

Behavioral Health in Massachusetts

Technical Appendix
June 2026



Behavioral Health Dashboard

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Context Domain

Behavioral Health, Mental Health, and Substance Use Disorder Member Months

Insurance Category	Year	Behavioral Health	Mental Health	SUD
Commercial	2023	22.6%	21.2%	1.3%
	2024	22.4%	21.0%	1.4%
MassHealth	2023	29.1%	24.1%	5.0%
	2024	32.7%	27.4%	5.2%
Medicare Advantage	2023	16.8%	14.4%	2.4%
	2024	13.5%	11.5%	2.0%

- Date:** 03/30/2026
- Data years:** Calendar Year (CY) 2023 and 2024, data collected 2025.
- Description of metric:** Percentage of behavioral health member months over all member months by insurance category. Behavioral health member months as a proportion of total member months is calculated by the Center for Health Information and Analysis's (CHIA) Primary Care and Behavioral Health data collection from Massachusetts payers. Insurance categories include Commercial, MassHealth, and Medicare Advantage.

In this data, Behavioral Health is defined by the following categories of both mental health and substance use disorder services:

- Care provided in any setting by a primary care provider in an outpatient or telehealth setting, or in a patient's home or nursing care setting;
- Payments made for preventative medicine services like exams, screenings, and counseling by MH Inpatient: All member months for claims associated with services provided at an acute or nonacute inpatient facility with a mental health principal diagnosis.
- MH Emergency Department and Observation: All member months for emergency or observation services in an acute or non-acute facility for claims with a mental health or SUD principal diagnosis.
- MH Outpatient: Primary Care Provider: Member months for outpatient MH face-to-face and telehealth services, including evaluation and management and integrated mental health primary care services, with a mental health nor SUD diagnosis and delivered by a primary care provider.
- MH Outpatient: Non-Primary Care Provider: Member months for outpatient MH specific services, including evaluation and management, intensive outpatient services, and other diversionary care and residential treatment with a mental health or SUD principal diagnosis, not included in Emergency Department and

Observation and delivered by any provider type except primary care. Ancillary services should be excluded.

- SUD Inpatient: All member months for claims associated with services provided at an acute or non-acute inpatient facility with a SUD principal diagnosis.
 - SUD Emergency Department and Observation: All member months for emergency or observation services in an acute or nonacute facility for claims with a SUD principal diagnosis.
 - SUD Outpatient: Primary Care Provider: Member months for certain outpatient face-to-face and telehealth services, including evaluation and management and integrated SUD primary care services, with a SUD diagnosis and delivered by a primary care provider. Ancillary services should not be included.
 - SUD Outpatient: Non-Primary Care Provider: Member months for SUD specific services, including evaluation and management, intensive outpatient services, medication assisted treatment, and other diversionary care and residential treatment with a SUD principal diagnosis, not included in SUD Emergency Department and Observation and delivered by any provider type except primary care. This category excludes care classified as SUD Emergency Department and Observation and SUD Primary Care. Ancillary services should not be included.
4. **Numerator & exclusions:** Behavioral health member months. These member months are collected through the sum of mental health and substance use disorder (SUD) member months.
 5. **Denominator & exclusions:** Total member months.
 6. **Stratifier(s):** Insurance category.
 7. **Data source:** The Center for Health Information and Analysis (CHIA) Massachusetts Annual Report 2026. [Annual Report on the Performance of the Massachusetts Health Care System \(chiamass.gov\)](https://www.chiamass.gov/annual-report)
 8. **Data release:** Annually.
 9. **Validator & source:** N/A.

Notes: Data for Original Medicare not available for this analysis. MassHealth-submitted data includes data for members for which MassHealth is primary payer, including ACPP, MCO, PCACO, PCC, and FFS delivery systems. FFS members with dual eligibility, third party liability, or limited coverage, and SCO, PACE, and One Care members, are not included. MH and SUD diagnosis prevalence not mutually exclusive and reflect members who had MH or SUD principal diagnosis at any point during reporting year. Due to payer exclusions from prior years, data may not tie to previously published data points. Totals may not sum due to rounding.

Behavioral Health Visits

Year	Behavioral Health	Mental Health	SUD
2023	21.6%	21.4%	1.1%
2025	22.8%	22.4%	1.9%

1. **Date:** 03/30/2026
2. **Data years:** Calendar years 2023 and 2025.
3. **Description of metrics:** Percentage of Massachusetts residents who reported a visit for mental health or substance use disorder in the past 12 months. Behavioral health includes a visit for either mental health or substance use disorders.
4. **Numerator & exclusions:** Massachusetts residents with a reported visit for behavioral health, mental health, or substance use disorder in the past 12 months. Behavioral health includes both visits for mental health and substance use disorder care.
5. **Denominator & exclusions:** Estimates for mental health were reported for residents 5 years old or older in 2023 and 2025. Estimates for alcohol and substance use care and treatment were reported for residents 12 years or older in 2023 and 2025. Behavioral health includes both visits for mental health and substance use disorder care.
6. **Stratifier(s):** N/A.
7. **Data source:** 2023 and 2025 Massachusetts Health Insurance Survey (chiamass.gov)
8. **Data release:** Biennial.
9. **Validator & source:** N/A.

Notes: Visits for behavioral health include visits to a mental health professional and visits for alcohol or substance use care or treatment, including visits provided via telehealth. Exceedingly few residents (for example in 2025, 0.4 percent, n=21) reported a substance use visit without also reporting a mental health visit. Care for substance use disorders in the past 12 months was reported by only 2 residents ages 12 to 18 in 2025. For the remaining analysis, we report on behavioral health care that includes mental health care and/or substance use disorder care for residents age 5 and older in the denominator. Estimates for which the sample size is less than 50 respondents are not reported.

Behavioral Health Emergency Department (ED) Visits

Year	Behavioral Health	Mental Health	SUD
2023	4.8%	4.5%	0.7%
2025	3.5%	3.0%	0.8%

10. Date: 03/30/2026

11. Data years: Calendar years 2023 and 2025.

12. Description of metrics: Percentage of Massachusetts residents who reported that their most recent emergency department (ED) visit was related to mental health or substance use disorders.

13. Numerator & exclusions: Massachusetts residents who reported that their most recent emergency department (ED) visit was related to mental health or substance use disorders. Behavioral health includes both visits for mental health and substance use disorder care.

14. Denominator & exclusions: Estimates for mental health were reported for residents 5 years old or older in 2023 and 2025. Estimates for alcohol and substance use care and treatment were reported for residents 12 years or older in 2023 and 2025. We report on behavioral health care that includes mental health care and/or substance use disorder care for residents age 5 and older in the denominator.

15. Stratifier(s): N/A.

16. Data source: 2023 and 2025 Massachusetts Health Insurance Survey (chiamass.gov)

17. Data release: Biennial.

18. Validator & source: N/A.

Notes: Exceedingly few residents (for example in 2025, 0.4 percent, n=21) reported a substance use visit without also reporting a mental health visit. Care for substance use disorders in the past 12 months was reported by only 2 residents ages 12 to 18 in 2025. For the remaining analysis, we report on behavioral health care that includes mental health care and/or substance use disorder care for residents age 5 and older in the denominator. Estimates for which the sample size is less than 50 respondents are not reported.

Suicide Deaths

Year	Suicide deaths per 100,000 (age-adjusted)
2022	8.2
2023	8.5
2024	8.3

1. **Date:** 06/10/2026
2. **Data years:** Calendar years 2022, 2023, and 2024.
3. **Description of metric:** The number of suicides per 100,000 total population (age-adjusted).
4. **Numerator & exclusions:** Suicides in Massachusetts.
5. **Denominator & exclusions:** Massachusetts total population.
6. **Stratifier(s):** N/A
7. **Data source:** [WISQARS Fatal and Nonfatal Injury Reports](#)
8. **Data release:** Annually.
9. **Validator & source:** In 2023, the suicide rate in Massachusetts was 8.6/100,000 compared to 14.1/100,000 nationally. Mass.gov suicide reports.

Alcohol-Related Deaths

Year	Alcohol-related deaths per 100,000 (age-adjusted)
2022	11.8
2023	10.7
2024	9.7

1. Date: 05/29/2026
2. Data years: Calendar years 2022, 2023, and 2024.
3. Description of metric: The number of alcohol related deaths per 100,000 total population.
4. Numerator & exclusions: Deaths related to alcohol in Massachusetts.
5. Denominator & exclusions: Massachusetts total population.
6. Stratifier(s): N/A.
7. Data source: [Alcohol-Induced Deaths and Deaths Rate per 100,000 Population | KFF State Health Facts](#)
8. Data release: Annually.
9. Validator & source: Alcohol-related death rate in Massachusetts was 10.7 per 100,000 in 2023. The Commonwealth Fund. [Alcohol-Related Deaths per 100,000 Population | Commonwealth Fund](#)

Drug Overdose Deaths

Year	Drug Overdose deaths per 100,000 (age-adjusted)
2022	37.4
2023	33.6
2024	21.8

1. **Date:** 05/29/2026
2. **Data years:** Calendar years 2022, 2023, and 2024.
3. **Description of metric:** The number of deaths from drug overdose per 100,000 total population (age-adjusted).
4. **Numerator & exclusions:** Deaths caused by drug overdose in Massachusetts.
5. **Denominator & exclusions:** Massachusetts total population.
6. **Stratifier(s):** N/A
7. **Data source:** KFF State Health Facts. [Drug Overdose Deaths and Death Rates per 100,000 Population](#)
8. **Data release:** Annually.
9. **Validator & source:** Drug overdose death rate in Massachusetts was 21.8 per 100,000 in 2023. CDC National Center for Health Statistics [Drug Overdose Mortality](#).

Tobacco and Heavy Alcohol Use

Year	Current Smoker	Heavy Drinking
2022	10.4%	6.7%
2023	9.8%	6.4%
2023	8.8%	5.5%

1. Date: 03/30/2026
2. Data years: Calendar years 2022, 2023 and 2024. Data was collected in 2023, 2024, and 2025 respectively.
3. Description of metric: A current smoker was defined as someone who has smoked at least 100 cigarettes in their lifetime and who currently smokes either some days or every day. A drink of alcohol was defined as a twelve ounce can or bottle of beer, one five-ounce glass of wine, or one drink with one shot of liquor. Heavy drinking was defined as consumption of more than 14 drinks/week in the past month for men and consumption of more than 7 drinks/week in the past month for women.
4. Numerator & exclusions: Behavioral Risk Factor Surveillance System (BRFSS) survey respondents who indicated they are a current smoker or indicated they are a heavy drinker.
5. Denominator & exclusions: All BRFSS survey respondents.
6. Stratifier(s): N/A.
7. Data source: Behavioral Risk Factor Surveillance System Prevalence and Trends Data. [BRFSS Prevalence & Trends Data: Home | DPH | CDC](#)
8. Data release: Annually.
9. Validator & source: The US median for current smoker rates was 12.0% in 2023. The US median rate for heavy drinking was 6.1% in 2023. A Profile of Health Among Massachusetts Adults, 2023 Results from the Behavioral Risk Factor Surveillance System. [BRFSS Prevalence & Trends Data: Home | DPH | CDC](#)

Access Domain

Individual Unmet Need for Behavioral Health Care Due to Cost

Year	Mental Health	SUD	Behavioral Health
2023	5.1%	4.6%	1.1%
2025	5.4%	5.2%	1.0%

- 1. Date:** 03/30/2026
- 2. Data years:** Calendar years 2023, and 2025.
- 3. Description of metrics:** Percentage of Massachusetts residents who reported they did not receive needed behavioral health care in the past 12 months because of cost. Behavioral health includes both visits for mental health and substance use disorder care.
- 4. Numerator & exclusions:** Respondents who indicated that they had a need for behavioral health care that went unmet in the past 12 months because of the cost of care. Behavioral health includes both visits for mental health and substance use disorder care.
- 5. Denominator & exclusions:** Estimates for mental health were reported for residents 5 years old or older in 2023 and 2025. Estimates for alcohol and substance use care and treatment were reported for residents 12 years or older in 2023 and 2025. We report on behavioral health care that includes mental health care and/or substance use disorder care for residents age 5 and older in the denominator.
- 6. Stratifier(s):** N/A.
- 7. Data source:** 2023, and 2025 Massachusetts Health Insurance Survey (chiamass.gov)
- 8. Data release:** Biennial.
- 9. Validator & source:** N/A.

Notes: Exceedingly few residents (for example in 2025, 0.4 percent, n=21) reported a substance use visit without also reporting a mental health visit. Care for substance use disorders in the past 12 months was reported by only 2 residents ages 12 to 18 in 2025. For the remaining analysis, we report on behavioral health care that includes mental health care and/or substance use disorder care for residents age 5 and older in the denominator. Estimates for which the sample size is less than 50 respondents are not reported.

Family Unmet Need for Behavioral Health Care Due to Cost

Year	Mental Health	SUD	Behavioral Health
2023	8.8%	8.2%	1.7%
2025	8.7%	7.9%	1.3%

- 1. Date:** 03/30/2026
- 2. Data years:** Calendar years 2023 and 2025.
- 3. Description of metrics:** Percentage of Massachusetts families who reported they did not receive needed behavioral health care in the past 12 months because of cost. Behavioral health includes a visit for either mental health or substance use disorders.
- 4. Numerator & exclusions:** Respondents who indicated their families had a need for behavioral health care go unmet in the past 12 months because of the cost of care. Behavioral health includes both visits for mental health and substance use disorder care.
- 5. Denominator & exclusions:** N/A
- 6. Stratifier(s):** N/A.
- 7. Data source:** 2023, and 2025 Massachusetts Health Insurance Survey (chiamass.gov)
- 8. Data release:** Biennial.
- 9. Validator & source:** N/A.

Notes: Estimates for which the sample size is less than 50 respondents are not reported.

Behavioral Health-Related Emergency Department Visits Resulting in Excess Length of Stay

Year	% of BH visits that resulted in a length of stay >12 hours	% of BH visits that resulted in a length of stay >24 hours
2023	30.8%	14.8%
2024	30.5%	13.0%
2025*	30.4%	11.4%

1. **Date:** 03/30/2026
2. **Data years:** Calendar years 2023, 2024, and 2025.
3. **Description of metric:** Percentage of behavioral health-related emergency department visits in Massachusetts resulted in a length of stay exceeding 12 and 24 hours.
4. **Numerator & exclusions:** Behavioral health-related emergency department visits, including treat-and-release visits or visits resulting in neither an inpatient admission nor observation stay, at all acute care hospitals in the Commonwealth with a length of stay greater than 12 or 24 hours. Length of stay (LOS) was calculated by subtracting the arrival date and time from the departure date and time and is reported in hours. Excess LOS (ELOS) was calculated by subtracting 12 or 24 from the calculated LOS; visits with a remaining LOS greater than 0 were considered to have ELOS. Visits with missing LOS were also missing ELOS.
 - a. For this analysis, visits were categorized into clinically meaningful independent behavioral health categories based on the listed principal diagnosis code using the CCSR categories for ICD-10-CM diagnoses defined by AHRQ as related to mental and behavioral disorders [1]. A visit may be associated with more than one behavioral health category because ICD-10-CM diagnoses may be associated with more than one CCSR category.
5. **Denominator & exclusions:** All behavioral health-related emergency department visits, including treat-and-release or visits resulting in neither an inpatient admission nor observation stay, at all acute care hospitals in the Commonwealth.
6. **Stratifier(s):** N/A
7. **Data source:** Massachusetts Acute Hospital Case Mix Hospital Emergency Department Databases, October 2018-December 2025. [Reports on Massachusetts Acute Hospital Case Mix Database \(chiamass.gov\)](https://www.chiamass.gov/reports-on-massachusetts-acute-hospital-case-mix-database)
8. **Data release:** Data is released quarterly.
9. **Validator & source:** N/A.

Notes: This metric was previously named 'Behavioral Health-Related Emergency Visits Resulting in Boarding' in the 2024 Behavioral Health Dashboard.

*Data from October 1 – December 31, 2025, is preliminary and subject to change, pending the release and analysis of final data. All other data presented is considered final.

[1] Clinical Classifications Software Refined (CCSR) for ICD-10-CM. October 2022. Healthcare Cost and Utilization Project (HCUP). Agency for Healthcare Research and Quality, Rockville, MD. Available from <https://www.hcupus.ahrq.gov/toolssoftware/ccsr/dxcsr.jsp>

Finance Domain

Behavioral Health Spending as a Percent of Total Health Care Spending

Insurance Category	Year	Total Spending	% of Total Spending
Commercial	2023	\$2,157,700,694	8.2%
	2024	\$2,415,122,021	8.1%
MassHealth	2023	\$2,446,942,314	22.1%
	2024	\$2,579,363,760	22.4%
Medicare Advantage	2023	\$118,618,030	2.3%
	2024	\$139,738,991	2.3%

1. **Date:** 05/29/2026
2. **Data years:** Calendar Year (CY) 2023 and CY 2024, data collected 2025.
3. **Description of metric:** Percentage of behavioral health spending over all medical spending by insurance category. Behavioral health spending as a proportion of total spending is calculated by the Center for Health Information and Analysis's (CHIA) Primary Care and Behavioral Health data collection from Massachusetts payers. Insurance categories include Commercial, MassHealth, and Medicare Advantage.

In this data, Behavioral Health is defined by the following categories of both mental health and substance use disorder services:

- a. **MH Inpatient:** All payments made for claims associated with services provided at an acute or nonacute inpatient facility with a mental health principal diagnosis.
- b. **MH Emergency Department and Observation:** All payments made for emergency or observation services in an acute or non-acute facility for claims with a mental health or SUD principal diagnosis.
- c. **MH Outpatient: Primary Care Provider:** Payments for outpatient MH face-to-face and telehealth services, including evaluation and management and integrated mental health primary care services, with a mental health nor SUD diagnosis and delivered by a primary care provider.
- d. **MH Outpatient: Non-Primary Care Provider:** Payments for outpatient MH specific services, including evaluation and management, intensive outpatient services, and other diversionary care and residential treatment with a mental health or SUD principal diagnosis, not included in Emergency Department and Observation and delivered by any provider type except primary care. Ancillary services should be excluded.
- e. **MH Prescription Drugs:** All payments made for prescription drugs prescribed to address mental health and SUD needs, based on the specified set of National Drug Codes (NDC).

- f. **SUD Inpatient:** All payments made for claims associated with services provided at an acute or non-acute inpatient facility with a SUD principal diagnosis.
- g. **SUD Emergency Department and Observation:** All payments made for emergency or observation services in an acute or nonacute facility for claims with a SUD principal diagnosis.
- h. **SUD Outpatient: Primary Care Provider:** Payments for certain outpatient face-to-face and telehealth services, including evaluation and management and integrated SUD primary care services, with a SUD diagnosis and delivered by a primary care provider. Ancillary services should not be included.
- i. **SUD Outpatient: Non-Primary Care Provider:** Payments for SUD specific services, including evaluation and management, intensive outpatient services, medication assisted treatment, and other diversionary care and residential treatment with a SUD principal diagnosis, not included in SUD Emergency Department and Observation and delivered by any provider type except primary care. This category excludes care classified as SUD Emergency Department and Observation and SUD Primary Care. Ancillary services should not be included.
- j. **SUD Prescription Drugs:** All payments made for prescription drugs prescribed to address SUD needs, based on the specified set of National Drug Codes (NDC).
- k. **Non-Claims: Incentive Programs:** All payments made to providers for achievement in specific pre-defined goals for quality, cost reduction, or infrastructure development related to the provision of behavioral health care services. Examples include, but are not limited to, pay-for-performance payments, performance bonuses, and EMR/HIT adoption incentive payments related to the provision of behavioral health care services.
- l. **Non-Claims: Capitation:** All payments made to providers not on the basis of claims related to the provision of behavioral health care services. Capitation should not include payments to non-provider third party entities that manage behavioral health care services. Amounts reported as capitation should not include any incentives or performance bonuses.
- m. **Non-Claims: Risk Settlements:** All payments made to providers as a reconciliation of payments made for the provision of behavioral health care services. Amounts reported as Risk Settlement should not include any incentive or performance bonuses.
- n. **Non-Claims: Care Management:** All payments made to providers for providing care management, utilization review, discharge planning, and other care management programs related to behavioral health care.
- o. **Non-Claims: Other:** All other payments made pursuant to the payer's contract with a provider that were not made on the basis of a claim for medical services and that cannot be properly classified in other non-claims categories related to the provision of behavioral health care services. This may include governmental

payer shortfall payments, grants, or other surplus payments. Only payments made to providers are to be reported. Payments to government entities, such as the Health Safety Net Surcharge, may not be included in any category.

4. **Numerator & exclusions:** Behavioral health spending. Total spending is collected through the sum of mental health and substance use disorder (SUD) spending.
5. **Denominator & exclusions:** Total healthcare spending.
6. **Stratifier(s):** Insurance category.
7. **Data source:** The Center for Health Information and Analysis (CHIA) Massachusetts [PCBH Spending Report](#).
8. **Data release:** Annually.
9. **Validator & source:** N/A.

Notes: Data for Original Medicare not available for this analysis. For commercial partial-claim data, CHIA estimated pharmacy spending by service type. MassHealth-submitted data includes data for members for which MassHealth is a primary payer, including ACPP, MCO, PCACO, and PCC. MassHealth members with FFS coverage (such as FFS dual eligibility, FFS with third-party liability, FFS limited and supplemental payments to providers) not included in this analysis. Private commercial payers and MassHealth included facility claims in primary care definition for CY 2023 and CY 2024; review “Data Sources and Methodology” section of CHIA’s PCBH Spending Report for more information on inclusion of facility claims. Due to payer exclusions in prior years, 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. MH and SUD diagnoses not mutually exclusive. Totals do not include any MassHealth supplemental payments. Totals may not sum due to rounding.

Behavioral Health Care Out-of-Pocket Costs

Statewide	Percent
2023	15.0%
2025	17.2%

1. **Date:** 03/30/2026
2. **Data years:** Calendar year 2025.
3. **Description of metrics:** Percentage of individuals who paid the entire cost of their most recent behavioral health visit out of pocket.
4. **Numerator & exclusions:** Survey respondents who indicated they paid the entire cost of their most recent behavioral health visit out of pocket.
5. **Denominator & exclusions:** Estimates for mental health are reported for residents ages 5 and older; estimates for alcohol and substance use disorder care are reported for residents ages 12 and older.
6. **Stratifier(s):** Statewide.
7. **Data source:** 2025 Massachusetts Health Insurance Survey (chiamass.gov)
8. **Data release:** Biennial.
9. **Validator & source:** N/A.

Notes: Exceedingly few residents (for example in 2025, 0.4 percent, n=21) reported a substance use visit without also reporting a mental health visit. Care for substance use disorders in the past 12 months was reported by only 2 residents ages 12 to 18 in 2025. We report on behavioral health care that includes mental health care and/or substance use disorder care for residents age 5 and older in the denominator.

Member Cost Sharing for Mental Health and SUD Visits

		Member Cost-Share % of Total	
Insurance Category	Year	Mental Health	SUD
Commercial Full Claims	2023	17.3%	9.8%
	2024	16.1%	8.4%
Medicare Advantage	2023	12.0%	9.9%
	2024	12.2%	10.9%

1. **Date:** 6/11/2026
2. **Data years:** Calendar Year (CY) 2023 and CY 2024, data collected 2025.
3. **Description of metric:** The proportion of total member cost sharing payments made for members with a Mental Health and Substance Use Disorders (SUD) principal diagnosis.
4. **Numerator & exclusions:** Mental health and SUD member cost-sharing expenditures reflecting behavioral health member cost sharing.
5. **Denominator & exclusions:** Total member cost-sharing expenditures. Cost sharing reflects payments made for covered health care services which the member is financially responsible for such as co-payments, co-insurance, and deductibles.
6. **Stratifier(s):** Insurance category.
7. **Data source:** The Center for Health Information and Analysis (CHIA) Massachusetts [PCBH Spending Report](#).
8. **Data release:** Annually.
9. **Validator & source:** N/A.

Notes: Data for Original Medicare not available for this analysis. Analysis represents commercial full-claim data reported by commercial payers representing approximately 63.3% of commercial market. Private commercial payers and MassHealth included facility claims in primary care definition for CY 2023 and CY 2024; review "Data Sources and Methodology" section of CHIA's PCBH Spending Report for more information on inclusion of facility claims. Due to payer exclusions in prior years, 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. MH and SUD diagnoses not mutually exclusive. Totals may not sum due to rounding.

Behavioral Health Inpatient Spending as a Percent of Total Behavioral Health Spending

Insurance Category	Year	Total Spending	% of Total Spending
Commercial	2023	\$347,676,796	18.7%
	2024	\$390,059,221	19.1%
MassHealth	2023	\$324,993,588	24.9%
	2024	\$341,588,367	26.5%
Medicare Advantage	2023	\$22,063,452	25.7%
	2024	\$23,209,360	26.4%

1. **Date:** 06/11/2026
2. **Data years:** Calendar Year (CY) 2023 and CY 2024, data collected 2025.
3. **Description of metric:** Percentage of inpatient behavioral health spending over all behavioral health spending by insurance category. Behavioral health spending as a proportion of total spending is calculated by the Center for Health Information and Analysis's (CHIA) Primary Care and Behavioral Health data collection from Massachusetts payers. Insurance categories include Commercial Claims, MassHealth, and Medicare Advantage.

In this data, Behavioral Health is defined by the following categories of both mental health and substance use disorder services:

- a. **MH Inpatient:** All payments made for claims associated with services provided at an acute or nonacute inpatient facility with a mental health principal diagnosis.
 - b. **SUD Inpatient:** All payments made for claims associated with services provided at an acute or non-acute inpatient facility with a SUD principal diagnosis.
4. **Numerator & exclusions:** Behavioral health inpatient spending.
 5. **Denominator & exclusions:** Behavioral health spending. Spending is collected through the sum of mental health and substance use disorder (SUD) spending.
 6. **Stratifier(s):** Insurance category.
 7. **Data source:** The Center for Health Information and Analysis (CHIA) Massachusetts [PCBH Spending Report](#).
 8. **Data release:** Annually.
 9. **Validator & source:** N/A.

Notes: Data for Original Medicare not available for this analysis. For commercial partial-claim data, CHIA estimated pharmacy spending by service type. MassHealth-submitted data includes data for members for which MassHealth is a primary payer, including ACP, MCO, PCACO, and PCC. MassHealth members with FFS coverage (such as FFS dual eligibility, FFS with third-party liability, FFS limited and supplemental payments to providers) not included in this analysis. MH and SUD diagnoses not mutually exclusive. Due to comparability concerns resulting from updates to CHIA's PCBH data specification manual in 2025, the following payers are excluded from this analysis: Aetna, Fallon, HPI, HNE, and WellSense; as a result, data may not tie to Total Health Care Expenditures chapter of CHIA's Annual

Report. Analysis represents data from commercial payers that submitted CY 2023 and CY 2024 data, representing approximately 85% of commercial market, 47% of commercially administered ACPP/MCO market, and 79% of Medicare Advantage market. Totals do not include any MassHealth supplemental payments. Totals may not sum due to rounding.

Behavioral Health Outpatient Spending as a Percent of Total Behavioral Health Spending

Insurance Category	Year	Total Spending	% of Total Spending
Commercial	2023	\$1,163,566,814	62.6%
	2024	\$1,286,880,033	62.9%
MassHealth	2023	\$709,374,508	54.3%
	2024	\$701,642,492	54.4%
Medicare Advantage	2023	\$23,878,983	27.8%
	2024	\$26,464,225	30.1%

1. **Date:** 06/11/2026
2. **Data years:** Calendar Year (CY) 2023 and CY 2024, data collected 2025.
3. **Description of metric:** Percentage of behavioral health outpatient spending over all behavioral health spending by insurance category. Behavioral health spending as a proportion of total spending is calculated by the Center for Health Information and Analysis's (CHIA) Primary Care and Behavioral Health data collection from Massachusetts payers. Insurance categories include Commercial Claims, MassHealth, and Medicare Advantage.

In this data, Behavioral Health is defined by the following categories of both mental health and substance use disorder services:

- a. **MH Outpatient: Primary Care Provider:** Payments for outpatient MH face-to-face and telehealth services, including evaluation and management and integrated mental health primary care services, with a mental health nor SUD diagnosis and delivered by a primary care provider.
- b. **MH Outpatient: Non-Primary Care Provider:** Payments for outpatient MH specific services, including evaluation and management, intensive outpatient services, and other diversionary care and residential treatment with a mental health or SUD principal diagnosis, not included in Emergency Department and Observation and delivered by any provider type except primary care. Ancillary services should be excluded.
- c. **SUD Outpatient: Primary Care Provider:** Payments for certain outpatient face-to-face and telehealth services, including evaluation and management and integrated SUD primary care services, with a SUD diagnosis and delivered by a primary care provider. Ancillary services should not be included.
- d. **SUD Outpatient: Non-Primary Care Provider:** Payments for SUD specific services, including evaluation and management, intensive outpatient services, medication assisted treatment, and other diversionary care and residential

treatment with a SUD principal diagnosis, not included in SUD Emergency Department and Observation and delivered by any provider type except primary care. This category excludes care classified as SUD Emergency Department and Observation and SUD Primary Care. Ancillary services should not be included.

4. **Numerator & exclusions:** Behavioral health outpatient spending.
5. **Denominator & exclusions:** Behavioral health spending. Spending is collected through the sum of mental health and substance use disorder (SUD) spending.
6. **Stratifier(s):** Insurance category.
7. **Data source:** The Center for Health Information and Analysis (CHIA) Massachusetts [PCBH Spending Report](#).
8. **Data release:** Annually.
9. **Validator & source:** N/A.

Notes: Data for Original Medicare not available for this analysis. For commercial partial-claim data, CHIA estimated pharmacy spending by service type. MassHealth-submitted data includes data for members for which MassHealth is a primary payer, including ACPP, MCO, PCACO, and PCC. MassHealth members with FFS coverage (such as FFS dual eligibility, FFS with third-party liability, FFS limited and supplemental payments to providers) not included in this analysis. MH and SUD diagnoses not mutually exclusive. Due to comparability concerns resulting from updates to CHIA's PCBH data specification manual in 2025, the following payers are excluded from this analysis: Aetna, Fallon, HPI, HNE, and WellSense; as a result, data may not tie to Total Health Care Expenditures chapter of CHIA's Annual Report. Analysis represents data from commercial payers that submitted CY 2023 and CY 2024 data, representing approximately 85% of commercial market, 47% of commercially administered ACPP/MCO market, and 79% of Medicare Advantage market. Totals do not include any MassHealth supplemental payments. Totals may not sum due to rounding.

Behavioral Health Emergency Department Observation as a Percent of Total Behavioral Health Spending

Insurance Category	Year	Total Spending	% of Total Spending
Commercial	2023	\$55,665,924	3.0%
	2024	\$58,736,084	2.9%
MassHealth	2023	\$31,116,527	2.4%
	2024	\$28,051,271	2.2%
Medicare Advantage	2023	\$4,013,442	4.7%
	2024	\$4,295,125	4.9%

1. **Date:** 06/11/2026
2. **Data years:** Calendar Year (CY) 2023 and CY 2024, data collected 2025.
3. **Description of metric:** Percentage of emergency department behavioral health spending over all behavioral health spending by insurance category. Behavioral health spending as a proportion of total spending is calculated by the Center for Health Information and Analysis's (CHIA) Primary Care and Behavioral Health data collection from Massachusetts payers. Insurance categories include Commercial Claims, MassHealth, and Medicare Advantage.

In this data, Behavioral Health Emergency Department Observation is defined by the following categories of both mental health and substance use disorder services:

- a. **MH Emergency Department and Observation:** All payments made for emergency or observation services in an acute or non-acute facility for claims with a mental health or SUD principal diagnosis.
 - b. **SUD Emergency Department and Observation:** All payments made for emergency or observation services in an acute or nonacute facility for claims with a SUD principal diagnosis.
4. **Numerator & exclusions:** Behavioral health emergency department observation spending.
 5. **Denominator & exclusions:** Behavioral health spending. Spending is collected through the sum of mental health and substance use disorder (SUD) spending.
 6. **Stratifier(s):** Insurance category.
 7. **Data source:** The Center for Health Information and Analysis (CHIA) Massachusetts [PCBH Spending Report](#).
 8. **Data release:** Annually.

9. Validator & source: N/A.

Notes: Data for Original Medicare not available for this analysis. For commercial partial-claim data, CHIA estimated pharmacy spending by service type. MassHealth-submitted data includes data for members for which MassHealth is a primary payer, including ACPP, MCO, PCACO, and PCC. MassHealth members with FFS coverage (such as FFS dual eligibility, FFS with third-party liability, FFS limited and supplemental payments to providers) not included in this analysis. MH and SUD diagnoses not mutually exclusive. Due to comparability concerns resulting from updates to CHIA's PCBH data specification manual in 2025, the following payers are excluded from this analysis: Aetna, Fallon, HPI, HNE, and WellSense; as a result, data may not tie to Total Health Care Expenditures chapter of CHIA's Annual Report. Analysis represents data from commercial payers that submitted CY 2023 and CY 2024 data, representing approximately 85% of commercial market, 47% of commercially administered ACPP/MCO market, and 79% of Medicare Advantage market. Totals do not include any MassHealth supplemental payments. Totals may not sum due to rounding.

Behavioral Health Prescription Drug Spending as a Percent of Total Behavioral Health Spending

Insurance Category	Year	Total Spending	% of Total Spending
Commercial	2023	\$290,764,447	15.7%
	2024	\$309,006,352	15.1%
MassHealth	2023	\$240,307,925	18.4%
	2024	\$219,085,415	17.0%
Medicare Advantage	2023	\$35,895,347	41.8%
	2024	\$33,813,762	38.5%

1. **Date:** 6/11/2026
2. **Data years:** Calendar Year (CY) 2023 and CY 2024, data collected 2025.
3. **Description of metric:** Percentage of prescription drug behavioral health spending over all behavioral health spending by insurance category. Behavioral health spending as a proportion of total spending is calculated by the Center for Health Information and Analysis's (CHIA) Primary Care and Behavioral Health data collection from Massachusetts payers. Insurance categories include Commercial, MassHealth, and Medicare Advantage.

In this data, Behavioral Health is defined by the following categories of both mental health and substance use disorder services:

- a. **MH Prescription Drugs:** All payments made for prescription drugs prescribed to address MH needs, based on the specified set of National Drug Codes (NDC).
 - b. **SUD Prescription Drugs:** All payments made for prescription drugs prescribed to address SUD needs, based on the specified set of National Drug Codes (NDC).
4. **Numerator & exclusions:** Behavioral health prescription drug spending.
 5. **Denominator & exclusions:** Behavioral health spending. Spending is collected through the sum of mental health and substance use disorder (SUD) spending.
 6. **Stratifier(s):** Insurance category.
 7. **Data source:** The Center for Health Information and Analysis (CHIA) Massachusetts [PCBH Spending Report](#).
 8. **Data release:** Annually.
 9. **Validator & source:** N/A

Notes: Data for Original Medicare not available for this analysis. For commercial partial-claim data, CHIA estimated pharmacy spending by service type. MassHealth-submitted data includes data for members for which MassHealth is a primary payer, including ACPP, MCO, PCACO, and PCC. MassHealth members with FFS coverage (such as FFS dual eligibility, FFS with third-party liability, FFS limited and supplemental payments to providers) not included in this analysis. MH and SUD diagnoses not mutually exclusive. Due to comparability concerns resulting from updates to CHIA's PCBH data specification manual in 2025, the following payers are excluded from this analysis: Aetna, Fallon, HPI, HNE, and WellSense; as a result, data may not tie to Total Health Care Expenditures chapter of CHIA's Annual

Report. Analysis represents data from commercial payers that submitted CY 2023 and CY 2024 data, representing approximately 85% of commercial market, 47% of commercially administered ACPP/MCO market, and 79% of Medicare Advantage market. Totals do not include any MassHealth supplemental payments. Totals may not sum due to rounding.

Behavioral Health Integration

Insurance Category	Integrated Service Type	Total Expenditures	% of Total Expenditures
Commercial	Behavioral Health	\$2,415,122,021	8.1%
	PCBH Integrated	\$25,546,614	0.1%
MassHealth	Primary Care	\$2,579,363,760	22.4%
	PCBH Integrated	\$7,083,573	0.3%
Medicare Advantage	Primary Care	\$139,738,991	2.3%
	PCBH Integrated	\$1,492,877	1.1%

1. **Date:** 04/15/2025
2. **Data/Measurement and submission years:** CY 2024, data was collected in 2025
3. **Description of metric:** Additional behavioral health care spending on integrated primary care behavioral health screenings.
 - a. Percentage of total behavioral health spending on integrated behavioral health screenings that are delivered by a primary care provider type. CHIA's 2024 Primary Care and Behavioral Health Spending report introduced two new methodologies to better reflect the integration of primary care and behavioral health services. This methodology was used to source the data presented here. Under this integrated behavioral health methodology, "PC Behavioral Health Screening" service category spending was incorporated into behavioral health rather than primary care to reflect behavioral health screenings delivered by a primary care provider type. The use of this methodology allows CHIA to assess the proportion of spending on primary care and behavioral health with and without integration. CHIA's PCBH integration methodology may not reflect payer or provider contractual definitions of integrated care. The table above displays total behavioral health spending at the market level and total PCBH integrated spending with the inclusion of expenditures on behavioral health screenings offered by a primary care provider.
4. **Numerator & exclusions:** Primary Care Expenditures. PCBH integrated includes a service category from CHIA's primary care service type; behavioral health screenings delivered by a primary care provider.
5. **Denominator & exclusions:** Total Expenditures.
6. **Stratifier:** Insurance category.
7. **Data source & status:** The Center for Health Information and Analysis (CHIA) Massachusetts [PCBH Spending Report](#). For more information, please see CHIA's detailed methodology on integrated [PCBH found here](#).
8. **Data release:** CY2023 and CY2024 data released in 2026

9. Validator & source: N/A

Notes: Data for Original Medicare not available for this analysis. For commercial partial-claim data, CHIA estimated pharmacy spending by service type. MassHealth-submitted data includes data for members for which MassHealth is a primary payer, including ACPP, MCO, PCACO, and PCC. MassHealth members with FFS coverage (such as FFS dual eligibility, FFS with third-party liability, FFS limited and supplemental payments to providers) not included in this analysis. Private commercial payers and MassHealth included facility claims in primary care definition for CY 2023 and CY 2024; review “Data Sources and Methodology” section of CHIA’s PCBH Spending Report for more information on inclusion of facility claims. CHIA’s PCBH integration methodology may not reflect payer or provider contractual definitions of integrated PCBH care. Totals do not include any MassHealth supplemental payments. MH and SUD diagnoses not mutually exclusive. Totals may not sum due to rounding.

Utilization Domain

Behavioral Health Related Hospital Inpatient Discharges

Year	Discharges
2023	281,335
2024	286,530
2025*	294,801

- 1. Date:** 03/13/2026
- 2. Data years:** Calendar years 2023, 2024, and 2025. Data updated March 2026.
- 3. Description of metric:** Number of inpatient discharges from acute hospitals associated with any behavioral health conditions. For this analysis, discharges were categorized into clinically meaningful independent behavioral health categories based on the listed primary and secondary diagnosis codes using the CCSR categories for ICD-10-CM diagnoses as related to behavioral health. A discharge may be associated with more than one behavioral health category because all primary and secondary diagnoses on the discharge record were considered and because ICD-10-CM diagnoses may be associated with more than one CCSR category. Discharges were classified into mutually exclusive groups: one or more mental health conditions associated with the discharge, but no substance use disorder, one or more substance use disorders associated with the discharge but no mental health condition, and co-occurring mental health and substance use conditions.
- 4. Numerator & exclusions:** Inpatient discharges with a behavioral health condition present.
- 5. Denominator & exclusions:** Total inpatient discharges.
- 6. Stratifier(s):** N/A
- 7. Data source:** Massachusetts Acute Care Hospital Inpatient Discharge Reporting. [Massachusetts Acute Care Hospital Inpatient Discharge Reporting \(chiamass.gov\)](https://chiamass.gov)
- 8. Data release:** Data is released quarterly. Most recent data update released February 2026.
- 9. Validator & source:** N/A.

*Data from October 1 – December 31, 2025, is preliminary and subject to change, pending the release and analysis of final data. All other data presented is considered final. Numbers vary from those in the 2025 Behavioral Dashboard due to changes in methodology.

Behavioral Health-Related Length of Stay at Acute Hospitals

Year	Average length of stay at acute hospitals
2023	7.0 days
2024	6.9 days
2025*	6.8 days

- 1. Date:** 03/20/2026
- 2. Data years:** Calendar years 2023, 2024, and 2025
- 3. Description of metric:** Length of stay (LOS) was calculated by subtracting the admission date from the discharge date. Stays for which the admission and discharge dates were the same would be coded as having a length of stay of 0 days. Average length of stay (ALOS) is an aggregate measure of the mean LOS within a certain category or group. Inpatient days is an aggregate measure of the sum of the LOS, or the days of care associated with a discharge within a category or group. No outliers were removed when calculating the length of stay.
- 4. Numerator & exclusions:** N/A
- 5. Denominator & exclusions:** N/A
- 6. Stratifier(s):** N/A
- 7. Data source:** Massachusetts Acute Care Hospital Inpatient Discharge Reporting. [Massachusetts Acute Care Hospital Inpatient Discharge Reporting \(chiamass.gov\)](https://chiamass.gov)
- 8. Data release:** Data is released quarterly.
- 9. Validator & source:** N/A

*Data from October 1 – December 31, 2025, is preliminary and subject to change, pending the release and analysis of final data. All other data presented is considered final. Numbers vary from those in the 2025 Behavioral Dashboard due to changes in methodology.

Behavioral Health Emergency Department Visits at Acute Care Hospitals

Year*	ED Visits per 100,000
2023	1,859
2024	1,725
2025**	1,635

- 1. Date:** 03/30/2026
- 2. Data years:** *FY 2023, 2024, and 2025
- 3. Description of metric:** Emergency department visits associated with any behavioral health diagnosis.
- 4. Numerator & exclusions:** Visits were categorized into clinical meaningful independent behavioral health categories based on the listed principal diagnosis code using the CCSR categories for ICD-10-CM diagnoses defined by AHRQ as related to mental and behavioral disorders. A visit may be associated with more than one behavioral health category because ICD-10-CM diagnoses may be associated with more than one CCSR category.
- 5. Denominator & exclusions:** Calendar year Massachusetts population denominator used the American Community Survey 2020 5-year data.
- 6. Stratifier(s):** N/A
- 7. Data source:** CHIA Massachusetts Acute Care Hospital Case Mix: Emergency Department Database (EDD), FY 2019-2025. Population denominators from the American Community Survey 2020 5-year data tables, accessed at: <https://www.census.gov/programs-surveys/acs/data/data-tables.html>.
- 8. Data release:** Published February 2026. Data is updated quarterly.
- 9. Validator & source:** N/A.

*Federal fiscal year was used for this metric. **Data from October 1 – December 31, 2025, is preliminary and subject to change, pending the release and analysis of final data. All other data presented is considered final. Numbers vary from those in the 2025 Behavioral Dashboard due to changes in methodology.

Opioid-Related Inpatient Discharges

Year	Inpatient Discharges per 100,000
2023	432
2024	430
2025*	439

- 1. Date:** 05/18/2026
- 2. Data years:** Calendar years 2023, 2024, and 2025. Data updated 2026. Emergency Department Database reporting in fiscal years transformed to calendar years.
- 3. Description of metric:** Number of inpatient discharges at acute care hospitals that are related to opioid use per 100,000 Massachusetts residents.
- 4. Numerator & exclusions:**
- 5. Denominator & exclusions:** Calendar year Massachusetts population denominator used the American Community Survey 2020 5-year data.
- 6. Stratifier(s):** Massachusetts.
- 7. Data source:** CHIA Massachusetts Acute Care Hospital Case Mix: Emergency Department Database (EDD), FY 2019-2025. Population denominators from the American Community Survey 2020 5-year data tables, accessed at: <https://www.census.gov/programs-surveys/acs/data/data-tables.html>.
- 8. Data release:** Published February 2026. Data is updated quarterly.
- 9. Validator & source:** N/A

*Data from October 1 – December 31, 2025, is preliminary and subject to change, pending the release and analysis of final data. All other data presented is considered final. Numbers vary from those in the 2025 Behavioral Dashboard due to changes in methodology.

Opioid-Related Emergency Department (ED) Visits

Year	ED Visits per 100,000
2023	66.8
2024	62.6
2025*	61.2

- 1. Date:** 03/16/2026
- 2. Data years:** Calendar years 2023, 2024, and 2025. Data updated 2026. Emergency Department Database reporting in fiscal years transformed to calendar years.
- 3. Description of metric:** Number of emergency department visits at acute care hospitals that are related to opioid use per 100,000 Massachusetts residents.
- 4. Numerator & exclusions:** The following ICD-10-CM codes were used to identify opioid-related visits: MBD018 for opioid-related disorders and MBD028 opioid-related disorders, subsequent encounters.
- 5. Denominator & exclusions:** Calendar year Massachusetts population denominator used the American Community Survey 2020 5-year data.
- 6. Stratifier(s):** Massachusetts.
- 7. Data source:** CHIA Massachusetts Acute Care Hospital Case Mix: Emergency Department Database (EDD), FY 2019-2025. Population denominators from the American Community Survey 2020 5-year data tables, accessed at: <https://www.census.gov/programs-surveys/acs/data/data-tables.html>.
- 8. Data release:** Published February 2026. Data is updated quarterly.
- 9. Validator & source:** N/A.

*Data from October 1 – December 31, 2025, is preliminary and subject to change, pending the release and analysis of final data. All other data presented is considered final. Numbers vary from those in the 2025 Behavioral Dashboard due to changes in methodology.

Psychotherapy Visits

	Year	Visits per 1,000
Total Population (0-64)	2022	2,005
Total Population (0-64)	2023	2,176

1. **Date:** 4/23/2026
2. **Data year(s):** Calendar Years (CY) 2022 and 2023.
3. **Description of metric:** Number of psychotherapy visits, delivered in-person or via telehealth, for individuals aged 0-64.
4. **Numerator & exclusions:** Psychotherapy visits for individuals ages 0-64 with 12 months of enrollment. Psychotherapy claims were identified using Current Procedural Terminology codes 90832, 90833, 90834, 90836, 90837 and 90838.
 - a. Only psychotherapy visits with specific behavioral health diagnoses were included in the analysis.
5. **Denominator & exclusions:** Individuals included were those with enrollment in health insurance as well as 12 full months of behavioral health coverage.
6. **Stratifier(s):**
7. **Data source:** HPC analysis of Center for Health Information and Analysis (CHIA) All-Payer Claims Database V2023, 2019-2023.
8. **Data release:** Published March 2024.
9. **Validator & source:** N/A

Notes: Data includes psychotherapy visits for individuals ages 0-64 with 12 months of enrollment in the year. Therapy claims identified using Current Procedural Terminology codes 90832, 90833, 90834, 90836, 90837 and 90838. See technical appendix for details.

BHCA Service Utilization

Year	Commercial with Any Medicaid	Commercial	Medicaid
2020	7.4%	5.7%	32.8%
2021	7.7%	5.9%	32.4%
2022	7.8%	5.7%	31.3%

- 1. Date:** 06/02/2026
- 2. Data years:** 2020, 2021, and 2022
- 3. Description of metric:** Massachusetts members ages 0-18 who utilize Behavioral Health Services for Children and Adolescents (BHCA) under their insurance plan. Service utilization percentages can reflect different member populations such as individuals with services covered only by their primary plan, only by MassHealth as a secondary plan/wrap, or individuals who had services covered by both payer types. These populations are mutually exclusive with different denominators (number of utilizers) and should not be added together.
 - a. Commercial with Any Medicaid:** reflects commercial members who had MassHealth as a secondary payer for the utilization of BHCA services. Example: In 2022, 7.8% of commercial members, ages 18 and under with a history of behavioral health diagnosis who had MassHealth as their secondary payer, utilized any BHCA service under their primary insurance plan.
 - b. Medicaid:** The Medicaid product market combines MassHealth members in managed care and those in FFS. MassHealth specific measures only capture claims paid by MassHealth for members enrolled in managed care. Regular payer specific measures capture MassHealth FFS spending.
- 4. Numerator & exclusions:** Number of unique members who utilized Behavioral Health Services for Children and Adolescents (BHCA).
 - a.** BHCA service definitions were collected from payers and applied to all lines of business in this analysis. Services were defined based on HCPCS/CPT procedure codes; modifiers and revenue codes were not considered in this analysis.
 - b.** BHCA services include the following: Community based acute treatment (CBAT), family support and training/family partner support, in-home behavioral health services, in-home therapy or family stabilization treatment, intensive care coordination, intensive community based acute treatment (ICBAT), mobile crisis intervention, therapeutic mentoring services.
- 5. Denominator & exclusions:** Number of members aged 18 and under with a history of behavioral health diagnosis.

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6. **Stratifier(s):** N/A
 7. **Data source:** Center for Health Information and Analysis. Massachusetts All-Payers Claims Database (APCD)
 8. **Data release:** Data request.
 9. **Validator & source:** N/A

Quality Domain

Behavioral Health Screening in Primary Care

Year	Commercial	MassHealth
2023	76.2	65.9
2024	77.8	67.1

- 1. Date:** 06/02/2026
- 2. Data/Measurement years (MY) and reporting years (RY):**
 - a. 2023 MY (2024 RY)
 - b. 2024 MY (2025 RY)
- 3. Description of metric:** The Adult Behavioral Health composite score is a validated composite score on a 0-100 scale that is derived from 2 survey items. It captures patient experiences of being screened for depression and anxiety in primary care visits. Higher scores denote better experiences.

The 2024 and 2025 MassHealth Primary Care Member Experience Surveys for adult members (PC Adult MES) were based on the CG-CAHPS 4.0 survey developed by the National Committee for Quality Assurance (NCQA) and the Agency for Healthcare Research and Quality (AHRQ).

The 2024 PC Adult MES had 51 items and sampled 194,671 adult members. The 2025 PC Adult MES had 52 items and sampled 215,338 adult members. The survey sample was randomly selected from a MassHealth sample frame that contained MassHealth adult members (≥ 18 years old) who were eligible to complete the survey. Eligibility requirements were that the member be actively enrolled in MassHealth, be attributed to an ACO that participated in the MassHealth program and have at least one primary care visit in the last year. Sample sizes were designed to yield a minimum of 400 completed surveys at the ACO level.

Survey invitations were sent to members by email, if a member had a valid email address on file with MassHealth. Email invitations had links to online surveys in English, Spanish, Portuguese, Chinese, Haitian Creole, Vietnamese, Russian, Khmer, and Arabic. Non-respondents were sent mailings of a survey invitation with an English paper survey and an URL to access online surveys. For members who were on file as being Spanish speakers, mailings also contained a Spanish survey. The response rate for the 2023 adult survey was 8.5%.

Survey item responses were coded to a 0 to 100 scale (No=0; Yes= 100.00) at the respondent level and composites scores were calculated as a simple average of the response values for each of the component questions. Respondent composite scores were averaged at the state

level to calculate the state-level composite score. State-level composite scores were not case-mix adjusted.

Adult Behavioral Health Composite items and response options

<i>Adult Behavioral Health Composite</i>	Did anyone in this provider's office ask you if there was a period of time when you felt sad, empty or depressed?	Yes No
	Did you and anyone in this provider's office talk about things in your life that worry you or cause you stress?	

- 4. **Numerator & exclusions:** N/A.
- 5. **Denominator & exclusions:** N/A.
- 6. **Stratifier:** N/A.
- 7. **Data source & status:** The data sources for the Communication Composite score were the 2024 and 2025 MassHealth Adult Primary Care Member Experience Surveys.
- 8. **Data release:** Data is collected annually and released annually, usually in the fall.
- 9. **Validator & source:** N/A.

Note: Note that Commercial and MassHealth experience data are not comparable – provider networks, patient populations, and survey instruments are not aligned. Please see the [Primary Care Dashboard technical appendix](#) for more detailed information.

Initiation and Engagement of SUD Treatment

Year	Massachusetts Statewide Rate	
	Initiation	Engagement
2023	36.9% (adj)	12.2% (adj)
2024	37.8% (adj)	12.7% (adj)

- 1. Date:** 06/02/2026
- 2. Data years:** Healthcare Effectiveness Data and Information Set (HEDIS®) measurement years 2023 and 2024.
 - a. Description of metric:** This data assesses new episodes of substance use disorder (SUD) in adults and adolescents 13 years of age and older who received:
 - b. Initiation of SUD Treatment:** New episodes, after which the individual initiated treatment through an inpatient SUD admission, outpatient visit, telehealth or intensive outpatient encounter or partial hospitalization, or received medication within 14 days of diagnosis.
- 3. Engagement of SUD Treatment:** New episodes, after which the individual initiated treatment and had two or more additional SUD services or medications within 34 days of the initiation visit.
- 4. Numerator & exclusions:** Commercially insured members, adults and adolescents 13 years of age and older who had new episodes of SUD, enrolled in HMO and Point of Service (excluding Marketplace) products in participating health plans (Mass General Brigham Health Plan, Blue Cross Blue Shield of Massachusetts, Point32Health (Harvard Pilgrim Health Care/Tufts Health Plan), and Health New England) and who received initiation of SUD treatment within 14 days and/or engagement of SUD treatment within 34 days.
- 5. Denominator & exclusions:** Commercially insured members, adults and adolescents 13 years of age and older who had new episodes of SUD, enrolled in HMO and Point of Service (excluding Marketplace) products in participating health plans (Mass General Brigham Health Plan, Blue Cross Blue Shield of Massachusetts, Point32Health (Harvard Pilgrim Health Care/Tufts Health Plan), and Health New England).
- 6. Stratifier(s):** N/A
- 7. Weighting Scheme:** NCQA permits health plans to calculate this measure using either administrative data only, or administrative data combined with medical record review (Hybrid Method). If a health plan chose to report eligible measures to NCQA using the Hybrid Method, the health plan reported the rate for their sample population based on

Administrative Data Method and the rate based on the Hybrid Method (combination of administrative data and medical record review data) to MHQP. This enabled MHQP to calculate a “chart adjustment factor,” which represents the increase in a plan’s measured rate after medical record review (i.e., the Hybrid Method rate minus the Administrative Data Method only rate). MHQP adjusted the rates that were obtained for the health plan’s entire HEDIS®-eligible population using the Administrative Data Method by applying the respective chart adjustment factors to each affected measure for the provider site, medical group, or physician network.

8. **Data source:** CHIA (September 2025). [Equity in Quality: Select Clinical Quality and Patient Experience Measures, 2020–2022 and 2022-2023](#).
9. **Data release:** Data released biennially.
10. **Validator & source:** National Committee for Quality Assurance (NCQA), [HEDIS® Measures and Technical Resources, Initiation and Engagement of Substance Use Disorder Treatment \(IET\)](#): An estimated 36.5% of national resident's adults and adolescents 13 years of age and older under a Commercial HMO plan had received initiation of SUD treatment in 2022. An estimated 13.1% of national resident's adults and adolescents 13 years of age and older under a Commercial HMO plan had received engagement of SUD treatment in 2022.

Pharmacotherapy for Opioid Use Disorder

Year	Massachusetts Statewide Rate
2023	37.8% (adj)
2024	40.0% (adj)

- 1. Date:** 06/02/2026
- 2. Data years:** Healthcare Effectiveness Data and Information Set (HEDIS®) measurement years 2023 and 2024.
- 3. Description of metric:** Percentage of new opioid use disorder (OUD) pharmacotherapy events among Massachusetts residents ages 16 or older that were followed by at least 180 days of continuous medication treatment.
- 4. Numerator & exclusions:** Commercially insured members, 16 years of age or older who had new OUD event, enrolled in HMO and Point of Service (excluding Marketplace) products in participating health plans (Mass General Brigham Health Plan, Blue Cross Blue Shield of Massachusetts, Point32Health (Harvard Pilgrim Health Care/Tufts Health Plan), and Health New England) and who received psychotherapy for OUD within 14 days and/or engagement of SUD treatment within 34 days.
- 5. Denominator & exclusions:** Commercially insured members, 16 years of age or older who had new episodes of SUD, enrolled in HMO and Point of Service (excluding Marketplace) products in participating health plans (Mass General Brigham Health Plan, Blue Cross Blue Shield of Massachusetts, Point32Health (Harvard Pilgrim Health Care/Tufts Health Plan), and Health New England).
- 6. Stratifier(s):** N/A
- 7. Weighting Scheme:** NCQA permits health plans to calculate this measure using either administrative data only, or administrative data combined with medical record review (Hybrid Method). If a health plan chose to report eligible measures to NCQA using the Hybrid Method, the health plan reported the rate for their sample population based on Administrative Data Method and the rate based on the Hybrid Method (combination of administrative data and medical record review data) to MHQP. This enabled MHQP to calculate a “chart adjustment factor,” which represents the increase in a plan’s measured rate after medical record review (i.e., the Hybrid Method rate minus the Administrative Data Method only rate). MHQP adjusted the rates that were obtained for the health plan’s entire HEDIS®-eligible population using the Administrative Data Method by applying the respective chart adjustment factors to each affected measure for the provider site, medical group, or physician network.
- 8. Data source:** CHIA (September 2025). [Equity in Quality: Select Clinical Quality and Patient Experience Measures, 2020–2022 and 2022-2023](#).
- 9. Data release:** Data released biennially.

10. Validator & source: N/A

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

Year	Massachusetts Statewide Rate
2023	63.5% (adj)
2024	65.3% (adj)

- 1. Date:** 05/12/2026
- 2. Data years:** Healthcare Effectiveness Data and Information Set (HEDIS®) measurement years 2023 and 2024.
- 3. Description of metric:** This data assesses the percentage of inpatient discharges for a principal diagnosis of mental illness or intentional self-harm among patients age 6 years and older that resulted in follow-up care with a mental health provider within 7 days.
- 4. Numerator & exclusions:** Commercially insured members, adults and children 6 years of age or older that were discharged from hospitalization with a diagnosis of mental illness or intentional self-harm, enrolled in HMO and Point of Service (excluding Marketplace) products in participating health plans (Mass General Brigham Health Plan, Blue Cross Blue Shield of Massachusetts, Point32Health (Harvard Pilgrim Health Care/Tufts Health Plan), and Health New England) and who received a follow-up visit for mental illness within 7 days.
- 5. Denominator & exclusions:** Commercially insured members, adults and children 6 years of age or older that were discharged from hospitalization with a diagnosis of mental illness or intentional self-harm, enrolled in HMO and Point of Service (excluding Marketplace) products in participating health plans (Mass General Brigham Health Plan, Blue Cross Blue Shield of Massachusetts, Point32Health (Harvard Pilgrim Health Care/Tufts Health Plan), and Health New England).
- 6. Stratifier(s):** N/A
- 7. Weighting Scheme:** NCQA permits health plans to calculate this measure using either administrative data only, or administrative data combined with medical record review (Hybrid Method). If a health plan chose to report eligible measures to NCQA using the Hybrid Method, the health plan reported the rate for their sample population based on Administrative Data Method and the rate based on the Hybrid Method (combination of administrative data and medical record review data) to MHQP. This enabled MHQP to calculate a “chart adjustment factor,” which represents the increase in a plan’s measured rate after medical record review (i.e., the Hybrid Method rate minus the Administrative Data Method only rate). MHQP adjusted the rates that were obtained for the health plan’s entire HEDIS®-eligible population using the Administrative Data Method by applying the respective chart adjustment factors to each affected measure for the provider site, medical group, or physician network.

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8. **Data source:** CHIA (September 2025). Equity in Quality: [Select Clinical Quality and Patient Experience Measures Stratified by Race and Ethnicity, 2023](#)
 9. **Data release:** Data released biennially.
 10. **Validator & source:** N/A

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

Year	Massachusetts Statewide Rate
2023	72.7% (adj)
2024	74.8% (adj)

- 1. Date:** 05/12/2026
- 2. Data years:** Healthcare Effectiveness Data and Information Set (HEDIS®) measurement years 2023 and 2024.
- 3. Description of metric:** This data assesses the percentage of emergency department (ED) visits for patients 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm and who received a follow-up visit for mental illness within 7 days of the ED visit.
- 4. Numerator & exclusions:** Commercially insured members, adults and children 6 years of age or older who visited the ED with a diagnosis of mental illness or intentional self-harm, enrolled in HMO and Point of Service (excluding Marketplace) products in participating health plans (Mass General Brigham Health Plan, Blue Cross Blue Shield of Massachusetts, Point32Health (Harvard Pilgrim Health Care/Tufts Health Plan), and Health New England) and who received a follow-up visit for mental illness within 7 days..
- 5. Denominator & exclusions:** Commercially insured members, adults and children 6 years of age or older who visited the ED with a principal diagnosis of mental illness or intentional self-harm, enrolled in HMO and Point of Service (excluding Marketplace) products in participating health plans (Mass General Brigham Health Plan, Blue Cross Blue Shield of Massachusetts, Point32Health (Harvard Pilgrim Health Care/Tufts Health Plan), and Health New England).
- 6. Stratifier(s):** N/A
- 7. Weighting Scheme:** NCQA permits health plans to calculate this measure using either administrative data only, or administrative data combined with medical record review (Hybrid Method). If a health plan chose to report eligible measures to NCQA using the Hybrid Method, the health plan reported the rate for their sample population based on Administrative Data Method and the rate based on the Hybrid Method (combination of administrative data and medical record review data) to MHQP. This enabled MHQP to calculate a “chart adjustment factor,” which represents the increase in a plan’s measured rate after medical record review (i.e., the Hybrid Method rate minus the Administrative Data Method only rate). MHQP adjusted the rates that were obtained for the health plan’s entire HEDIS®-eligible population using the Administrative Data Method by

applying the respective chart adjustment factors to each affected measure for the provider site, medical group, or physician network.

8. **Data source:** CHIA (September 2025). [Equity in Quality: Select Clinical Quality and Patient Experience Measures Stratified by Race and Ethnicity, 2023](#)
9. **Data release:** Data released biennially.
10. **Validator & source:** N/A

Equity Domain

Behavioral Health Visits by Race/Ethnicity

Year	Race and Ethnicity	Percent
2023	White	21.6%
	Black	19.8%
	Asian	12.9%
	Other or multiple races, non-Hispanic	32.7%
	Hispanic	22.3%
	Total population	21.6%
2025	White	23.4%
	Black	23.7%
	Asian	12.6%
	Multiracial or a race not listed	27.8%
	Hispanic	22.7%
	Total population	22.8%

- Date:** 03/30/2026
- Data years:** Calendar years 2023 and 2025.
- Description of metrics:** Percentage of Massachusetts residents, by race and ethnicity, with a reported a visit for behavioral health in the past 12 months. Behavioral health includes a visit for either mental health or substance use disorders.
- Numerator & exclusions:** Massachusetts residents survey respondents who indicated they had a visit for behavioral health, mental health, or substance use disorder in the past 12 months. Behavioral health includes both visits for mental health and substance use disorder care.
- Denominator & exclusions:** Estimates for mental health were reported for residents 1 year old or older in 2021 and were reported for residents 5 years old or older in 2023 and 2025. Estimates for alcohol and substance use care and treatment were reported for residents 12 years or older in 2021, 2023, and 2025. We report on behavioral health care that includes mental health care and/or substance use disorder care for residents age 5 and older in the denominator.
- Stratifier(s):** Race and ethnicity.

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7. **Data source:** 2023 and 2025 Massachusetts Health Insurance Survey (chiamass.gov)
 8. **Data release:** Biennial.
 9. **Validator & source:** N/A.

Note: Exceedingly few residents (for example in 2025, 0.4 percent, n=21) reported a substance use visit without also reporting a mental health visit. Care for substance use disorders in the past 12 months was reported by only 2 residents ages 12 to 18 in 2025. We report on behavioral health care that includes mental health care and/or substance use disorder care for residents age 5 and older in the denominator. ***Estimates for which the sample size is less than 50 respondents are not reported.

Behavioral Health Visits by Region

Year	Region	Percent
2023	Western MA	22.0%
	Central MA	25.0%
	Northeast MA	15.9%
	Metro West	24.6%
	Metro Boston	27.0%
	Metro South	19.5%
	Southcoast	17.8%
	Cape and Islands	12.7%
	Total population	21.6%
2025	Western MA	24.0%
	Central MA	20.8%
	Northeast MA	20.5%
	Metro West	24.8%
	Metro Boston	27.2%
	Metro South	19.7%
	Southcoast	19.1%
	Cape and Islands	19.3%
	Total population	22.8%

- Date:** 03/30/2026
- Data years:** Calendar years 2023 and 2025.
- Description of metrics:** Percentage of Massachusetts residents, by region, with a reported a visit for behavioral health in the past 12 months. Behavioral health includes a visit for either mental health or substance use disorders.
- Numerator & exclusions:** Massachusetts residents survey respondents who indicated they had a visit for behavioral health, mental health, or substance use disorder in the past 12 months. Behavioral health includes both visits for mental health and substance use disorder care.
- Denominator & exclusions:** Estimates for mental health were reported for residents 1 year old or older in 2021 and were reported for residents 5 years old or older in 2023

and 2025. Estimates for alcohol and substance use care and treatment were reported for residents 12 years or older in 2021, 2023, and 2025. We report on behavioral health care that includes mental health care and/or substance use disorder care for residents age 5 and older in the denominator.

6. **Stratifier(s):** Region.
7. **Data source:** 2023 and 2025 Massachusetts Health Insurance Survey (chiamass.gov)
8. **Data release:** Biennial.
9. **Validator & source:** N/A.

Note: Exceedingly few residents (for example in 2025, 0.4 percent, n=21) reported a substance use visit without also reporting a mental health visit. Care for substance use disorders in the past 12 months was reported by only 2 residents ages 12 to 18 in 2025. We report on behavioral health care that includes mental health care and/or substance use disorder care for residents age 5 and older in the denominator. ***Estimates for which the sample size is less than 50 respondents are not reported.

Behavioral Health Emergency Department Visits by Race/Ethnicity

Year	Race and Ethnicity	Percent
2023	White	5.9%
	Black	1.8%
	Asian	***
	Multiracial or a race not listed	***
	Hispanic	2.8%
	Total population	4.8%
2025	White	4.2%
	Black	1.3%
	Asian	***
	Multiracial or a race not listed	***
	Hispanic	4.2%
	Total population	3.5%

- Date:** 03/30/2026
- Data years:** Calendar years 2023 and 2025.
- Description of metrics:** Percentage of Massachusetts residents, by race and ethnicity, who reported that their most recent emergency department visit in the past 12 months was related to mental health or substance use disorder. Behavioral health includes a visit for either mental health or substance use disorders.
- Numerator & exclusions:** Massachusetts residents who reported that their most recent emergency department visit in the past 12 months was related to mental health or substance use conditions. Behavioral health includes both visits for mental health and substance use disorder care.
- Denominator & exclusions:** Estimates for mental health were reported for residents 1 year old or older in 2021 and were reported for residents 5 years old or older in 2023 and 2025. Estimates for alcohol and substance use care and treatment were reported for residents 12 years or older in 2021, 2023, and 2025. We report on behavioral health care that includes mental health care and/or substance use disorder care for residents age 5 and older in the denominator.
- Stratifier(s):** Race and ethnicity.
- Data source:** 2023 and 2025 Massachusetts Health Insurance Survey (chiamass.gov)
- Data release:** Biennial.

9. Validator & source: N/A

Note: Estimates for mental health were reported for residents 1 year old or older in 2021 and were reported for residents 5 years old or older in 2023 and 2025. Estimates for alcohol and substance use care and treatment were reported for residents 12 years or older in 2021, 2023, and 2025. Exceedingly few residents (for example in 2025, 0.4 percent, n=21) reported a substance use visit without also reporting a mental health visit. Care for substance use disorders in the past 12 months was reported by only 2 residents ages 12 to 18 in 2025. We report on behavioral health care that includes mental health care and/or substance use disorder care for residents age 5 and older in the denominator. ***Estimates for which the sample size is less than 50 respondents are not reported.

Behavioral Health Emergency Department Visits by Region

Year	Region	Percent
2023	Western MA	3.9%
	Central MA	3.8%
	Northeast MA	3.1%
	Metro West	1.9%
	Metro Boston	6.1%
	Metro South	7.8%
	Southcoast	***
	Cape and Islands	***
	Total population	4.8%
2025	Western MA	6.7%
	Central MA	2.4%
	Northeast MA	3.5%
	Metro West	6.0%
	Metro Boston	1.6%
	Metro South	2.5%
	Southcoast	5.2%
	Cape and Islands	3.2%
	Total population	3.5%

- Date:** 03/30/2026
- Data years:** Calendar years 2023 and 2025.
- Description of metrics:** Percentage of Massachusetts residents, by region, who reported that their most recent emergency department visit in the past 12 months was related to mental health or substance use disorder. Behavioral health includes a visit for either mental health or substance use disorders.
- Numerator & exclusions:** Massachusetts residents who reported that their most recent emergency department visit in the past 12 months was related to mental health or substance use conditions. Behavioral health includes both visits for mental health and substance use disorder care.

5. **Denominator & exclusions:** Estimates for mental health were reported for residents 1 year old or older in 2021 and were reported for residents 5 years old or older in 2023 and 2025. Estimates for alcohol and substance use care and treatment were reported for residents 12 years or older in 2021, 2023, and 2025. We report on behavioral health care that includes mental health care and/or substance use disorder care for residents age 5 and older in the denominator.
6. **Stratifier(s):** Region.
7. **Data source:** 2023 and 2025 Massachusetts Health Insurance Survey (chiamass.gov)
8. **Data release:** Biennial.
9. **Validator & source:** N/A

Note: Estimates for mental health were reported for residents 1 year old or older in 2021 and were reported for residents 5 years old or older in 2023 and 2025. Estimates for alcohol and substance use care and treatment were reported for residents 12 years or older in 2021, 2023, and 2025. Exceedingly few residents (for example in 2025, 0.4 percent, n=21) reported a substance use visit without also reporting a mental health visit. Care for substance use disorders in the past 12 months was reported by only 2 residents ages 12 to 18 in 2025. We report on behavioral health care that includes mental health care and/or substance use disorder care for residents age 5 and older in the denominator. ***Estimates for which the sample size is less than 50 respondents are not reported.

Family Unmet Behavioral Health Needs Due to Cost by Race/Ethnicity

Year	Race and Ethnicity	Percent
2023	White	7.6%
	Black	9.2%
	Asian	4.0%
	Multiracial or a race not listed	6.0%
	Hispanic	17.3%
	Total population	8.8%
2025	White	7.7%
	Black	8.7%
	Asian	9.7%
	Multiracial or a race not listed	16.5%
	Hispanic	10.9%
	Total population	7.7%

- Date:** 03/30/2026
- Data years:** Calendar years 2023 and 2025.
- Description of metrics:** Percentage of Massachusetts families, by race and ethnicity, who reported a family need for behavioral health care that went unmet in the past 12 months because of the cost of care. Behavioral health includes a visit for either mental health or substance use disorders.
- Numerator & exclusions:** Respondents who indicated their families had a need for behavioral health care go unmet in the past 12 months due to the cost of care. Behavioral health includes both visits for mental health and substance use disorder care.
- Denominator & exclusions:** All Massachusetts residents.
- Stratifier(s):** Race and ethnicity.
- Data source:** 2023 and 2025 Massachusetts Health Insurance Survey (chiamass.gov)
- Data release:** Biennial.
- Validator & source:** N/A.

Note: ***Estimates for which the sample size is less than 50 respondents are not reported.

Family Unmet Behavioral Health Needs Due to Cost by Region

Year	Region	Percent
2023	Western MA	7.1%
	Central MA	9.4%
	Northeast MA	8.1%
	Metro West	10.2%
	Metro Boston	9.4%
	Metro South	6.3%
	Southcoast	12.4%
	Cape and Islands	10.7%
	Total population	8.8%
2025	Western MA	12.4%
	Central MA	6.8%
	Northeast MA	6.3%
	Metro West	8.9%
	Metro Boston	10.3%
	Metro South	8.4%
	Southcoast	10.4%
	Cape and Islands	4.9%
	Total population	8.7%

- Date:** 03/30/2026
- Data years:** Calendar years 2023 and 2025.
- Description of metrics:** Percentage of Massachusetts families, by race and ethnicity, who reported a family need for behavioral health care that went unmet in the past 12 months because of the cost of care. Behavioral health includes a visit for either mental health or substance use disorders.
- Numerator & exclusions:** Respondents who indicated their families had a need for behavioral health care go unmet in the past 12 months due to the cost of care. Behavioral health includes both visits for mental health and substance use disorder care.

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5. **Denominator & exclusions:** All Massachusetts residents.
 6. **Stratifier(s):** Region.
 7. **Data source:** 2023 and 2025 Massachusetts Health Insurance Survey (chiamass.gov)
 8. **Data release:** Biennial.
 9. **Validator & source:** N/A.

Note: ***Estimates for which the sample size is less than 50 respondents are not reported.

Behavioral Health Out-of-Pocket Costs by Race/Ethnicity

Year	Race and Ethnicity	Percent
2025	White	20.9%
	Black	12.1%
	Asian	***
	Multiracial or a race not listed	***
	Hispanic	6.4%
	Total population	17.2%

- Date:** 03/30/2026
- Data years:** Calendar year 2025.
- Description of metrics:** Percentage of individuals in Massachusetts, by race and ethnicity, who reported they paid the entire cost of their most recent mental health visit out of pocket.
- Numerator & exclusions:** Survey respondents who indicated they paid the entire cost of their most recent mental health visit out of pocket.
- Denominator & exclusions:** Estimates for are reported for residents ages 5 and older.
- Stratifier(s):** Race and ethnicity.
- Data source:** 2025 Massachusetts Health Insurance Survey (chiamass.gov)
- Data release:** Biennial.
- Validator & source:** N/A

Notes: In 2025 this measure was updated to include out-of-pocket spending for both visits for mental health and substance use disorder care. Due to this change only the 2025 data is shown. Estimates for mental health are reported for residents 5 years old and older; estimates for alcohol and substance use disorder care are reported for residents ages 12 and older. ***Estimates for which the sample size is less than 50 respondents are not reported.

Behavioral Health Out-of-Pocket Costs by Region

Year	Region	Percent
2025	Western MA	10.3%
	Central MA	7.7%
	Northeast MA	20.6%
	Metro West	19.7%
	Metro Boston	21.0%
	Metro South	20.4%
	Southcoast	2.5%
	Cape and Islands	***
	Total population	17.2%

- Date:** 03/30/2026
- Data years:** Calendar year 2025.
- Description of metrics:** Percentage of individuals in Massachusetts, by race and ethnicity, who reported they paid the entire cost of their most recent mental health visit out of pocket.
- Numerator & exclusions:** Survey respondents who indicated they paid the entire cost of their most recent mental health visit out of pocket.
- Denominator & exclusions:** Estimates for are reported for residents ages 5 and older.
- Stratifier(s):** Race and ethnicity.
- Data source:** 2025 Massachusetts Health Insurance Survey (chiamass.gov)
- Data release:** Biennial.
- Validator & source:** N/A

Notes: In 2025 this measure was updated to include out-of-pocket spending for both visits for mental health and substance use disorder care. Due to this change only the 2025 data is shown. Estimates for mental health are reported for residents 5 years old and older; estimates for alcohol and substance use disorder care are reported for residents ages 12 and older. ***Estimates for which the sample size is less than 50 respondents are not reported.