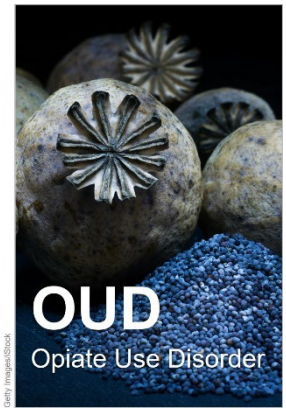

Opiate Use Disorder Prevalence and Outcomes for DSHS Clients in Washington State

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DRUG OVERDOSE deaths have surged in the United States since 2019, driven primarily by an increase in overdoses associated with synthetic opioids such as fentanyl.[i] The risk that an individual develops an opioid use disorder (OUD) that would increase their risk of overdose is related to biological, environmental, genetic, and psychosocial factors.[ii] Although OUD occurs in individuals from all socioeconomic backgrounds, OUD risk is related to poverty, and therefore related to factors that affect the distribution of income and wealth across communities, including but not limited to the impact of structural and interpersonal racism on socioeconomic outcomes.

This report examines OUD prevalence rates and the association between OUD and key social outcomes for Department of Social and Health Services (DSHS) clients aged 18 to 64 in State Fiscal Year (SFY) 2022. Outcomes are presented for persons served by the DSHS Aging and Long-term Support Administration (ALTSA), Behavioral Health Administration (BHA), Developmental Disabilities Administration (DDA), Economic Services Administration (ESA), and Division of Vocational Rehabilitation (DVR).

Key Findings

1. **OUD prevalence is relatively high among adults receiving BHA, ALTSA, or ESA services.** Compared to an overall OUD prevalence of 7 percent among Medicaid beneficiaries aged 18 to 64 in SFY 2022, OUD prevalence rates were 12 percent for ESA clients, 15 percent for ALTSA clients, and 23 percent for BHA clients.

2. **OUD prevalence rates are elevated among American Indian and Alaska Native DSHS clients.** In SFY 2022, OUD prevalence rates were 20 percent for American Indian and Alaska Native ESA clients aged 18 to 64, 23 percent for American Indian and Alaska Native ALTSA clients aged 18 to 64, and 36 percent for American Indian and Alaska Native BHA clients aged 18 to 64.

3. **Persons with OUD are more likely to be homeless or involved in the criminal legal system.** Rates of homelessness were very high for BHA and ESA clients with OUD, and arrest rates were particularly high for BHA clients with OUD.

4. **DSHS programs are taking a number of actions to mitigate the impact of OUD.** These actions include providing overdose rescue medications (Narcan) and screening, assessment, and referral to substance use disorder (SUD) treatment services delivered by community behavioral health providers funded through the Health Care Authority.

Study Design

This report examines the experiences of DSHS clients aged 18 to 64 in SFY 2022. Analyses are limited to persons meeting specific Medicaid coverage criteria to ensure sufficient data were available to identify OUD. These study inclusion criteria include:

- At least six months of full-benefit Medicaid coverage in SFY 2022, and
- No third-party or Medicare Advantage coverage in SFY 2022.

Persons with third-party coverage (e.g., commercial health insurance provided through their employer) or dually enrolled in Medicaid and a Medicare Advantage managed care plan were excluded due to the lack of access to complete health service data for those individuals.

Study populations were identified using the RDA Client Services Database. Note that data reported for the ESA client population includes persons receiving food or cash assistance or participating in the Housing and Essential Needs program and excludes adults receiving child support services only. Compared to ESA food and cash assistance program participants, a large proportion of persons receiving child support services only did not meet the health insurance coverage criteria for inclusion.

The BHA population included in this study reflects persons served at Eastern State Hospital (ESH), Western State Hospital (WSH), or the Child Study and Treatment Center (CSTC) who met the health insurance coverage inclusion criteria. Due federal law which prohibits states from using Medicaid to pay for care provided in "institutions for mental disease" (IMDs), which are psychiatric hospitals or other residential treatment facilities with more than 16 beds, it is important to note that the BHA study population includes only the subset of the ESH, WSH, and CSTC populations meeting our Medicaid coverage criterion.

OUD Prevalence Among DSHS Clients

OUD prevalence is measured using diagnosis information from health service encounters and long-term care assessment data over the 24-month period spanning SFY 2021 and SFY 2022. A two-year identification window is used to mitigate the underreporting that would be present in estimating OUD prevalence using only a single year of health service experience. OUD prevalence rates are reported in Figure 1 for both the overall adult population aged 18 to 64 and the subset of the population who are American Indian or Alaska Native, including persons identified as American Indian and Alaska Native alone or in combination with any other race or ethnicity.

OUD prevalence is relatively high among adults receiving BHA, ALTSA, or ESA services. Compared to an overall OUD prevalence rate of 7 percent among Medicaid beneficiaries aged 18 to 64 in SFY 2022, OUD prevalence rates were:

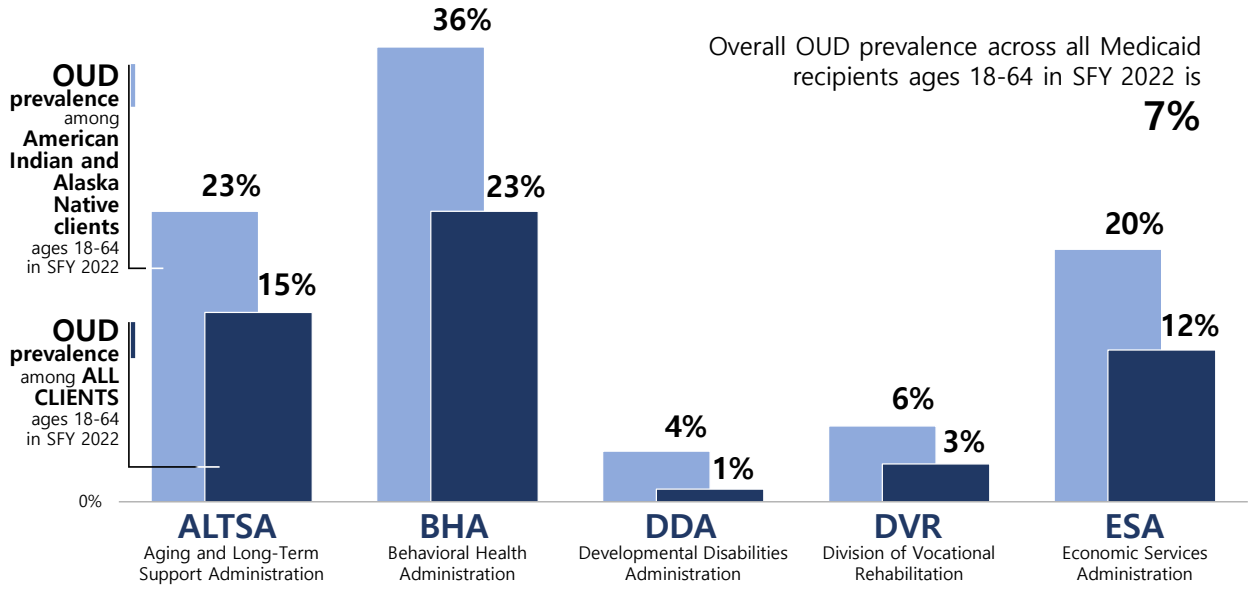
- 12 percent for ESA clients aged 18 to 64,
- 15 percent for ALTSA clients aged 18 to 64, and
- 23 percent for BHA clients aged 18 to 64.

Figure 1 also indicates that OUD prevalence rates are even more elevated among American Indian and Alaska native DSHS clients. In SFY 2022, OUD prevalence rates were:

- 20 percent for American Indian and Alaska Native ESA clients aged 18 to 64.
- 23 percent for American Indian and Alaska Native ALTSA clients aged 18 to 64.
- 36 percent for American Indian and Alaska Native BHA clients aged 18 to 64.

FIGURE 1.

OUD Prevalence Among Clients Ages 18–64 Served in SFY 2022, with Detail for American Indian and Alaska Natives



NOTES: Prevalence estimates are based on persons with at least 6 months of full-benefit Medicaid coverage in SFY 2022, excluding persons with third-party or Medicare Advantage coverage. ESA services exclude adults receiving child support services only. BHA clients include persons receiving civil or forensic inpatient services at Eastern State Hospital or Western State Hospital or Child Study and Treatment Center services. American Indian and Alaska Native population includes persons identified as American Indian and Alaska Native alone or in combination with any other race or ethnicity.

Homelessness and Criminal Legal System Involvement

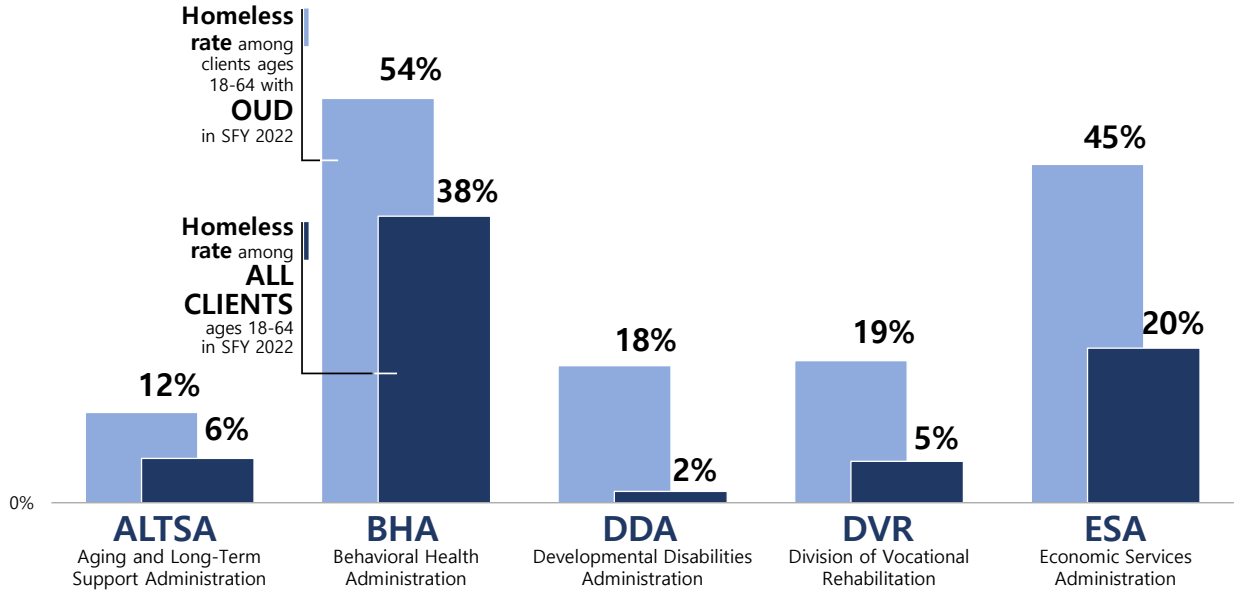
OUD is associated with increased risk of many adverse outcomes beyond the risk of overdose. Here we examine the relationship between OUD and the risk of homelessness or arrest. The performance metrics reported here were originally developed as required by the Washington State Legislature under Engrossed House Bill 1519 (Chapter 320, Laws of 2013) and Second Substitute Senate Bill 5732 (Chapter 338, Laws of 2013).[iii]

The numerator of the homeless rate includes persons who were homeless without housing for any part of SFY 2022, identified primarily based on data from address and living arrangement information contained in the Automated Client Eligibility (ACES) data system. The arrest rate reflects the proportion of the study population with at least one arrest in SFY 2022 as recorded in the Washington State Identification System (WASIS) arrest database 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.

Figure 2 indicates that DSHS clients with OUD are at increased risk of experiencing homelessness. Rates of homelessness were particularly elevated for adults with OUD served by BHA (54 percent) and ESA (45 percent). Figure 3 shows that across all DSHS program areas persons with OUD are at increased risk of experiencing an arrest. A significant proportion of the BHA study population consists of persons receiving forensic inpatient competency restoration services, so it is not surprising that we see elevated arrest rates for adults with OUD served by BHA (63 percent).

FIGURE 2.

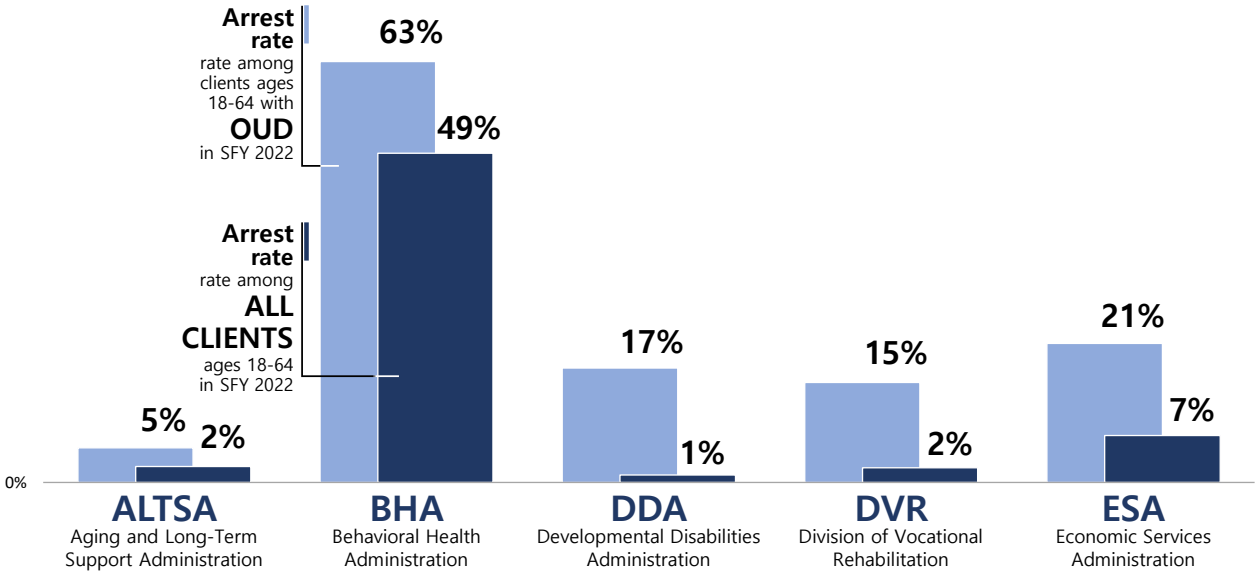
Homeless Rates Among Persons Ages 18-64 Receiving Services from ALTSA, BHA, DDA, DVR, or ESA in SFY 2022



NOTES: The homeless rate includes persons who were homeless without housing for any part of SFY 2022. OUD Prevalence estimates are based on persons with at least 6 months of full-benefit Medicaid coverage in SFY 2022, excluding persons with third-party or Medicare Advantage coverage. ESA services exclude adults receiving child support services only. BHA clients include persons receiving civil or forensic inpatient services at Eastern State Hospital or Western State Hospital or Child Study and Treatment Center services.

FIGURE 3.

Arrest Rate Among Persons Aged 18-64 Receiving Services from ALTSA, BHA, DDA, DVR, or ESA in SFY 2022



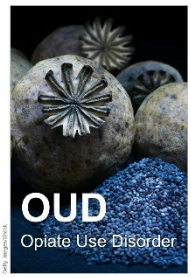
NOTES: Arrest rate numerator includes persons who were arrested at least once in SFY 2022 as recorded in the Washington State Identification System (WASIS) arrest database maintained by the Washington State Patrol. OUD Prevalence estimates are based on persons with at least 6 months of full-benefit Medicaid coverage in SFY 2022, excluding persons with third-party or Medicare Advantage coverage. ESA services exclude adults receiving child support services only. BHA clients include persons receiving civil or forensic inpatient services at Eastern State Hospital or Western State Hospital or Child Study and Treatment Center services.

DSHS Initiatives to Mitigate the Impact of OUD

DSHS programs have taken a number of actions to reduce the adverse effects OUD. The Economic Services Administration has made the opioid overdose rescue medication naloxone (Narcan) available in local community service offices (CSOs), and is partnering with law enforcement agencies to reduce substance use and overdose risk in CSO settings. CSO staff work to link clients with SUD to treatment resources. For TANF recipients, engagement in SUD treatment may be part of a person's individual responsibility plan. For participants in the Aged, Blind, or Disabled (ABD) program, screening for substance use is part of the program's intake criteria. If there is an indication of a substance use disorder, staff provide a referral for assistance. ABD recipients may be required to complete an SUD assessment or participate in treatment services as a condition of continued eligibility.

The Aging and Long-Term Support Administration screens and assesses care recipients for substance use. Case managers engage in person-centered discussions with care recipients regarding potential treatment options, and then work with other Medicaid delivery system partners, including managed care organizations, to assist individuals in accessing treatment. ALTSA administers the Fostering Well-Being (FWB) Program, a collaboration between DSHS, DCYF, and Tribal Governments. The FWB team screens foster children enrolled in fee-for-service coverage for physical and behavioral health needs, including screening for OUD. FWB makes culturally and community sensitive recommendations to DCYF and Tribal Courts for children in dependency proceedings. ALTSA administers the Kinship Caregiver Program, which provides support to children who may be in out-of-home placement due to issues arising from parental substance use.

The Behavioral Health Administration provides treatment for opioid use disorders for persons admitted to a state psychiatric hospital, including suboxone and methadone treatment modalities. The hospitals provide naloxone kits to at-risk patients at discharge, and refer discharged patients to SUD treatment programs in the community. In addition, Eastern State Hospital has developed a pain management program to mitigate risks associated with overuse of prescription opioids.



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[i] For recent national data, see https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/202205.htm.
[ii] Brat GA, Agniel D, Beam A, Yorkgitis B, Bicket M, Homer M, Fox KP, Knecht DB, McMahill-Walraven CN, Palmer N, Kohane I. Postsurgical prescriptions for opioid naive patients and association with overdose and misuse: retrospective cohort study. BMJ. 2018 Jan 17;360:j5790.
[iii] For more detail, see https://www.dshs.wa.gov/ffa/research-and-data-analysis/cross-system-outcome-measures-adults-enrolled-medicaid.