Current State Assessment

Report 2: Variations in Behavioral Health Treatment Rates SFY 2020–SFY 2022

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IN SEPTEMBER 2019, the Centers for Medicare and Medicaid Services (CMS) awarded the Washington State Health Care Authority (HCA) a grant under the §1003 SUPPORT ACT.[1] Under this Phase 1 Planning Grant, HCA developed an implementation strategy for improving treatment and recovery services, that included developing an alternative payment model for substance use disorder (SUD) treatment and recovery services. To support this effort, a current state assessment was conducted in state fiscal year (SFY) 2017–2019[2] to gain insight into the prevalence of substance use disorder (SUD) diagnoses, utilization of treatment services, and physical health and social outcomes among Medicaid beneficiaries with behavioral health diagnoses. However, the COVID-19 pandemic and subsequent public health emergency (PHE) may have impacted prevalence rates, treatment utilization, and use of acute SUD-related services. This report is one of a set of four updated reports that covers an updated time frame including the peak of the pandemic, SFY 2019–2022. Each report addresses a core question about behavioral health treatment and recovery support services in Washington and the potential impact of the COVID-19 PHE on those services.

PRIOR REPORT:

- *What is the prevalence of substance use disorder and opioid use disorder among Medicaid beneficiaries? Does the prevalence vary across the Medicaid population? Has this changed during the COVID-19 PHE?* (See Report 9.130.)

THIS REPORT:

- *What is the behavioral health treatment rate? Does the rate vary across the Medicaid population? Has this changed during the COVID-19 PHE?*

SUBSEQUENT REPORTS:

- *What types of substance use disorder treatment services are Medicaid beneficiaries using? Does treatment utilization vary across the Medicaid population? Has this changed during the COVID-19 PHE?* (See Report 9.130B.)

- *What types of acute SUD-related services are Medicaid beneficiaries using? Do the type of acute SUD-related service vary across the Medicaid population? Has this changed during the COVID-19 PHE?* (See Report 9.130C.)

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[1] More information about the CMS §1003 SUPPORT ACT grant can be found at: https://www.medicaid.gov/medicaid/benefits/behavioral-health-services/substance-use-disorder-prevention-promotes-opioid-recovery-and-treatment-for-patients-and-communities-support-act-section-1003/index.html.

[2] Prior reports can be found at https://www.dshs.wa.gov/ffa/rda/research-reports/washington-state-behavioral-health-treatment-and-recovery-support-services-utilization.

This report includes treatment rates for SUD, opioid use disorder (OUD), and mental health (MH). Each treatment rate is calculated as the percentage of individuals with an identified treatment need who also receive a qualifying treatment service (see Technical Notes for more information). To identify how treatment rates have changed over time and during the COVID-19 PHE, we examined rates from SFY 2020–2022. Treatment rates are first reported for the whole eligible Medicaid population. Additional rates were calculated for different demographic groups within the Medicaid population: ranging from groups based on beneficiary personal characteristics and experiences to Medicaid coverage type and geographic region of residence. Despite challenges introduced by the COVID-19 PHE, treatment rates have remained relatively stable from SFY 2020 through SFY 2022.

Data and Methods

We conducted retrospective (by year), cross-sectional analyses of Washington State administrative data from SFY 2020–2022. All data were drawn from the Department of Social and Health Service's Integrated Client Databases (ICDB). The ICDB contains data from several administrative data systems, including the state's ProviderOne data system that contains Medicaid claims and encounter data.[3]

The population of focus was Medicaid beneficiaries (ages 13 to 64 years) with behavioral health diagnoses. Medicaid beneficiaries with a non-Medicaid primary health care coverage (also referred to as third-party liability) and those who are dually enrolled in Medicaid and Medicare were excluded from the analyses, as complete health care utilization information may not be available for these individuals. Analyses were further restricted to individuals who met minimum Medicaid enrollment criteria (11 out of 12 months in the measurement year) to meet eligibility requirements for the treatment rate metrics. We include treatment rates by age, race/ethnicity, gender, Medicaid coverage type, Apple Health Integrated Managed Care (IMC) region, and county. Regional attribution was determined by the beneficiary's county of residence for the majority of the measurement year. We also include treatment rates for the following groups:

- Pregnant and postpartum individuals
- Adolescents, ages 13 to 18
- Transition Age Young Adults (TAYA), ages 16 to 25
- Criminal legal system-involved persons
- Individuals experiencing homelessness or unstable housing

Individuals experiencing homelessness or housing instability are reported as two categories: "homeless" which is a narrow definition of homelessness (e.g., unhoused persons) and "unstably housed" which takes a broader view of housing instability that includes persons experiencing housing instability (e.g., couch surfing, living in vehicle). Additional information about how the sub-populations are defined is included in the Technical Notes section at the end of the report.

Treatment rates for Medicaid Beneficiaries with Behavioral Health Treatment Needs

Treatment rates are the percentage of individuals with an identified treatment need who also receive a qualifying treatment service (see Technical Notes section for additional information). Understanding current utilization of treatment services is critical to identifying potential gaps among those who may need treatment but are not currently receiving treatment. It is important to remember that not everyone who has a diagnosis will seek treatment.

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[3] See, DSHS Integrated Client Databases, DSHS Research and Data Analysis Division, Mancuso, December 2021.

- The **Substance Use Disorder Treatment rate** (LIGHT BLUE) is the percentage of Medicaid beneficiaries with a SUD treatment need identified within the measurement year or year prior, who received at least one qualifying SUD treatment during the measurement year.

- The **Opioid Use Disorder Treatment rate** (MEDIUM BLUE) is the percentage of Medicaid beneficiaries with an OUD treatment need identified within the measurement year or year prior, who received at least one qualifying medication for OUD treatment (Buprenorphine, Naltrexone, Buprenorphine/Naloxone) during the measurement year.

- The **Mental Health Treatment rate** (GREEN) focuses on Medicaid beneficiaries with a MH treatment need identified within the measurement year or year prior, regardless of whether they had a co-occurring SUD, who received at least one qualifying MH service during the measurement year.

- **SFY 2019 rates** (GRAY) are drawn from the prior current state assessment report[4] and are for reference only.

Figure 2 illustrates the trends in each treatment rate from SFY 2019 through SFY 2022. Despite the initial impact to treatment reach seen in SFY 2020, treatment rates remained stable while the behavioral health care system was navigating complications associated with the COVID-19 PHE.

FIGURE 2.
Total Washington State Behavioral Health Treatment Rate Trends
SFY 2020–2022
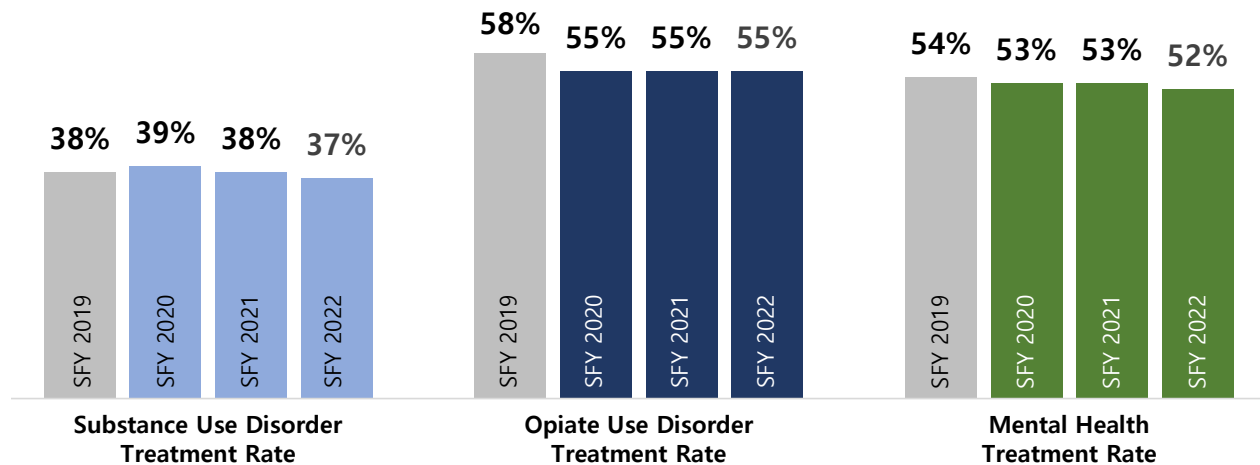
The previous current state assessment showed that the SUD treatment rate grew from 30 to 38 percent from SFY 2017 to SFY 2019, and the rate of OUD treatment almost doubled, from 37 percent to 58 percent in that same time frame. Multiple factors are likely impacting the updated treatment rates and the fact that the change in treatment rates with time have leveled off and even decreased slightly (for SUD and MH). For example, the rapid growth in OUD treatment rates over SFY 2017–2019 was likely not sustainable as populations seeking MOUD treatment approached saturation regarding treatment resources.

Additionally, COVID-19 likely impacted both the need for treatment and the ability of individuals to access behavioral health treatment. It is also important to note the overall number of individuals with an identified behavioral health treatment need also increased from SFY 2020 to SFY 2022 (see statewide values in Tables 1, 2 and 3). This suggests that part of the overall decline in treatment rates

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[4] See Report 2: Variations in Behavioral Health Treatment Penetration Rates at https://www.dshs.wa.gov/ffa/rda/research-reports/washington-state-behavioral-health-treatment-and-recovery-support-services-utilization.

(for SUD and MH) may be due to treatment capacity issues (e.g., insufficient providers to meet the treatment demand).

Though the relative stability of treatment rates despite a major public health emergency is encouraging, examining overall treatment rates among Medicaid beneficiaries can obscure differences between subgroups and across geographies. The rest of this assessment examines variability in SUD, OUD, and MH treatment rates across various demographics, including the populations of interest, and for each Apple Health integrated managed care region. Treatment rates for SUD, OUD and MH diagnoses by county of residence are included in Appendix Tables A1-A3.

Substance Use Disorder Treatment Rates. The statewide SUD treatment rate decreased slightly from SFY 2020 to SFY 2022 (39 percent to 37 percent). However, the number of Medicaid beneficiaries with an identified SUD treatment need (the treatment rate denominator) increased by over 4,000 individuals in that same time frame while the number of individuals receiving a qualifying treatment (the treatment rate numerator) increased by less than 500 individuals (see Table 1). As noted above, this suggests that the decrease in the overall SUD treatment rate may be due to treatment availability, which was significantly impacted by the COVID-19 PHE.

SUD treatment rates varied across demographics and by IMC regions (see Table 1). Regarding trends across years, most demographic categories and regions followed statewide trends and had a slight decrease in treatment rates from SFY 2020 to SFY 2022. Exceptions include SUD treatment rates for 13- to 17-year-olds, which dropped sharply from SFY 2020 to SFY 2021 (29 percent to 21 percent) but then increased in SFY 2022 (up to 28 percent). As would be expected, this pattern was similar for the adolescent population of interest. Rates for individuals ages 45 to 64 and those with Classic, Non-Disabled or Disabled Medicaid coverage types were another exception; rates for these groups were stable across the years. The magnitude of rate changes from SFY 2020 to SFY 2022 also varied. The largest treatment rate decreases (by 4 to 6 percentage points) occurred among the following groups: individuals ages 18 to 34, Asians, those with New Adult Medicaid coverage, pregnant and postpartum individuals, individuals involved with the criminal legal system, or those experiencing homelessness or housing instability.

Individuals ages 25 to 44 had the highest SUD treatment rates (43 to 45 percent in SFY 2022), while younger and older individuals had much lower rates (ranging between 23 and 35 percent in SFY 2022). Among race/ethnicity breakouts, individuals who identified as Black or African American had the lowest SUD treatment rates across all three years (this was 32 percent in SFY 2022), while those who identified as American Indian or Alaska Native had the highest SUD treatment rates (41 percent in SFY 2022). There were not large differences in SUD treatment rates by gender. Individuals with Disabled Medicaid coverage had lower rates by 8 to 9 percentage points in SFY 2022 compared to other Medicaid coverage types. Among populations of interest, individuals involved in the criminal legal system had the highest SUD treatment rates (51 percent in SFY 2022) while TAYA and adolescents experienced the lowest rates (23 and 30 percent, respectively, in SFY 2022).

Regional variation was also present, even though the variation was generally consistent across time. The North Central and Greater Columbia IMC regions had the lowest treatment rates across the three measurement years, whereas the Great Rivers and North Sound regions had the highest treatment rates. This likely reflects regional differences in treatment availability and accessibility.

TABLE 1.

Substance Use Disorder Treatment Rates by Demographics and Year

Among Medicaid beneficiaries (SFY 2020–2022)

	SFY 2020		SFY 2021		SFY 2022	
	Number with Treatment Need	Percent Who Received Treatment	Number with Treatment Need	Percent Who Received Treatment	Number with Treatment Need	Percent Who Received Treatment
Statewide	**56,754**	**39%**	**61,203**	**38%**	**61,129**	**37%**
Age						
13 to 17	1,873	29%	1,111	21%	1,482	28%
18 to 24	4,102	28%	4,033	24%	3,826	23%
25 to 34	19,640	49%	20,905	46%	19,502	43%
35 to 44	16,095	47%	18,673	46%	19,459	45%
45 to 54	8,892	35%	9,803	36%	10,053	35%
55 to 64	6,152	26%	6,678	27%	6,807	27%
Race/Ethnicity						
American Indian or Alaskan Native	9,292	43%	9,865	42%	9,728	41%
Asian	2,040	38%	2,205	36%	2,184	34%
Black or African American	5,443	34%	5,767	32%	5,754	32%
Hispanic/Latino(a)	7,201	36%	7,742	34%	8,073	34%
Native Hawaiian or Pacific Islander	1,503	37%	1,683	35%	1,721	34%
White, Non-Hispanic	35,408	41%	38,364	40%	37,967	39%
Gender						
Female	26,805	39%	28,468	38%	28,295	37%
Male	29,949	40%	32,735	39%	32,834	38%
Medicaid Coverage Type						
Classic, Non-Disabled	12,138	40%	11,912	38%	12,085	39%
Disabled	8,012	30%	8,156	31%	7,583	30%
New Adult	36,604	42%	41,135	40%	41,461	38%
Populations of Interest						
Pregnant and Postpartum Individuals	3,821	38%	3,948	38%	3,487	34%
Adolescents (Ages 13 to 18)	2,644	26%	2,223	19%	3,082	23%
TAYA (Ages 16 to 25)	6,491	32%	8,068	30%	9,102	30%
Criminal Legal System-Involved Persons	15,015	57%	11,337	53%	10,645	51%
Individuals Experiencing Homelessness	22,190	50%	21,237	46%	20,138	44%
Individuals with Unstable Housing	14,440	51%	13,241	48%	11,415	46%
IMC Regions						
Great Rivers	4,535	43%	4,779	42%	4,841	42%
Greater Columbia	5,823	34%	6,267	34%	6,549	35%
King	10,801	39%	11,816	38%	11,432	36%
North Central	1,944	31%	2,123	30%	2,197	30%
North Sound	10,179	45%	11,089	44%	10,930	42%
Pierce	6,836	37%	7,097	35%	7,133	35%
Salish	3,187	40%	3,661	41%	3,652	40%
Southwest	3,317	38%	3,487	36%	3,542	36%
Spokane	7,078	40%	7,626	39%	7,597	37%
Thurston-Mason	3,053	41%	3,257	38%	3,256	38%

Opioid Use Disorder Treatment Rates. The statewide OUD treatment rate remained stable in SFY 2020–2022. As with the SUD treatment rate, there was an increase in the number of individuals with an identified OUD treatment need (the denominator) and a smaller increase in the number of individuals who received a qualifying service (the numerator).

As expected, OUD treatment rates also varied across demographics and by IMC regions (See Table 2). Regarding trends across years, whether treatment rates generally increased, decreased or stayed the same varied greatly. For example, treatment rates for individuals ages 25 to 34 decreased by 5 percentage points while rates among those who were 35 and older increased by 1 to 4 percentage points from SFY 2020 to SFY 2022. OUD treatment rates for adolescents had a steep increase, by 16 percentage points. Treatment rates in about half of the regions were increased while the other half had decreased rates over this time period.

Individuals ages 25 to 44 had the highest OUD treatment rates (between 58 and 61 percent in SFY 2022), while the youngest and oldest individuals had the lowest OUD treatment rates. It is important to note that many forms of MOUD (a key type of qualifying treatment service) have varying restrictions for prescribing to those under the age of 18, leading to a much lower treatment rate for the youngest age group. Among race/ethnicity breakouts, individuals who identified as Black or African American had the lowest OUD treatment rates across years (45 percent in SFY 2022), while those who identified as White, Non-Hispanic had the highest OUD treatment rates (57 percent in SFY 2022). As with SUD rates, there were not large differences in OUD treatment rates by gender. Also, individuals with the Disabled Medicaid coverage had lower rates by 10 to 15 percentage points compared to other Medicaid coverage types in SFY 2022, a larger difference than observed for SUD rates. Among populations of interest, pregnant and postpartum individuals had the highest OUD treatment rates in SFY 2022 (61 percent). Individuals experiencing homelessness and unstable housing had the next highest treatment rates among populations of interest (54 percent vs. 56 percent, respectively, in SFY 2022).

Among IMC regions, North Central and Pierce had the lowest OUD treatment rates as of SFY 2022, with North Sound and Great Rivers having the highest OUD treatment rates. As with the SUD treatment rates, this likely reflects regional variation in the availability and accessibility of OUD treatment options.

TABLE 2.
Opioid Use Disorder Treatment Rates by Demographics and Year
Among Medicaid beneficiaries (SFY 2020–2022)

	SFY 2020		SFY 2021		SFY 2022	
	Number with Treatment Need	Percent Who Received Treatment	Number with Treatment Need	Percent Who Received Treatment	Number with Treatment Need	Percent Who Received Treatment
Statewide	**31,876**	**55%**	**35,398**	**55%**	**36,007**	**55%**
Age						
13 to 17	**	6%	**	12%	**	12%
18 to 24	**	48%	**	45%	**	45%
25 to 34	12,517	63%	13,178	60%	13,178	60%
35 to 44	9,882	60%	11,826	60%	11,826	60%
45 to 54	4,684	49%	5,249	50%	5,249	50%
55 to 64	3,241	39%	3,594	41%	3,594	41%
Race/Ethnicity						
American Indian or Alaskan Native	5,233	55%	5,693	54%	5,741	53%
Asian	1,039	53%	1,166	52%	1,221	53%

	SFY 2020		SFY 2021		SFY 2022	
	Number with Treatment Need	Percent Who Received Treatment	Number with Treatment Need	Percent Who Received Treatment	Number with Treatment Need	Percent Who Received Treatment
Statewide	**31,876**	**55%**	**35,398**	**55%**	**36,007**	**55%**
Black or African American	2,335	45%	2,627	45%	2,653	45%
Hispanic/Latino(a)	3,101	52%	3,626	52%	3,847	52%
Native Hawaiian or Pacific Islander	747	53%	849	51%	886	51%
White, Non-Hispanic	21,421	57%	23,693	57%	23,952	57%
Gender						
Female	16,132	54%	17,555	55%	17,629	55%
Male	15,744	56%	17,843	55%	18,378	55%
Medicaid Coverage Type						
Classic, Non-Disabled	6,307	60%	6,782	60%	6,798	60%
Disabled	4,646	42%	4,759	43%	4,720	45%
New Adult	20,923	58%	23,857	56%	24,489	56%
Populations of Interest						
Pregnant and Postpartum Individuals	2,224	59%	2,267	61%	2,102	61%
Adolescents (Ages 13 to 18)	119	17%	288	27%	534	33%
TAYA (Ages 16 to 25)	2,876	52%	3,712	50%	4,250	50%
Criminal Legal System-Involved Persons	8,064	59%	5,798	54%	5,426	50%
Individuals Experiencing Homelessness	13,584	60%	13,582	56%	13,206	54%
Individuals with Unstable Housing	8,623	61%	8,247	57%	7,288	56%
IMC Regions						
Great Rivers	2,575	59%	2,740	58%	2,925	60%
Greater Columbia	2,782	52%	3,204	53%	3,328	54%
King	6,190	54%	6,814	54%	6,904	53%
North Central	846	46%	1,038	47%	1,107	48%
North Sound	6,660	61%	7,221	58%	7,244	58%
Pierce	3,841	51%	4,165	50%	4,244	52%
Salish	1,675	47%	2,011	52%	2,018	53%
Southwest	1,584	55%	1,798	54%	1,820	54%
Spokane	4,163	57%	4,631	58%	4,627	56%
Thurston-Mason	1,560	56%	1,776	56%	1,790	55%

** suppressed due to small numbers (n<11) and/or secondary suppression

Mental Health Treatment Rates. The statewide MH treatment rate decreased from 54 percent in SFY 2020 to 52 percent in SFY 2022 (Table 3). However, it also had the greatest increase in the number of individuals with an identified treatment need (over 38,000 individuals). As with both the SUD and OUD treatment rates, this points to a potential gap in treatment availability across the behavioral health system that was likely exacerbated by the COVID-19 PHE.

MH treatment rates varied across demographics and by IMC regions (see Table 3). Regarding trends across years, most demographic categories and regions followed statewide trends and had a slight decrease in treatment rates from SFY 2020 to SFY 2022. Exceptions included rate trends among individuals ages 13 to 17 where rates increased by two percentages points by SFY 2022; and steady rates among individuals identifying as Hispanic/Latino(a), those with Classic, Non-disabled Medicaid, pregnant and postpartum individuals and adolescents. Greater Columbia and Pierce IMC regions also had steady MH treatment rates. The largest decrease in rates over time occurred among individuals

experiencing homelessness and housing instability, a decrease of 7 percentage points from SFY 2020 to SFY 2022.

Unlike that observed for SUD and OUD treatment rates, the MH treatment rate was highest, across all demographic categories examined, for the youngest Medicaid beneficiaries (66 percent in SFY 2022). Among age groups, treatment rates decreased with age in SFY 2022 with only 40 percent of those with a treatment need receiving treatment among those ages 55 to 64. MH treatment rates varied slightly by race/ethnicity, with those who identified as American Indian or Alaska Native having the highest rates of MH treatment in SFY 2022 (53 percent). Those who identified as Asian had the lowest rates of MH treatment (50 percent). MH treatment rates were higher among females than males (53 vs. 49 percent in SFY 2022). Unlike that observed for SUD and OUD, individuals with New Adult Medicaid coverage had the lowest MH treatment rates, 8 to 11 percentage points lower than other Medicaid coverage categories in SFY 2022. Among the populations of interest, the lowest MH treatment rates were observed among individuals experiencing homelessness and unstable housing (47 and 50 percent, respectively, in SFY 2022).

When looking at regional variation, the variability of MH treatment rates is smaller compared to the variation in SUD and OUD treatment rates. North Central and Pierce IMC regions had the lowest MH treatment rates and, by SFY 2022, Salish and Spokane IMC regions had the highest MH treatment rates.

TABLE 3.
Mental Health Treatment Rates by Demographics and Year
Among Medicaid beneficiaries (SFY 2020–2022)

	SFY 2020		SFY 2021		SFY 2022	
	Number with Treatment Need	Percent Who Received Treatment	Number with Treatment Need	Percent Who Received Treatment	Number with Treatment Need	Percent Who Received Treatment
Statewide	**201,362**	**53%**	**230,122**	**53%**	**239,920**	**52%**
Age						
13 to 17	35,980	64%	39,536	64%	44,654	66%
18 to 24	28,209	55%	35,252	56%	37,033	54%
25 to 34	46,583	56%	55,085	55%	56,896	53%
35 to 44	36,979	53%	42,862	52%	44,462	50%
45 to 54	27,952	49%	30,227	48%	30,065	46%
55 to 64	25,659	43%	27,160	42%	26,810	40%
Race/Ethnicity						
American Indian or Alaskan Native	21,798	55%	23,429	54%	24,197	53%
Asian	10,707	52%	13,479	53%	13,875	50%
Black or African American	20,424	54%	23,330	53%	24,417	52%
Hispanic/Latino(a)	35,641	52%	42,603	52%	47,238	52%
Native Hawaiian or Pacific Islander	6,432	52%	7,747	52%	8,317	51%
White, Non-Hispanic	119,395	54%	134,194	53%	136,746	52%
Gender						
Female	123,246	54%	144,216	55%	150,960	53%
Male	78,116	52%	85,906	50%	88,960	49%
Medicaid Coverage Type						
Classic, Non-Disabled	66,999	58%	76,032	58%	81,666	58%
Disabled	39,991	56%	39,157	56%	37,394	55%
New Adult	94,372	50%	114,933	49%	120,860	47%

	SFY 2020		SFY 2021		SFY 2022	
	Number with Treatment Need	Percent Who Received Treatment	Number with Treatment Need	Percent Who Received Treatment	Number with Treatment Need	Percent Who Received Treatment
Statewide	**201,362**	**53%**	**230,122**	**53%**	**239,920**	**52%**
Populations of Interest						
Pregnant and Postpartum Individuals	11,490	53%	14,019	55%	13,952	53%
Adolescents (Ages 13 to 18)	45,627	62%	56,106	61%	67,101	62%
TAYA (Ages 16 to 25)	35,448	55%	49,646	56%	57,964	54%
Criminal Legal System-Involved Persons	15,420	58%	11,686	56%	11,011	55%
Individuals Experiencing Homelessness	29,785	54%	26,869	49%	25,310	47%
Individuals with Unstable Housing	21,762	57%	18,618	52%	15,858	50%
IMC Regions						
Great Rivers	13,986	55%	14,197	51%	14,661	52%
Greater Columbia	24,261	53%	27,670	53%	29,883	53%
King	38,480	53%	46,608	54%	48,119	52%
North Central	8,830	49%	9,869	49%	10,527	48%
North Sound	30,201	53%	34,889	52%	36,229	51%
Pierce	23,499	50%	27,121	51%	28,465	50%
Salish	11,591	57%	12,550	54%	12,815	54%
Southwest	13,257	53%	15,345	52%	15,876	51%
Spokane	26,080	55%	29,774	56%	31,141	54%
Thurston-Mason	11,169	56%	12,082	53%	12,187	52%

Summary

Overall, these descriptive analyses highlight the current variability in treatment rates among Medicaid beneficiaries. Use of SUD, OUD, and MH treatment services have remained relatively stable with a slight downward trend for SUD and MH treatment rates around the start of the COVID-19 PHE. This downward trend was observed across most counties and regions. Variability in treatment rate is also seen among populations of interest and treatment types. For example, Adolescents saw rates of MH and SUD treatment remain stable (except for the SUD treatment rate drop in SFY 2021 that rebounded in SFY 2022) but had large increases in use of OUD treatment. This continues the trend for adolescents seen in the previous state assessment SFY 2017–2019. The increase in OUD treatment is likely due to changes to prescription guidelines that increase access to MOUD therapies for adolescent populations. SUD treatment rates for pregnant and postpartum individuals decreased over time and were relatively low compared to increasing or stable OUD and MH treatment rates for this population. Beneficiaries experiencing criminal legal involvement, homelessness, and unstable housing saw the steepest declines in treatment rates across SUD, OUD and MH treatments.

It is important to note that this report does not include those Medicaid beneficiaries who are dually eligible for Medicare and Medicaid or those Medicaid beneficiaries who did not meet the minimum eligibility requirements for inclusion in the analytical sample. These populations may have different rates of SUD/OUD diagnoses and treatment use. Additionally, it is important to consider that not all Medicaid-eligible individuals with an SUD or OUD treatment need will be enrolled in Medicaid or will have interacted with the healthcare system in a way that their need for services is known.

TABLE A1.

Substance Use Disorder Treatment Rates by County and Year

Among Medicaid beneficiaries (SFY 2020–2022)

	SFY 2020			SFY 2021			SFY 2022		
	Number	Denominator	Percent	Number	Denominator	Percent	Number	Denominator	Percent
Statewide	**22,134**	**56,754**	**39%**	**23,257**	**61,203**	**38%**	**22,618**	**61,129**	**37%**
Adams	19	79	24%	16	75	21%	19	79	24%
Asotin	98	315	31%	126	378	33%	115	357	32%
Benton	605	1,565	39%	647	1,717	38%	697	1,813	38%
Chelan	213	622	34%	203	652	31%	225	692	32%
Clallam	569	1,182	48%	630	1,300	48%	507	1,162	44%
Clark	1,198	3,078	39%	1,177	3,242	36%	1,205	3,311	36%
Columbia	**	**	25%	**	**	24%	**	**	24%
Cowlitz	797	1,762	45%	810	1,855	44%	829	1,854	45%
Douglas	111	314	35%	105	329	32%	110	336	33%
Ferry	26	81	32%	29	89	32%	23	81	29%
Franklin	155	493	31%	136	480	28%	146	511	29%
Garfield	**	**	33%	**	**	34%	**	**	26%
Grant	169	614	27%	188	681	28%	184	695	26%
Grays Harbor	728	1,530	48%	701	1,540	46%	791	1,639	48%
Island	169	442	38%	168	474	35%	153	441	35%
Jefferson	88	250	35%	97	279	35%	101	299	34%
King	4,198	10,806	39%	4,495	11,819	38%	4,101	11,436	36%
Kitsap	628	1,754	36%	792	2,082	38%	850	2,192	39%
Kittitas	90	281	32%	107	327	33%	130	368	35%
Klickitat	44	162	27%	43	164	26%	40	156	25%
Lewis	327	902	36%	378	1,009	37%	354	1,010	35%
Lincoln	11	44	25%	19	61	31%	15	60	25%
Mason	335	807	41%	368	900	41%	382	915	42%
Okanogan	119	396	30%	143	462	31%	143	470	31%
Pacific	112	299	37%	123	326	38%	101	297	34%
Pend Oreille	50	162	31%	58	183	32%	50	167	30%
Pierce	2,562	6,838	37%	2,484	7,102	35%	2,478	7,136	35%
San Juan	21	70	30%	37	97	38%	46	112	41%
Skagit	557	1,291	43%	556	1,368	41%	536	1,329	40%
Skamania	26	79	33%	26	82	32%	21	75	27%
Snohomish	2,927	6,286	47%	3,173	6,915	46%	2,960	6,771	44%
Spokane	2,607	6,224	42%	2,725	6,735	40%	2,533	6,679	38%
Stevens	178	488	36%	163	484	34%	190	533	36%
Thurston	916	2,247	41%	883	2,356	37%	847	2,340	36%
Wahkiakum	12	40	31%	19	49	39%	13	40	33%
Walla Walla	175	503	35%	177	524	34%	176	524	34%
Whatcom	916	2,085	44%	936	2,232	42%	942	2,273	41%
Whitman	41	137	30%	50	157	32%	57	178	32%
Yakima	829	2,477	33%	885	2,618	34%	957	2,742	35%

** Suppressed due to small numbers (n<11)

TABLE A2.
Opioid Use Disorder Treatment Rates by County and Year
Among Medicaid beneficiaries (SFY 2020–2022)

	SFY 2020			SFY 2021			SFY 2022		
	Number	Denominator	Percent	Number	Denominator	Percent	Number	Denominator	Percent
Statewide	**17,532**	**31,876**	**55%**	**19,469**	**35,398**	**55%**	**19,804**	**36,007**	**55%**
Adams	12	28	42%	16	33	48%	14	31	45%
Asotin	109	211	51%	134	241	56%	113	222	51%
Benton	453	823	55%	531	951	56%	591	1,024	58%
Chelan	125	261	48%	129	289	45%	153	321	48%
Clallam	378	691	55%	473	798	59%	434	753	58%
Clark	834	1,493	56%	944	1,701	56%	962	1,725	56%
Columbia	**	**	45%	**	**	47%	12	21	57%
Cowlitz	651	1,022	64%	676	1,102	61%	729	1,156	63%
Douglas	79	153	52%	83	171	49%	81	163	50%
Ferry	19	43	45%	21	46	46%	24	49	49%
Franklin	94	205	46%	107	221	49%	127	244	52%
Garfield	**	**	61%	**	**	48%	**	**	35%
Grant	95	242	39%	141	318	44%	159	347	46%
Grays Harbor	568	951	60%	580	984	59%	658	1,056	62%
Island	128	230	56%	127	248	51%	127	242	52%
Jefferson	64	133	48%	67	142	47%	67	138	48%
King	3,349	6,193	54%	3,687	6,815	54%	3,684	6,907	53%
Kitsap	352	851	41%	513	1,070	48%	568	1,127	50%
Kittitas	54	121	45%	68	149	46%	79	161	49%
Klickitat	26	59	44%	32	71	45%	24	63	38%
Lewis	226	445	51%	255	489	52%	291	538	54%
Lincoln	**	**	32%	**	**	37%	**	**	32%
Mason	266	473	56%	297	534	56%	302	536	56%
Okanogan	98	190	51%	140	261	54%	140	273	51%
Pacific	79	139	57%	75	143	53%	83	156	53%
Pend Oreille	31	72	44%	44	91	48%	38	84	45%
Pierce	1,956	3,843	51%	2,087	4,167	50%	2,192	4,246	52%
San Juan	17	37	47%	22	42	53%	42	63	67%
Skagit	479	812	59%	506	869	58%	508	870	58%
Skamania	12	32	38%	**	**	30%	**	**	32%
Snohomish	2,689	4,307	62%	2,903	4,775	61%	2,760	4,685	59%
Spokane	2,154	3,685	58%	2,397	4,101	58%	2,295	4,078	56%
Stevens	178	317	56%	186	340	55%	214	363	59%
Thurston	607	1,087	56%	702	1,243	56%	682	1,255	54%
Wahkiakum	11	19	56%	13	22	61%	**	**	52%
Walla Walla	140	276	51%	175	330	53%	190	331	57%
Whatcom	735	1,270	58%	672	1,285	52%	759	1,381	55%
Whitman	32	64	50%	40	79	50%	50	95	52%
Yakima	555	1,056	53%	626	1,199	52%	648	1,221	53%

** Suppressed due to small numbers (n<11)

RDA

TABLE A3.

Mental Health Treatment Rates by County and Year

Among Medicaid beneficiaries (SFY 2020–2022)

	SFY 2020			SFY 2021			SFY 2022		
	Number	Denominator	Percent	Number	Denominator	Percent	Number	Denominator	Percent
Statewide	**106,722**	**201,362**	**53%**	**121,965**	**230,122**	**53%**	**124,758**	**239,920**	**52%**
Adams	332	804	41%	206	551	37%	340	687	49%
Asotin	653	1,167	56%	766	1,346	57%	887	1,500	59%
Benton	3,468	6,214	56%	4,219	7,417	57%	4,723	8,279	57%
Chelan	1,263	2,426	52%	1,407	2,790	50%	1,494	3,013	50%
Clallam	1,807	3,138	58%	1,678	3,176	53%	1,791	3,288	54%
Clark	6,455	12,120	53%	7,403	14,112	52%	7,378	14,561	51%
Columbia	83	171	49%	91	192	47%	101	203	50%
Cowlitz	3,243	5,573	58%	2,977	5,581	53%	3,202	5,793	55%
Douglas	619	1,237	50%	725	1,457	50%	747	1,527	49%
Ferry	138	283	49%	160	323	50%	141	309	46%
Franklin	1,162	2,339	50%	1,758	3,145	56%	2,078	3,711	56%
Garfield	29	62	47%	42	83	51%	54	98	55%
Grant	1,819	3,704	49%	1,903	3,931	48%	2,137	4,313	50%
Grays Harbor	1,788	3,489	51%	1,698	3,569	48%	1,732	3,651	47%
Island	943	1,782	53%	1,061	2,033	52%	1,100	2,121	52%
Jefferson	629	1,113	57%	648	1,217	53%	620	1,206	51%
King	20,317	38,487	53%	25,172	46,615	54%	24,833	48,125	52%
Kitsap	4,148	7,343	56%	4,445	8,160	54%	4,505	8,325	54%
Kittitas	754	1,310	58%	825	1,465	56%	876	1,587	55%
Klickitat	390	768	51%	404	820	49%	430	880	49%
Lewis	2,174	3,877	56%	2,123	3,997	53%	2,139	4,089	52%
Lincoln	138	288	48%	184	366	50%	197	402	49%
Mason	1,369	2,534	54%	1,348	2,671	50%	1,304	2,660	49%
Okanogan	658	1,466	45%	767	1,689	45%	719	1,670	43%
Pacific	437	857	51%	377	846	45%	432	923	47%
Pend Oreille	273	569	48%	296	635	47%	263	601	44%
Pierce	11,809	23,506	50%	13,739	27,131	51%	14,195	28,469	50%
San Juan	199	380	52%	239	461	52%	236	479	49%
Skagit	2,237	4,175	54%	2,683	4,952	54%	2,471	4,882	51%
Skamania	197	374	53%	217	415	52%	233	439	53%
Snohomish	8,459	16,458	51%	9,674	19,085	51%	9,983	20,188	49%
Spokane	12,744	22,326	57%	14,869	25,940	57%	14,942	26,957	55%
Stevens	905	1,804	50%	1,001	1,962	51%	1,115	2,184	51%
Thurston	4,857	8,632	56%	5,116	9,410	54%	5,036	9,528	53%
Wahkiakum	104	193	54%	105	203	52%	103	203	51%
Walla Walla	1,068	2,025	53%	1,190	2,265	53%	1,272	2,403	53%
Whatcom	4,193	7,394	57%	4,600	8,351	55%	4,570	8,552	53%
Whitman	576	1,012	57%	668	1,189	56%	781	1,383	56%
Yakima	5,141	9,954	52%	5,187	10,554	49%	5,104	10,714	48%

STUDY POPULATION

Adults (ages 18-64 years) and Youth (ages 13-17 years) enrolled in Title XIX Medicaid via Fee-For-Service or a Managed Care Organization are the focus of these analyses. Medicaid beneficiaries with non-Medicaid primary health care coverage (also referred to as third-party liability) or who were dually eligible for Medicare and Medicaid were excluded from the analyses, as complete health care information may not be available for these individuals. Analyses were further restricted to individuals who met minimum Medicaid enrollment criteria (11 out of 12 months in the measurement year) to meet eligibility requirements for the treatment rates and the physical health outcome metrics.

Five populations of interest, as defined in the SUPPORT ACT planning grant, were also examined:

1. **Pregnant and postpartum individuals** are defined as the presence of any pregnancy or delivery related diagnosis code within the measurement year. To ensure consistency with current Medicaid eligibility definitions, postpartum is defined as the 60 days after a delivery. Individuals who had given birth within the last 60 days but did not have a pregnancy-or delivery-related diagnosis within the measurement year were included to capture the 60-day postpartum time period. For example, if an individual gave birth in June 2018, she would be included in the SFY 2018 population (pregnant) and the SFY 2019 population (postpartum).

2. **Adolescents** are defined as individuals ages 13 to 18 years old as of the last day of the measurement year.

3. **Transition Age Young Adults** are defined as individuals ages 16 to 25 years old as of the last day of the measurement year.

4. **Criminal legal system-involved persons** are defined as ever arrested in the measurement year. Arrests serve as a proxy for involvement with the legal system and are not intended to represent every individual who may be involved in the criminal legal system. Arrests are identified via the WASIS database that is maintained by the Washington State Patrol. The database is comprised of arrest charges for offenses resulting in fingerprint identification. The database provides a relatively complete record of felony and gross misdemeanor charges, but excludes some arrest charges for misdemeanor offenses that are not required to be reported.

5. **Individuals experiencing homelessness and/or housing instability** are defined as ever being homeless or homeless with housing in the measurement year. Housing status is identified using the DSHS Economic Services Administration's Automated Client Eligibility System (ACES) that is used by caseworkers to record information about client self-reported living arrangements and shelter expenses. Separate rates are reported for persons who are homeless and for those who are unstably housed.

Additional variables used in these analyses include:

- **Demographic characteristics** included age, gender, and race/ethnicity. Age is defined as of the last day of the measurement year. Gender is defined as male or female due to the limitations of state administrative data systems that generally allow for only two responses for gender, 'male' or 'female'. Race/ethnicity is self-reported and measured using a mutually inclusive approach. As such, an individual is included in all of the race/ethnicity categories that they self-reported. Medicaid coverage information included four different categories of Medicaid coverage: New Adults covered by Medicaid Expansion under the Affordable Care Act, Disabled Adults, "Classic" non-disabled Medicaid adults enrolled in coverage categories that existed prior to Medicaid Expansion, and Duals who are enrolled in both Medicaid and Medicare.

- **Regional attribution** was based on county of residence. Medicaid beneficiaries were attributed to the state, an integrated managed care (IMC) region, and a county based on their county of residence for the majority of the measurement year.
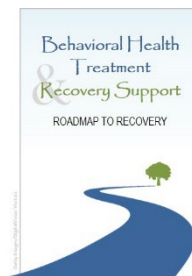
Treatment rates: Reported measures adhered to DSHS-RDA Specifications.

- **Substance Use Disorder Treatment rate:** The percentage of Medicaid beneficiaries with a substance use disorder treatment need identified within the measurement year and the year prior, who received at least one qualifying substance use disorder treatment during the measurement year. SUD treatment need is identified by the presence of any of the following in the identification window: diagnosis of a drug or alcohol use disorder in any health service event, receipt of brief intervention services, receipt of medically managed detox services, or receipt of inpatient/residential, outpatient, methadone, or other form of medication for opioid use disorder

- **Opioid Use Disorder Treatment rate:** The percentage of Medicaid beneficiaries with an opioid use disorder treatment need identified within the measurement year and the year prior, who received at least one qualifying opioid use disorder treatment during the measurement year. Need for OUD treatment is identified by the presence of any of the following within the identification window: diagnosis of an OUD in any health service event, receipt of methadone, or receipt of other form of medication for opioid use disorder.

- **Mental Health Treatment rate:** The percentage of Medicaid beneficiaries with a mental health treatment need identified within the measurement year and the year prior, who received at least one qualifying MH service during the measurement year. MH treatment need is identified by the presence of any of the following with the identification window: qualifying diagnosis of mental illness, receipt of any qualifying MH service, or receipt of any qualifying psychotropic medication.

DATA SOURCES

Data used in this report came from the integrated administrative data maintained in the Department of Social and Health Services Integrated Client Databases (ICDB). The ICDB contains data from several state administrative data systems, including the state's ProviderOne MMIS data system that contains Medicaid claims and encounter data.