

Support Act §1003 Current State Assessment Report 1: Prevalence of Substance Use Disorder Diagnoses among Medicaid Beneficiaries

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Report to the Health Care Authority §1003 SUPPORT ACT Roadmap to Recovery Planning Grant Steering Committee Co-Chairs, Dr. Charissa Fotinos and Dr. Keri Waterland. The Section 1003 Roadmap to Recovery Project is funded by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$3,997,144 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

IN SEPTEMBER 2019, the Centers for Medicare and Medicaid Services (CMS) awarded the Washington State Health Care Authority (HCA) \$3.8 million under the §1003 SUPPORT ACT.¹ Under this Phase 1 Planning Grant, HCA is developing an implementation strategy for improving treatment and recovery services, including developing an alternative payment model for SUD treatment and recovery services.² An understanding of the current utilization of behavioral health treatment and recovery support services is crucial to identifying both strengths and gaps in the existing behavioral health system in Washington. A current state assessment was conducted 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. The SUPPORT ACT is primarily focused on the experience of all Medicaid beneficiaries with SUDs and opioid use disorders (OUDs). However, it also identifies target populations, such as pregnant and postpartum women, and persons experiencing homelessness, which are included as populations of interest in the current state assessment. The current state assessment consists of four reports, each addressing a core question about existing behavioral health treatment and recovery support services in Washington.

THIS REPORT:

- *What is the prevalence of substance use disorder and opioid use disorder among Medicaid beneficiaries? Does the prevalence vary across the Medicaid population?*

SUBSEQUENT REPORTS:

- *What is the treatment penetration rate for behavioral health treatment? Does the rate vary across the Medicaid population? (See Report 9.119-2)*
- *What types of substance use disorder treatment services are Medicaid beneficiaries using? Does treatment utilization vary across the Medicaid population? (See Report 9.119-3)*
- *How do physical health and social outcomes differ among Medicaid beneficiaries with different types of behavioral health treatment needs? (See Report 9.119-4)*

To identify the prevalence of SUD and OUD among Medicaid beneficiaries and describe how the prevalence of these diagnoses varies across the Medicaid population, we examined prevalence rates in State Fiscal Year (SFY) 2019. Prevalence rates are reported for the whole Medicaid population and by subpopulation (e.g. age, gender, race/ethnicity, target populations, region of residence).

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 More information about the SUPPORT ACT implementation in Washington can be found at: <https://www.hca.wa.gov/about-hca/apple-health-medicaid/support-act>.

Across populations, there are dramatic differences in prevalence of SUD and OUD diagnoses. For example, almost a quarter of SFY 2019 Medicaid beneficiaries ages 25 to 44 had an SUD or OUD diagnosis. Over half of Medicaid beneficiaries experiencing homelessness had an SUD diagnosis and two-thirds of Medicaid beneficiaries involved in the criminal justice system had an SUD diagnosis. Conversely, only 2 percent of Medicaid beneficiaries under the age of 17 had an SUD or OUD diagnosis in SFY 2019. Understanding how SUD and OUD diagnosis prevalence varies across the Medicaid population is critical for identifying areas within the behavioral health system with opportunities for improvements.

Data and Methods

To gain insight into how the prevalence of SUD and OUD diagnoses varies across populations and geography, we conducted retrospective, cross-sectional (by year) descriptive analyses using Washington State administrative data. All data were drawn from the Department of Social and Health Service's Integrated Client Database (ICDB). The ICDB contains data from several state administrative data systems, including the state's ProviderOne data system that contains Medicaid claims and encounter data.³

Adult (ages 18+) and child (ages 0-17) Medicaid beneficiaries, who had at least one month of Medicaid enrollment within the measurement year (SFY 2019), are the primary focus of these analyses. Medicaid beneficiaries with a non-Medicaid primary health care coverage (also referred to as third-party liability) were excluded from the analyses, as complete health care information may not be available for these individuals. Medicaid beneficiaries who were dually eligible for Medicaid and Medicare ("Duals") are included.

Medicaid beneficiaries with a SUD and/or OUD⁴ diagnosis are the primary focus of the SUPPORT ACT. To identify whether the Medicaid beneficiaries had any behavioral health diagnoses, we looked for any SUD or OUD diagnoses in the 12-month measurement year or the 12 months prior to the measurement year. OUD diagnoses are a subset of SUD diagnoses (all individuals with an OUD diagnosis will also be identified as having a SUD diagnosis in these analyses). Washington's SUPPORT ACT Phase 1 planning grant also identifies seven populations of interest:

- Pregnant and postpartum women
- Adolescents age 13 to 18
- Transition Age Young Adults (TAYA) age 16 to 25
- Persons who receive services at Syringe Services Programs
- American Indian and Alaska Natives (AI/AN)
- Justice system-involved persons
- Individuals experiencing homelessness or unstable housing

To protect client confidentiality, records of services provided at Syringe Services Programs are not captured in state administrative data systems. Thus, individuals who utilize Syringe Services Programs were not included as a specific target population in these analyses. 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 either homelessness or housing instability (e.g. couch surfing, living in vehicle). Additional information about how the target populations are defined is included in the Technical Notes section at the end of the report. Regional attribution was determined by the beneficiary's county of residence for the majority of the measurement year. Based on this attribution, Medicaid beneficiaries were also attributed to an Integrated Managed Care (IMC) region.

³ See, [DSHS Integrated Client Databases](#), DSHS Research and Data Analysis Division, Mancuso, March 2020.

⁴ Medicaid beneficiaries with OUD are a subset of Medicaid beneficiaries with SUD.

Prevalence of Substance Use Disorder Diagnoses among Medicaid Beneficiaries

As shown in Tables 1-3 below, the prevalence of SUD and OUD diagnoses is not evenly distributed throughout the Medicaid population. Table 1 highlights the differences in the distribution of Medicaid beneficiaries with an SUD diagnosis or an OUD diagnosis by age, race and ethnicity, gender, and Medicaid coverage type. Table 2 shows the geographic variation in SUD and OUD diagnosis prevalence across rural/urban regions, and Medicaid Integrated Managed Care (IMC) regions. Table 3 describes the variation in SUD and OUD diagnosis prevalence in SUPPORT ACT target populations. In each table, the general Medicaid population (including both those with and without SUD or OUD diagnoses) is included for comparison purposes.

In each table, the “Number” columns under each category of Medicaid beneficiaries shows the number of beneficiaries in that category in each demographic breakout group. The columns of percentages (in Medicaid Beneficiaries with SUD, and Medicaid Beneficiaries with OUD) are row percentages showing the percent of each demographic population that has the respective diagnosis type. For example, 2 percent of Medicaid beneficiaries age 17 and younger had an SUD diagnosis and less than 1 percent had an OUD diagnosis. Examining row percentages highlights the variability in prevalence of SUD and OUD diagnoses within breakout groups. For further details on the column percentages comparisons (the percent of individuals with a SUD or OUD diagnosis who fall into a specific breakout group), see Appendix Tables A1, A2, A3, and A4.

TABLE 1.

Rates of Substance Use Disorder or Opioid Use Disorder Diagnoses among Medicaid Beneficiaries

By Demographics, SFY 2019

Medicaid Beneficiaries with an Opioid Use Disorder Diagnosis					
Medicaid Beneficiaries with a Substance Use Disorder Diagnosis					
Medicaid Beneficiaries	NUMBER	PERCENT	NUMBER	PERCENT	
Population Size	1,299,540		150,142	12%	58,741 5%
Age					
17 and Younger	633,044		10,028	2%	607 <1%
18 to 24	119,002		14,768	12%	3,246 3%
25 to 34	165,804		39,414	24%	19,255 12%
35 to 44	126,913		31,793	25%	14,822 12%
45 to 54	103,966		26,009	25%	10,052 10%
55 to 64	108,168		23,168	21%	8,485 8%
65 to 74	23,607		3,781	16%	1,720 7%
75 and Older	19,036		1,181	6%	554 3%
Race/Ethnicity					
African American	108,738		12,752	12%	3,774 3%
American Indian or Alaskan Native	57,311		12,040	21%	5,236 9%
Asian American	64,014		2,367	4%	688 1%
Hispanic/Latino(a)	304,636		17,876	6%	4,999 2%
Native Hawaiian or Pacific Islander	42,237		2,201	5%	644 2%
Other	193,777		10,527	5%	2,783 1%
Unknown Race	93,420		2,994	3%	816 1%
White, Non-Hispanic	580,444		96,282	17%	41,338 7%

Medicaid Beneficiaries with an Opioid Use Disorder Diagnosis					
Medicaid Beneficiaries with a Substance Use Disorder Diagnosis					
Medicaid Beneficiaries					
	NUMBER	NUMBER	PERCENT	NUMBER	PERCENT
Gender					
Female	685,684	73,010	11%	30,911	5%
Male	613,853	77,131	13%	27,830	5%
Medicaid Coverage Type					
Classic, Non-Disabled	780,596	36,852	5%	12,069	2%
Disabled	114,677	29,041	25%	8,821	8%
New Adult	396,597	83,129	21%	34,049	9%
Dual (Medicaid and Medicare)	75,650	13,574	18%	6,092	8%

Age. Of all Medicaid beneficiaries are 17 years old or younger, only 2 percent of those beneficiaries have an SUD diagnosis, and less than 1 percent have an OUD diagnosis. A larger proportion of Medicaid beneficiaries in the three age categories ranging from 25 to 54 years old had SUD or OUD diagnoses (24 to 25 percent, and 10 to 12 percent, respectively). Prevalence of SUD and OUD diagnoses decreased somewhat among Medicaid beneficiaries aged 55 to 64 (21 percent and 8 percent, respectively), and further decreased for beneficiaries aged 65 to 74 (16 percent and 7 percent, respectively).

Race/Ethnicity. Individuals identifying as American Indian or Alaska Native, African American, or Non-Hispanic White have the highest rates of SUD diagnosis (17 percent, 21 percent and 12 percent, respectively). American Indian or Alaska Native, and Non-Hispanic White beneficiaries have a higher proportion of OUD diagnosis (9 percent and 7 percent, respectively). Medicaid beneficiaries who identify as Hispanic/Latino(a), Asian American, and/or Native Hawaiian/Pacific Islander have a lower proportion of SUD and OUD diagnoses.

Gender. Prevalence of SUD is slightly higher in males when compared to females (13 percent vs. 11 percent, respectively). However, the prevalence of OUD is 5 percent for both males and females (Table 1). Of the whole Medicaid population, 53 percent are female but of those with SUD diagnoses, 49 percent are female. Medicaid beneficiaries with OUD diagnoses have the same percentage of females as the whole Medicaid population, 53 percent (see Appendix Table A1).

Medicaid Coverage Type. The New Adult (Affordable Care Act expansion population), Disabled, and Dual (Medicaid and Medicare) Medicaid populations have substantially higher proportions of Medicaid beneficiaries with an SUD or OUD diagnosis compared to the Classic, Non-Disabled Medicaid population. SUD prevalence is highest in the Disabled Medicaid coverage group (25 percent), followed by New Adult (21 percent) and Dual (Medicaid and Medicare) (18 percent). OUD prevalence were 8 percent for Disabled and Dual (Medicaid and Medicare) populations, and 9 percent for New Adult beneficiaries (Table 1).

The New Adult population represents 31 percent of the whole Medicaid population, but represents 55 percent of those with an SUD diagnosis and 58 percent of those with an OUD diagnosis. Similarly, the Disabled coverage type population represents only 9 percent of the Medicaid population, but 19 and 17 percent of those with an SUD and OUD diagnosis, respectively (Appendix Table A1). Approximately 6 percent of the Medicaid population is dually enrolled in Medicaid and Medicare. However, 9 percent of those with an SUD diagnosis and 10 percent of those with an OUD diagnosis are dually enrolled in Medicaid and Medicare. In comparison, the Classic, Non-Disabled coverage population is 60 percent of the Medicaid population but only 25 and 21 percent, respectively, of the SUD and OUD diagnosis populations. SUD and OUD diagnosis prevalence also varies by geography. As shown in Table 2, diagnosis prevalence varies by urbanicity, as well as by Integrated Managed Care region.

TABLE 2.

Rates of Substance Use Disorder or Opioid Use Disorder Diagnoses among Medicaid Beneficiaries

By Geography, SFY 2019

Medicaid Beneficiaries with an Opioid Use Disorder Diagnosis					
Medicaid Beneficiaries with a Substance Use Disorder Diagnosis					
Medicaid Beneficiaries					
	NUMBER	NUMBER	PERCENT	NUMBER	PERCENT
Population Size	1,299,540	150,142	12%	58,741	5%
Urban/Rural					
Urban	779,205	91,219	12%	37,671	5%
Rural	519,355	58,827	11%	21,035	4%
Integrated Manage Care Region					
Great Rivers	69,261	9,719	14%	3,709	5%
Greater Columbia	178,668	16,280	9%	4,838	3%
King	267,630	28,474	11%	12,042	4%
North Central	65,890	5,990	9%	1,836	3%
North Sound	183,314	21,781	12%	10,154	6%
Pierce	149,069	17,254	12%	6,702	4%
Salish	56,353	7,747	14%	3,037	5%
Southwest	87,448	8,485	10%	2,901	3%
Spokane	136,935	16,871	12%	6,434	5%
Thurston-Mason	54,895	6,698	12%	2,490	5%
Unknown	50,077	10,843	22%	4,598	9%

Urban/Rural. The rate of SUD and OUD diagnosis is similar in urban and rural areas (12 percent and 11 percent, 5 percent and 4 percent, respectively) (Table 2). Urban areas have a higher proportion of total Medicaid beneficiaries, persons with SUD diagnoses, and persons with OUD diagnoses compared to rural areas. Two-thirds of Medicaid beneficiaries with an OUD diagnosis reside in urban areas, while 36 percent reside in rural areas (See Appendix Table A2).

Integrated Managed Care (IMC) Regions. SUD rates were highest in Salish and Great Rivers IMC regions (14 percent), and lowest in North Central and Greater Columbia Regions (9 percent). OUD rates were fairly consistent across the state, however were highest in North Sound (6 percent), and lowest in Southwest, North Central, and Greater Columbia regions (3 percent). SUD and OUD rates were highest for those beneficiaries with an unknown IMC region (22 percent and 9 percent, respectively) (Table 2). Medicaid beneficiaries assigned to an unknown IMC region may not have met the regional attribution requirements for multiple reasons, such as a change in county of residence and/or a gap in Medicaid coverage (see Technical Notes for more information).

In general, the proportion of Medicaid beneficiaries with SUD and OUD was consistent with the distribution of Medicaid beneficiaries across the IMC Regions; regions with more Medicaid beneficiaries tend to have more Medicaid beneficiaries with an SUD or OUD diagnosis (e.g. King and Pierce) and vice versa (e.g. Salish, Great Rivers, and Thurston-Mason). There are some notable exceptions, however. Both the Southwest and North Central regions tended to have fewer Medicaid beneficiaries with SUD and OUD diagnoses compared to their proportion of the total Medicaid population. The North Sound IMC Region has 14 percent of the Medicaid population, but 17 percent of Medicaid beneficiaries with an OUD diagnosis. Conversely, the Greater Columbia region has 14 percent of the Medicaid population, but only 8 percent of Medicaid beneficiaries with an OUD

diagnosis. A small proportion of the Medicaid beneficiaries included in the analysis did not meet the regional attribution requirements and are included in an “unknown” category. This “unknown” regional category represents 4 percent of the total Medicaid population, but 7 percent of those with an SUD diagnosis and 8 percent of those with an OUD diagnosis (Appendix Table A2 and A4).

Table 3 highlights the differences in SUD and OUD diagnoses among Medicaid beneficiaries in six of the seven SUPPORT ACT populations of interest: pregnant and/or postpartum women; adolescents; transition age young adults; American Indian/Alaskan Native; justice system-involved persons; and those experiencing homelessness (reported as two categories – homeless and unstably housed).

TABLE 3.

Rates of Substance Use Disorder or Opioid Use Disorder Diagnoses among Medicaid Beneficiaries

By Populations of Interest, SFY 2019

Medicaid Beneficiaries with an Opioid Use Disorder Diagnosis					
Medicaid Beneficiaries with a Substance Use Disorder Diagnosis					
Medicaid Beneficiaries					
	NUMBER	NUMBER	PERCENT	NUMBER	PERCENT
Population Size	1,299,540	150,142	12%	58,741	5%
Populations of Interest					
Pregnant and Postpartum Women	40,145	8,402	21%	3,091	8%
Adolescents (Age 13 to 18)	196,328	9,414	5%	532	<1%
TAYA (Age 16 to 25)	196,260	21,963	11%	4,547	2%
American Indian or Alaskan Native	57,311	12,044	21%	5,236	9%
Justice System-Involved Persons	44,698	28,573	64%	14,065	31%
Individuals Experiencing Homelessness	40,033	20,837	52%	10,424	26%
Individuals with Unstable Housing	99,517	41,818	42%	19,866	20%

Pregnant and Postpartum Women. Among Medicaid beneficiaries who were pregnant or postpartum during the measurement year. 21 percent of them have an SUD diagnosis, and 8 percent have an OUD diagnosis.

Adolescents (13 to 18 years Old). A small proportion of adolescents have an SUD diagnosis (5 percent) or OUD diagnosis (less than 1 percent). This is consistent with the reported age breakouts also shown in Table 1.

TAYA (16 to 25 Years Old). Eleven percent of the TAYA group have SUD diagnoses, and 2 percent have OUD diagnoses. It is important to note that while the TAYA population has a generally proportionate number of SUD diagnoses and a smaller proportion of OUD diagnoses, the proportion of SUD and OUD diagnoses increases dramatically for the 25-to 34-year-old population. While the 25-to 34-year-old population makes up 13 percent of the Medicaid population, 26 percent and 33 percent of those with an SUD or OUD diagnosis are ages 25-34 (see Appendix Table A1). Given that the proportions of SUD and OUD diagnoses increase dramatically in the next age category, the TAYA population could be a critical intervention point for decreasing the prevalence of SUD and OUD in the Medicaid population.

American Indian or Alaskan Native. As noted above, 21 percent of the American Indian/Alaskan Native Medicaid population have an SUD diagnoses, and 9 percent have an OUD diagnosis.

Justice System-Involved Persons. Almost two-thirds of Medicaid beneficiaries who are involved with the justice system have an SUD diagnosis (64 percent). One-third of justice-involved persons have an OUD diagnosis (31 percent).

Individuals Experiencing Homelessness or Housing Instability. A substantial proportion of those with an SUD or OUD diagnosis have experienced homelessness or housing instability in the past year. However, for those who were homeless, 52 percent had a SUD diagnosis, and 26 percent had an OUD diagnosis. For those experiencing housing instability, 42 percent had an SUD diagnosis, and 20 percent had an OUD diagnosis (Table 3). Of those with an SUD diagnosis, 14 percent were homeless while 28 percent were homeless or unstably housed. An even higher proportion of those with an OUD diagnosis experienced homelessness without housing (18 percent) while over a third experienced homelessness or housing instability (34 percent) (Appendix Table 3).

Summary

Overall, this descriptive analysis highlights the current variability in prevalence of substance use disorders and opioid use disorders among Medicaid beneficiaries. While some Medicaid populations have lower prevalence rates of SUD/ODD diagnoses (such as the Classic, Non-Disabled Medicaid population), other populations have much higher prevalence rates (such as pregnant/postpartum women, people who identify as American Indian or Alaska Native, individuals who are experiencing homelessness, and justice system involved persons). Prevalence also varies by geography, with rates of SUD or OUD diagnosis varying by IMC region.

The goal of the §1003 SUPPORT ACT is to develop a policy framework to guide the advancement of statewide, whole-person, integrated SUD/ODD treatment and recovery support services. Understanding the prevalence of Medicaid beneficiaries with behavioral health diagnoses (SUD/ODD) is critical to identifying opportunities for improvement. Reports 2 and 3 of the Current State Assessment explore variation in treatment penetration rates and treatment modality utilization of Medicaid beneficiaries with SUD or OUD diagnoses.

APPENDIX

TABLE A1.

Demographic Variation in Prevalence of SUD and OUD Diagnoses, SFY 2019

Medicaid Beneficiaries with an Opioid Use Disorder Diagnosis						
Medicaid Beneficiaries with a Substance Use Disorder Diagnosis						
Medicaid Beneficiaries						
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
Population Size	1,299,540	—	150,142	—	58,741	—
Age						
17 and Younger	633,044	49%	10,028	7%	607	1%
18 to 24	119,002	9%	14,768	10%	3,246	6%
25 to 34	165,804	13%	39,414	26%	19,255	33%
35 to 44	126,913	10%	31,793	21%	14,822	25%
45 to 54	103,966	8%	26,009	17%	10,052	17%
55 to 64	108,168	8%	23,168	15%	8,485	14%
65 to 74	23,607	2%	3,781	3%	1,720	3%
75 and Older	19,036	1%	1,181	<1%	554	<1%
Race/Ethnicity						
African American	108,738	8%	12,752	8%	3,774	6%
American Indian or Alaskan Native	57,311	4%	12,040	8%	5,236	9%
Asian American	64,014	5%	2,367	2%	688	1%
Hispanic/Latino(a)	304,636	23%	17,876	12%	4,999	9%
Native Hawaiian or Pacific Islander	42,237	3%	2,201	1%	644	1%
Other	193,777	15%	10,527	7%	2,783	5%
Unknown Race	93,420	7%	2,994	2%	816	1%
White, Non-Hispanic	580,444	45%	96,282	64%	41,338	70%
Gender						
Female	685,684	53%	73,010	49%	30,911	53%
Male	613,853	47%	77,131	51%	27,830	47%
Medicaid Coverage Type						
Classic, Non-Disabled	780,596	60%	36,852	25%	12,069	21%
Disabled	114,677	9%	29,041	19%	8,821	17%
New Adult	396,597	31%	83,129	55%	34,049	58%
Dual (Medicaid and Medicare)	75,650	6%	13,574	9%	6,092	10%

*Numbers represent column percentages, that is, the within-diagnosis distribution.

TABLE A2.

Geographic variation by Substance Use Disorder or Opioid Use Disorder Diagnoses among Medicaid Beneficiaries

By Geography, SFY 2019

Medicaid Beneficiaries with an Opioid Use Disorder Diagnosis							
Medicaid Beneficiaries with a Substance Use Disorder Diagnosis						NUMBER	PERCENT
Medicaid Beneficiaries		NUMBER	PERCENT	NUMBER	PERCENT		
Population Size		1,299,540	—	150,142	—	58,741	—
Urban/Rural							
Urban		779,205	60%	91,219	61%	37,671	64%
Rural		519,355	40%	58,827	39%	21,035	36%
Integrated Managed Care Region							
Great Rivers		69,261	5%	9,719	6%	3,709	6%
Greater Columbia		178,668	14%	16,280	11%	4,838	8%
King		267,630	21%	28,474	19%	12,042	21%
North Central		65,890	5%	5,990	4%	1,836	3%
North Sound		183,314	14%	21,781	15%	10,154	17%
Pierce		149,069	11%	17,254	11%	6,702	11%
Salish		56,353	4%	7,747	5%	3,037	5%
Southwest		87,448	7%	8,485	6%	2,901	5%
Spokane		136,935	11%	16,871	11%	6,434	11%
Thurston-Mason		54,895	4%	6,698	4%	2,490	4%
Unknown		50,077	4%	10,843	7%	4,598	8%

*Numbers represent column percentages, that is, the within-diagnosis distribution.

TABLE A3.

Substance Use Disorder or Opioid Use Disorder Diagnoses among Target Population Medicaid Beneficiaries

By Populations of Interest, SFY 2019

Medicaid Beneficiaries with an Opioid Use Disorder Diagnosis							
Medicaid Beneficiaries with a Substance Use Disorder Diagnosis						NUMBER	PERCENT
Medicaid Beneficiaries		NUMBER	PERCENT	NUMBER	PERCENT		
Population Size		1,299,540	—	150,142	—	58,741	—
Populations of Interest							
Pregnant and Postpartum Women		40,145	3%	8,402	6%	3,091	5%
Adolescents (Age 13 to 18)		196,328	15%	9,414	6%	532	1%
TAYA (Age 16 to 25)		196,260	15%	21,963	15%	4,547	8%
American Indian or Alaskan Native		57,311	4%	12,044	8%	5,236	9%
Justice System-Involved Persons		44,698	3%	28,573	19%	14,065	24%
Individuals Experiencing Homelessness		40,033	3%	20,837	14%	10,424	18%
Individuals with Unstable Housing		99,517	8%	41,818	28%	19,866	34%

*Numbers represent column percentages, that is, the within-diagnosis distribution.

TABLE A4.

Prevalence of SUD and OUD Diagnoses by County in SFY 2019

	Medicaid Beneficiaries with an Opioid Use Disorder Diagnosis					
	Medicaid Beneficiaries with a Substance Use Disorder Diagnosis					
	Medicaid Beneficiaries					
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
Washington State	1,299,540	—	150,142	—	58,741	—
Adams	7,320	1%	288	<1%	47	<1%
Asotin	4,936	<1%	997	1%	381	1%
Benton	39,795	3%	3,737	2%	1,445	2%
Chelan	17,286	1%	1,706	1%	575	1%
Clallam	15,159	1%	2,452	2%	1,148	2%
Clark	81,188	6%	7,669	5%	2,661	5%
Columbia	814	<1%	125	<1%	42	<1%
Cowlitz	25,659	2%	3,600	2%	1,446	2%
Douglas	8,838	1%	687	<1%	263	<1%
Ferry	1,672	<1%	253	<1%	81	<1%
Franklin	24,901	2%	1,291	1%	366	1%
Garfield	402	<1%	46	<1%	11	<1%
Grant	27,439	2%	2,224	1%	612	1%
Grays Harbor	19,416	1%	3,036	2%	1,339	2%
Island	9,876	1%	1,075	1%	328	<1%
Jefferson	5,255	<1%	656	<1%	249	1%
King	267,630	21%	28,474	19%	12,042	21%
Kitsap	35,939	3%	4,639	3%	1,640	3%
Kittitas	6,507	1%	743	<1%	232	<1%
Klickitat	4,648	<1%	584	<1%	153	<1%
Lewis	18,521	1%	2,222	1%	698	1%
Lincoln	2,208	<1%	146	<1%	55	<1%
Mason	13,445	1%	1,710	1%	693	1%
Okanogan	12,327	1%	1,373	1%	386	1%
Pacific	4,819	<1%	758	1%	201	<1%
Pend Oreille	3,154	<1%	432	<1%	129	<1%
Pierce	149,069	11%	17,254	11%	6,702	11%
San Juan	2,426	<1%	242	<1%	77	<1%
Skagit	24,501	2%	2,870	2%	1,277	2%
Skamania	1,612	<1%	232	<1%	87	<1%
Snohomish	108,458	8%	13,027	9%	6,415	11%
Spokane	112,142	9%	14,567	10%	5,672	10%
Stevens	10,439	1%	1,185	1%	450	1%
Thurston	41,450	3%	4,988	3%	1,797	3%
Wahkiakum	846	<1%	103	<1%	25	<1%
Walla Walla	11,951	1%	1,446	1%	511	1%
Whatcom	38,053	3%	4,567	3%	2,057	4%
Whitman	5,264	<1%	451	<1%	117	<1%
Yakima	84,098	6%	7,444	5%	1,733	3%
Unknown	50,077	4%	10,843	7%	4,598	8%

*Numbers represent column percentages, that is, the within-diagnosis distribution.

TECHNICAL NOTES

STUDY FUNDING

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STUDY POPULATION

Adult (age 18-64) and Youth (0-17) individuals enrolled in Title XIX Medicaid are the focus of these analyses. Medicaid beneficiaries with non-Medicaid primary health care coverage (also referred to as third-party liability) were excluded from the analyses, as complete health care information may not be available for these individuals. Analyses were further restricted to individuals who were enrolled in Medicaid for at least one month in the measurement year. This report focuses on individuals who have been diagnosed with substance use disorder (SUD) and/or opioid use disorder (OUD):

1. **Substance Use Disorder Diagnosis** is defined as the presence of an SUD diagnosis within the measurement year (SFY 2019) or the year prior to the measurement year (SFY 2018). Example SUD diagnoses include diagnoses related to alcohol, amphetamines (including methamphetamine), cocaine and other stimulants, heroin and other opioids (including synthetic opioids), and cannabis. It does not include diagnoses related to tobacco use disorder.
2. **Opioid Use Disorder Diagnosis** is defined as the presence of an OUD diagnosis within the measurement year (SFY 2019) or the year prior to the measurement year (SFY 2018). Example OUD diagnoses include diagnoses related to synthetic and non-synthetic opioids, such as heroin and fentanyl. OUD diagnoses are a subset of SUD diagnoses (all individuals with an OUD diagnosis will also be identified as having a SUD diagnosis).

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

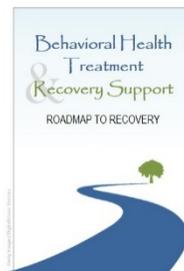
1. **Pregnant and postpartum women** are defined as the presence of any pregnancy- or delivery-related diagnosis code within the measurement year. To ensure consistency with current Medicaid eligibility definitions, postpartum is defined as the 60 days after a delivery. Women who had given birth within 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.
2. **Adolescents** are defined as individuals aged 13 to 18 years old as of the last day of the measurement year.
3. **Transition Age Young Adults** are individuals aged 16 to 25 years old as of the last day of the measurement year.
4. **American Indian/Alaskan Native** are self-identified by the individual through the DSHS Economic Service Administration's Automated Client Eligibility System (ACES) or when enrolling in Medicaid. Individuals who self-identify as only AI/AN as well as those who identify as AI/AN and another race/ethnicity are included.
5. **Justice system-involved persons** are defined as ever arrested in the measurement year. Arrests serve as a proxy for involvement with the justice system and are not intended to represent every individual who may be involved in the justice 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.
6. **Individuals experiencing homelessness and/or housing instability** are defined as ever being homeless without housing 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 unstably housed.

Additional variables used in these analyses include:

- **Demographic characteristics** included age, gender, and race/ethnicity. 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.

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. The ICDB allows for the examination of a broad set of measures across the following topics: access to care, quality of care, coordination of care, utilization of services, and social determinants of health.



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