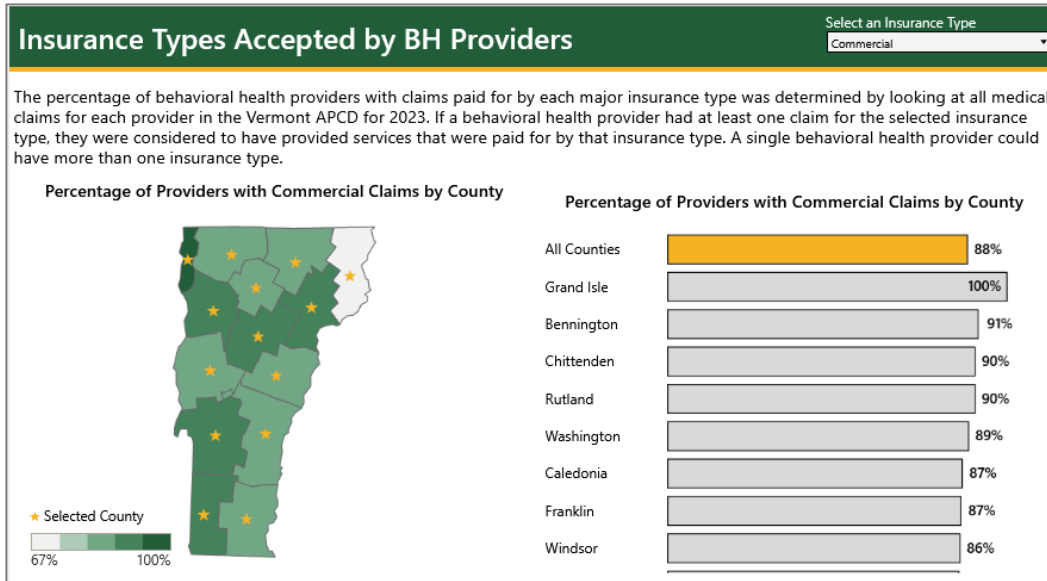
In the third panel, users can explore how health care utilization varies by county-level access to behavioral health providers (**Figure 19**). Users can select a condition group and a health care utilization category. The vertical bar chart will then show the rate of health care utilization for that group among members living in areas with low, medium, and high access to behavioral health providers.

Figure 19. Provider Workforce & Health Care Utilization (Panel 3) – Behavioral Health Providers



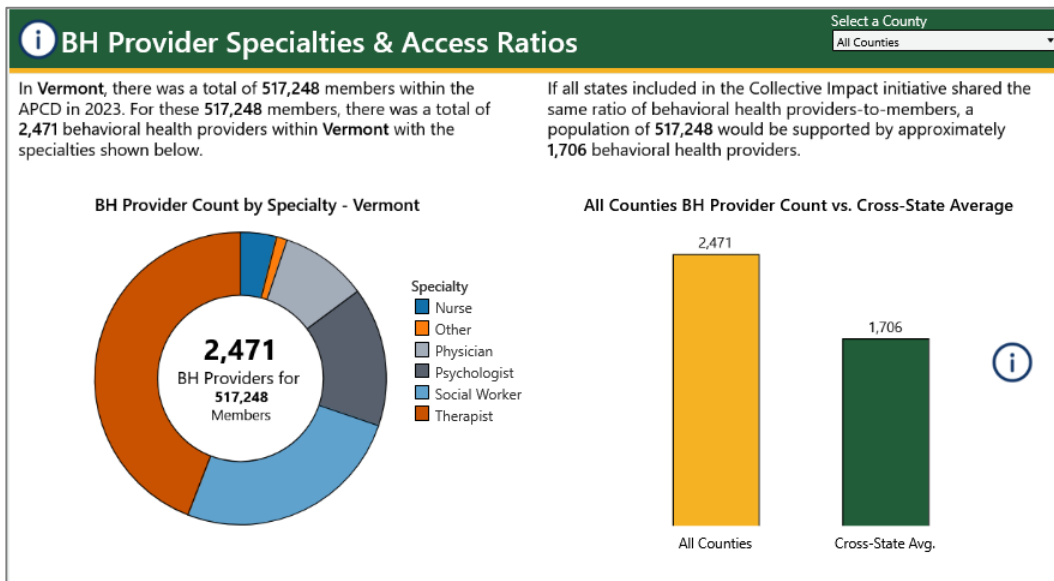
In the fourth panel, users can see the percentage of providers in each county who had claims in the APCD for each insurance or payer type (**Figure 20**). Once a user selects an insurance type (commercial, Medicaid, or Medicare), the horizontal bar chart will display the percentage of behavioral health providers in each county who had at least one claim in the APCD for that insurance type. The heat map on the left will also display the percentage of providers with claims for that insurance type in the state APCD.

Figure 20. Provider Workforce Accepted Insurance Types (Panel 4) – Behavioral Health Providers



In the fifth panel, users can see the behavioral health provider workforce specialties for each county (**Figure 21**). Once a county has been selected in the filter in the panel’s title bar, the donut chart on the left will display the number of behavioral health providers (broken out by specialty or type) for that selected county. The bar graph on the right will display the selected county’s total number of BH providers as well as the cross-state average.

Figure 21. Provider Workforce Specialties & Access Ratios (Panel 5) – Behavioral Health Providers





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