

Support Act §1003 Current State Assessment

Report 2: Variations in Behavioral Health Treatment Penetration Rates

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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.

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?* (See Report 9.119-1)

THIS REPORT:

- *What is the treatment penetration rate for behavioral health treatment? Does the rate vary across the Medicaid population?*

SUBSEQUENT REPORTS:

- *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)

An overarching goal of the SUPPORT ACT is to enhance and expand access to SUD and OUD treatment across the state. To help identify potential gaps in treatment, this report examined treatment penetration rates for SUD and OUD treatment.

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>.

Mental health (MH) treatment penetration rates are included for comparison purposes. To identify how treatment penetration rates have changed over time, we examined rates from State Fiscal Year (SFY) 2017, 2018, and 2019. We also examined treatment penetration rates for Medicaid beneficiaries who have co-occurring SUD and MH treatment needs and co-occurring OUD and MH treatment needs in SFY 2019.

Results from these analyses show that overall, treatment penetration rates for SUD, OUD, and MH increased among Washington State Medicaid beneficiaries from SFY 2017 through SFY 2019. However, there was variability in treatment penetration rates across the state and among the SUPPORT ACT populations of interest evaluated (see below). Pregnant and postpartum women had the lowest MH treatment penetration rate, but the highest OUD treatment penetration rate; individuals with arrests in the measurement year had the highest SUD and second highest MH treatment penetration rates across all three measurement years. Treatment penetration rates also varied for individuals with co-occurring MH and SUD, and MH and OUD treatment needs.

Data and Methods

To understand how behavioral health treatment penetration rates differ for Washington State Medicaid beneficiaries, we conducted retrospective (by year), cross-sectional analyses of 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 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 13-64 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 penetration rate metrics. Medicaid beneficiaries with a SUD or OUD⁴ diagnosis are the primary focus of the SUPPORT ACT. 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 excluded 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.

Treatment Penetration Rates for Medicaid Beneficiaries with Behavioral Health Treatment Needs

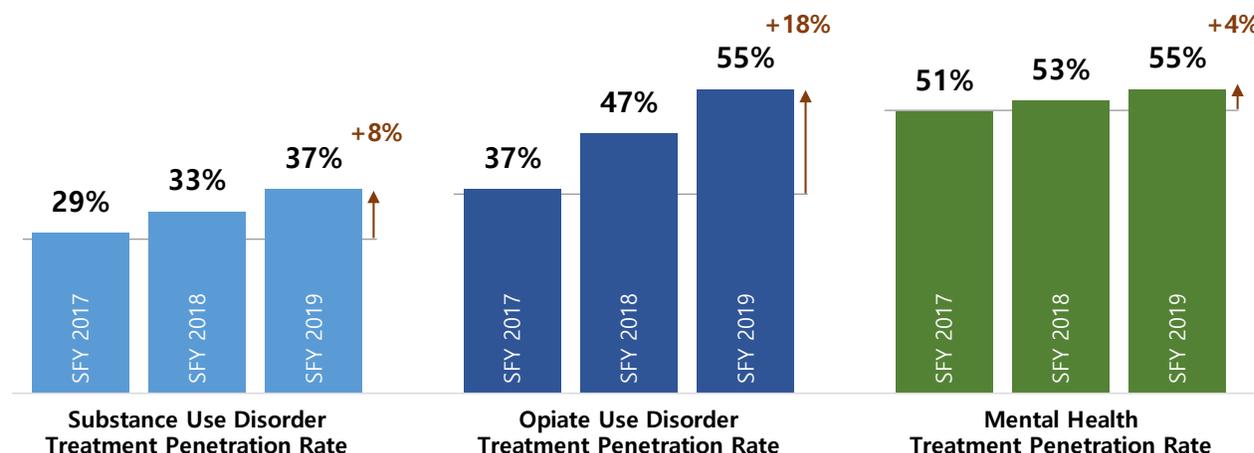
Treatment penetration rates are the percentage of individuals with an identified treatment need who also receive a qualifying treatment service (see Technical Notes section for additional information). Understanding current utilization of treatment services is critical to identifying potential gaps among 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, but understanding use of the current system can help establish appropriate baselines and/or potential goals for treatment rates.

- The **Substance Use Disorder Treatment Penetration 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 Penetration 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 Penetration 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.

As shown in Figure 1, treatment penetration rates for SUD and OUD increased among Washington State Medicaid beneficiaries in SFY 2017 through SFY 2019.

FIGURE 1.

Washington State Behavioral Health Treatment Penetration Rates



From SFY 2017 to SFY 2019, the OUD treatment penetration rate increased by almost 20 percentage points. This likely reflects the substantial expansion in the availability of pharmaceutical treatments for OUD in this time frame. The increase in Buprenorphine availability and changes in prescribing guidelines (removal of prescription time limits and increases in the number of prescriptions allowed) are associated with the increase in the OUD treatment penetration rate. While less dramatic than the OUD rate changes, SUD treatment penetration also increased over the three state fiscal years examined. MH treatment penetration rates had more modest increases compared to SUD and OUD penetration rates and increased by only 4 percent from SFY 2017 to SFY 2019.

Though the increases in treatment rates at the statewide level are encouraging, examining overall rates among Medicaid beneficiaries can obscure differences across geographies and between subgroups. To examine variability in treatment use across the state and among the populations of interest, the SUD, OUD, and MH treatment penetration rates for each integrated managed care region and target population are detailed in Tables 1 and 2 below. The treatment penetration rates for all Washington Medicaid beneficiaries are included for reference. Treatment penetration rates for SUD, OUD and MH diagnoses by Washington State Counties are included in Appendix Tables A1-A3.

TABLE 1.

Trends in Treatment Penetration Rates across Integrated Managed Care Regions
SFY 2017 – SFY 2019

	SFY 2017		SFY 2018		SFY 2019	
	Number with Treatment Need	Percent Who Received Treatment	Number with Treatment Need	Percent Who Received Treatment	Number with Treatment Need	Percent Who Received Treatment
Substance Use Disorder Treatment Penetration Rate						
<i>All Washington Medicaid Beneficiaries</i>	143,573	29%	136,216	33%	135,855	37%
Great Rivers	8,795	31%	8,315	37%	8,561	41%
Greater Columbia	15,116	25%	14,651	29%	14,551	32%
King	27,813	30%	26,298	34%	25,762	36%
North Central	5,378	23%	5,161	25%	5,120	28%
North Sound	20,208	34%	19,499	39%	19,848	42%
Pierce	16,818	24%	15,963	29%	15,968	33%
Salish	7,330	31%	6,624	35%	6,884	37%
Southwest	8,222	33%	7,567	37%	7,511	37%
Spokane	15,964	27%	15,125	30%	15,521	36%
Thurston-Mason	6,734	28%	6,207	33%	6,055	35%
Unknown	11,195	37%	10,806	40%	10,074	44%
Opioid Use Disorder Treatment Penetration Rate						
<i>All Washington Medicaid Beneficiaries</i>	49,307	37%	50,210	47%	52,471	55%
Great Rivers	2,894	35%	2,989	50%	3,236	61%
Greater Columbia	4,110	25%	4,269	37%	4,127	49%
King	10,285	44%	10,490	51%	10,796	55%
North Central	1,200	28%	1,384	40%	1,470	49%
North Sound	8,644	42%	8,597	52%	9,268	59%
Pierce	5,653	34%	5,698	44%	6,128	50%
Salish	2,436	27%	2,463	41%	2,651	50%
Southwest	2,284	27%	2,320	44%	2,401	54%
Spokane	5,302	38%	5,412	49%	5,908	59%
Thurston-Mason	2,109	36%	2,125	47%	2,214	56%
Unknown	4,390	35%	4,463	46%	4,272	56%
Mental Health Treatment Penetration Rate						
<i>All Washington Medicaid Beneficiaries</i>	425,823	51%	422,212	53%	426,379	55%
Great Rivers	25,187	52%	25,501	54%	26,237	56%
Greater Columbia	48,881	50%	49,119	54%	50,067	54%
King	81,470	52%	79,335	53%	78,434	54%
North Central	17,397	49%	17,720	51%	19,150	56%
North Sound	60,587	49%	60,471	53%	61,545	55%
Pierce	51,670	47%	49,932	49%	50,147	52%
Salish	21,134	53%	20,943	55%	21,313	57%
Southwest	28,360	51%	27,697	53%	27,523	54%
Spokane	48,854	53%	48,907	55%	50,398	57%
Thurston-Mason	19,161	51%	19,353	53%	19,862	55%
Unknown	23,122	57%	23,234	59%	21,703	61%

Substance Use Disorder Treatment Penetration Rate. Regional SUD treatment penetration rates increased by 4 to 10 percentage points from SFY 2017 to SFY 2019. North Central IMC region had the lowest SUD treatment penetration rates across all three years, but increased overall from 23 percent to 28 percent. North Sound IMC region had the highest SUD treatment penetration rates across all three years, from 34 percent to 42 percent. Great Rivers, Spokane and Pierce IMC regions had the largest increases from SFY 2017 to SFY 2019 (9 to 10 percentage points). Southwest and North Central IMC regions had the smallest increases (4 to 5 percentage points).

Opioid Use Disorder Treatment Penetration Rate. Increases in regional OUD treatment penetration rates increased ranging from 11 percentage points to 27 percentage points. King County IMC had the highest OUD treatment penetration rate in SFY 2017 (44 percent), but had the lowest percentage point increase in OUD treatment rates (up 11 percentage points to 55 percent). Conversely, Greater Columbia IMC had the lowest OUD treatment penetration rate in SFY 2017 (25 percent), and had the second highest percentage point increase in OUD treatment (up 24 percentage points to 49 percent). Great Rivers IMC had the greatest percentage point increase in OUD treatment, up 26 percentage points from 35 percent to 61 percent, which was the highest regional OUD treatment penetration rate.

Mental Health Treatment Penetration Rate. Of the three treatment penetration rates, the MH rate had the smallest increases between SFY 2017 and SFY 2019. While all IMC regions did increase their MH treatment penetration rate, the increases ranged from 2 to 7 percentage points. King County IMC had the smallest increase of 2 percentage points from 52 to 54 percent. North Sound and North Central IMC regions had the largest increases, 6 to 7 percentage points. Spokane and Salish IMC regions had the highest MH treatment penetration rate across all three years. Pierce County IMC had the lowest MH treatment penetration rate across all three fiscal years examined in these analyses.

Table 2 shows that treatment penetration rates also varied considerably by populations of interest, with some populations having increases in treatment penetration and others seeing little or no increase across years.

TABLE 2.

**Trends in Treatment Penetration Rates among SUPPORT ACT Populations of Interest
SFY 2017 – SFY 2019**

	SFY 2017		SFY 2018		SFY 2019	
	Number with Treatment Need	Percent Who Received Treatment	Number with Treatment Need	Percent Who Received Treatment	Number with Treatment Need	Percent Who Received Treatment
Substance Use Disorder Treatment Penetration Rate						
<i>All Washington Medicaid Beneficiaries</i>	143,573	29%	136,216	33%	135,855	37%
Pregnant and Postpartum Women	9,075	33%	8,653	34%	8,132	38%
Adolescents (Age 13 to 18)	9,647	32%	9,383	34%	9,203	32%
TAYA (Age 16 to 25)	25,120	27%	22,736	30%	21,474	30%
American Indian or Alaskan Native	11,461	41%	11,148	42%	11,371	44%
Justice System-Involved Persons	28,230	44%	27,459	48%	27,581	53%
Individuals Experiencing Homelessness	19,391	37%	18,915	42%	20,233	46%
Individuals with Unstable Housing	40,002	37%	38,534	41%	40,486	46%
Opioid Use Disorder Treatment Penetration Rate						
<i>All Washington Medicaid Beneficiaries</i>	49,307	37%	50,210	47%	52,471	55%
Pregnant and Postpartum Women	3,126	47%	3,142	55%	3,005	61%
Adolescents (Age 13 to 18)	701	4%	586	8%	526	13%
TAYA (Age 16 to 25)	5,602	28%	4,902	39%	4,465	47%
American Indian or Alaskan Native	4,327	43%	4,521	50%	4,940	56%
Justice System-Involved Persons	11,951	33%	12,549	46%	13,658	56%
Individuals Experiencing Homelessness	8,437	38%	9,110	49%	10,180	57%
Individuals with Unstable Housing	16,373	38%	17,282	49%	19,307	58%

	SFY 2017		SFY 2018		SFY 2019	
	Number with Treatment Need	Percent Who Received Treatment	Number with Treatment Need	Percent Who Received Treatment	Number with Treatment Need	Percent Who Received Treatment
Mental Health Treatment Penetration Rate						
<i>All Washington Medicaid Beneficiaries</i>	425,823	51%	422,212	53%	426,379	55%
Pregnant and Postpartum Women	21,135	45%	19,917	46%	19,102	49%
Adolescents (Age 13 to 18)	59,689	60%	62,673	63%	69,552	66%
TAYA (Age 16 to 25)	78,531	52%	77,728	55%	78,965	57%
American Indian or Alaskan Native	21,646	54%	21,898	54%	22,482	55%
Justice System-Involved Persons	28,331	57%	28,197	59%	28,227	58%
Individuals Experiencing Homelessness	23,121	54%	22,911	55%	24,085	55%
Individuals with Unstable Housing	55,056	54%	53,434	56%	55,233	56%

Pregnant and Postpartum Women. Pregnant and postpartum women had the lowest MH treatment penetration rates among all the populations of interest examined and were well below the statewide treatment penetration rate. Conversely, compared to the other target populations, Pregnant and Postpartum women had the highest OUD treatment penetration rates across all three years of study. This likely reflects the emphasis on providing Buprenorphine to pregnant women diagnosed with OUD.

Adolescents. The OUD treatment penetration rate is much lower among adolescents compared to other populations due to age-based restrictions for prescribing most medications for opioid use disorder (MOUD). Many MOUD prescribers are not comfortable prescribing MOUD to individuals who are 15 years old or younger. While methadone use is limited to those individuals aged 18 and older, buprenorphine formulations can be prescribed off-label to individuals as young as 14 or 15 years old. Even with a small proportion of adolescents eligible to receive MOUD, it is clear that access to MOUD increased substantially in the three years examined. While this population had relatively low rates of SUD and OUD treatment penetration rates compared to the other SUPPORT ACT target populations, the MH treatment penetration rate was higher than the statewide rate and rates in other populations of interest, and steadily increased over the three years examined. While MH and OUD treatment penetration rates increased across the study period, SUD treatment penetration rates remained stable across the study period in the adolescent population.

TAYA. The MH and OUD treatment penetration rates for the TAYA population increased over the three years examined, with OUD treatment penetration rates increasing by 19 percent from SFY 2017-SFY 2019. However, this increase in OUD treatment did not correlate with substantial increases in SUD treatment penetration rates.

American Indian/Alaskan Native. The American Indian/Alaskan Native population had similar MH, SUD, and OUD treatment penetration rates compared to the other populations of interest in SFY 2017, but saw a more moderate increase in treatment penetration rates across all three years.

Justice System-Involved Persons. Persons with arrests in the measurement year had the highest SUD and the second highest MH treatment penetration rates across all three years. In addition, while the OUD treatment penetration rate was lower than the statewide rate in SFY 2017, by SFY 2019, the OUD treatment penetration rate exceeded the state rate.

Individuals Experiencing Homelessness or Housing Instability. Persons experiencing homelessness had higher baseline SUD treatment penetration rates and saw rate increases similar to that of the broader Medicaid population. Increases in OUD penetration rates were comparable to the increase in statewide rates. Interestingly, taking a broader view of housing instability and looking at persons experiencing either homelessness or housing instability does not change the overall rates of MH, SUD, and OUD treatment penetration. Though the population more than doubles, the pattern remains the same. From SFY 2017 to SFY 2019, there was a substantial increase in OUD and SUD treatment penetration rates but the MH treatment penetration rate remained stable.

Treatment Penetration Rates for Medicaid Beneficiaries with Co-Occurring Behavioral Health Treatment Needs

Medicaid beneficiaries may have multiple behavioral health treatment needs. As detailed in Current State Assessment Report 4, about 9 percent of Medicaid beneficiaries had a co-occurring SUD and MH treatment need in SFY 2019. To understand if those with co-occurring disorders are also receiving treatment for both their MH and SUD diagnoses, we identified those who met the criteria for inclusion for both the SUD and MH treatment penetration rates and those who met the criteria for both the OUD and MH treatment penetration rates.

We examined whether these individuals with co-occurring disorders received treatment for both disorders, treatment for only one disorder, or received no treatment in the measurement year. Rates are reported for all Washington Medicaid beneficiaries, by IMC region, and by SUPPORT ACT populations of interest. Table 3 focuses on those Medicaid beneficiaries with a co-occurring SUD and MH treatment need. Table 4 focuses on Medicaid beneficiaries with co-occurring OUD and MH treatment needs.

As shown in Table 3, of the approximately 62,000 Medicaid beneficiaries with a co-occurring MH and SUD treatment need, only 14 percent received both MH and SUD treatment. 45 percent received MH treatment only, 5 percent received SUD treatment only, and 36 percent received neither SUD nor MH treatment in the measurement period.

TABLE 3.

SUD and MH Treatment Need and Treatment Penetration Rates in SFY 2019

By Integrated Managed Care Region and SUPPORT ACT Populations of Interest

	Number with MH + SUD Treatment Need	Percent Who Received MH + SUD Treatment	Percent Who Received MH Treatment Only	Percent Who Received SUD Treatment Only	Percent Who Received No Treatment
<i>All Washington Medicaid Beneficiaries</i>	62,325	14%	45%	5%	36%
Integrated Managed Care Region					
Great Rivers	3,927	18%	40%	5%	37%
Greater Columbia	7,347	16%	43%	6%	35%
King	11,597	12%	49%	4%	35%
North Central	2,684	12%	47%	4%	37%
North Sound	7,863	13%	45%	5%	37%
Pierce	7,187	13%	42%	5%	40%
Salish	3,071	17%	44%	5%	34%
Southwest	3,801	18%	38%	7%	37%
Spokane	7,290	14%	47%	4%	35%
Thurston-Mason	2,931	14%	47%	5%	34%
Unknown	4,627	19%	46%	6%	29%
Populations of Interest					
Pregnant and Postpartum Women	3,837	14%	42%	5%	39%
Adolescents (Age 13 to 18)	6,472	23%	48%	6%	23%
TAYA (Age 16 to 25)	12,677	15%	49%	5%	31%
American Indian or Alaskan Native	4,471	18%	36%	8%	38%
Justice System-Involved Persons	10,370	27%	36%	9%	28%
Individuals Experiencing Homelessness	7,867	20%	40%	6%	34%
Individuals with Unstable Housing	16,526	19%	41%	6%	34%

Results in Table 4 show OUD and MH treatment need and treatment penetration rates in SFY 2019. Medicaid beneficiaries who received SUD treatment but not OUD-specific treatment were not included in the OUD treatment penetration rates, thus the rows in Table 4 do not add up to 100 percent.

In contrast to beneficiaries with co-occurring SUD and MH treatment needs, Medicaid beneficiaries with co-occurring OUD and MH treatment needs had a higher rate of receiving treatment for both diagnoses (32 percent) and a lower rate of receiving no treatment (18 percent) in the measurement period (see Table 4). In addition, 24 percent received OUD treatment only and 16 percent received MH treatment only. Treatment penetration rates for those who received both MH and OUD treatment were higher relative to the MH and SUD rates, and were highest for pregnant and postpartum women, and justice system-involved persons. Adolescents with both MH and OUD treatment needs received both MH and OUD treatment at a lower rate relative to the other target populations, as well as OUD treatment only at a lower rate relative to the other target populations. Adolescents had a higher rate of MH treatment only compared to the statewide Medicaid population.

TABLE 4.

OUD and MH Treatment Need and Treatment Penetration Rates in SFY 2019

By Integrated Managed Care Region and SUPPORT ACT Populations of Interest

	Number with MH + OUD Treatment Need	Percent Who Received MH + OUD* Treatment	Percent Who Received MH Treatment Only	Percent Who Received OUD* Treatment Only	Percent Who Received No Treatment
<i>All Washington Medicaid Beneficiaries</i>	43,762	32%	16%	24%	18%
Integrated Managed Care Region					
Great Rivers	2,684	34%	13%	27%	15%
Greater Columbia	3,671	28%	21%	23%	18%
King	8,979	33%	17%	23%	19%
North Central	1,304	35%	19%	16%	22%
North Sound	7,378	30%	14%	30%	17%
Pierce	4,850	27%	17%	24%	23%
Salish	2,273	36%	16%	17%	19%
Southwest	2,073	29%	15%	24%	19%
Spokane	4,956	34%	16%	25%	15%
Thurston-Mason	1,832	31%	18%	24%	18%
Unknown	3,762	37%	14%	20%	14%
Populations of Interest					
Pregnant and Postpartum Women	2,616	36%	12%	27%	12%
Adolescents (Age 13 to 18)	473	9%	32%	4%	13%
TAYA (Age 16 to 25)	3,701	28%	16%	22%	16%
American Indian or Alaskan Native	3,882	32%	11%	26%	17%
Criminal Justice-Involved Persons	11,165	35%	11%	24%	15%
Individuals Experiencing Homelessness	8,443	33%	12%	25%	17%
Individuals with Unstable Housing	16,135	35%	12%	25%	15%

* Medicaid beneficiaries who received SUD treatment but not OUD-specific treatment were not included in the OUD treatment penetration rates.

Summary

Overall, these descriptive analyses highlight the current variability in treatment penetration rates among Medicaid beneficiaries. Use of SUD and OUD treatment services has increased from SFY 2017 to SFY 2019. However, the increase varies among populations of interest or treatment types. For example, although pregnant women had comparatively high rates of OUD treatment compared to the general Medicaid beneficiary population, their rates of MH treatment and general SUD treatment penetration are similar or lower. SUD and OUD Treatment penetration rates for adolescents and the TAYA populations were also low relative to other target populations.

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/ODD 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; accordingly, not all individuals with a true need will be identified as having a need in administrative data sources. Current estimates likely underestimate the true SUD and OUD treatment need for the Medicaid-eligible population. Future efforts will utilize synthetic estimation techniques to better approximate the true SUD and OUD treatment needs in Washington State.

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. Treatment penetration rates help to identify overall variation in access to treatment across populations and geographies. However, these rates do not provide detailed information on how access to different types of treatment may vary across populations. Report 3 of the Current State Assessment provides a more in-depth description of the types of treatment received by Medicaid beneficiaries with a SUD or OUD diagnosis.

APPENDIX

TABLE A1.

Trends in Substance Use Disorder Treatment Penetration Rate by County

	SFY 2017		SFY 2018		SFY 2019	
	Number with Treatment Need	Percent Who Received Treatment	Number with Treatment Need	Percent Who Received Treatment	Number with Treatment Need	Percent Who Received Treatment
<i>All Washington Medicaid Beneficiaries</i>	143,573	29%	136,216	33%	135,855	37%
Adams	220	25%	216	17%	253	28%
Asotin	689	20%	743	24%	851	29%
Benton	3,814	21%	3,439	29%	3,339	37%
Chelan	1,451	27%	1,404	29%	1,422	32%
Clallam	2,157	39%	2,081	42%	2,147	46%
Clark	7,549	33%	6,917	38%	6,845	38%
Columbia	110	21%	96	26%	97	33%
Cowlitz	3,490	28%	3,225	36%	3,277	43%
Douglas	609	30%	593	34%	599	34%
Ferry	196	22%	206	33%	203	33%
Franklin	1,156	20%	1,174	27%	1,139	30%
Garfield	41	39%	36	28%	37	22%
Grant	1,990	17%	1,954	20%	1,952	23%
Grays Harbor	2,670	38%	2,472	45%	2,579	45%
Island	1,051	26%	938	29%	927	32%
Jefferson	555	30%	503	33%	557	34%
King	27,813	30%	26,298	33%	25,762	36%
Kitsap	4,618	27%	4,040	31%	4,180	33%
Kittitas	613	30%	580	35%	642	32%
Klickitat	492	24%	468	29%	487	28%
Lewis	1,945	27%	1,911	30%	2,002	34%
Lincoln	152	28%	130	25%	126	27%
Mason	2,005	27%	1,685	33%	1,532	36%
Okanogan	1,328	23%	1,210	23%	1,147	27%
Pacific	609	27%	615	32%	612	32%
Pend Oreille	372	23%	381	25%	374	25%
Pierce	16,818	24%	15,963	29%	15,968	33%
San Juan	175	38%	193	33%	217	29%
Skagit	2,543	38%	2,558	40%	2,552	43%
Skamania	181	34%	182	32%	179	33%
Snohomish	12,262	34%	11,846	39%	12,073	42%
Spokane	13,918	27%	13,201	31%	13,508	37%
Stevens	1,106	23%	991	27%	1,057	33%
Thurston	4,729	28%	4,522	33%	4,523	35%
Wahkiakum	81	28%	92	45%	91	35%
Walla Walla	1,374	20%	1,287	27%	1,223	32%
Whatcom	4,177	36%	3,964	40%	4,079	43%
Whitman	377	15%	379	17%	386	20%
Yakima	6,942	28%	6,917	31%	6,837	32%
Unknown	11,195	37%	10,806	40%	10,074	44%

TABLE A2.

Trends in Opioid Use Disorder Treatment Penetration Rate by County

	SFY 2017		SFY 2018		SFY 2019	
	Number with Treatment Need	Percent Who Received Treatment	Number with Treatment Need	Percent Who Received Treatment	Number with Treatment Need	Percent Who Received Treatment
<i>All Washington Medicaid Beneficiaries</i>	49,307	37%	50,210	47%	52,471	55%
Adams	28	21%	35	17%	41	32%
Asotin	187	30%	227	49%	316	55%
Benton	1,492	21%	1,447	32%	1,240	52%
Chelan	361	30%	400	45%	447	55%
Clallam	925	31%	946	46%	989	56%
Clark	2,126	27%	2,162	45%	2,245	54%
Columbia	35	26%	29	31%	33	52%
Cowlitz	1,038	25%	1,143	50%	1,312	65%
Douglas	152	32%	186	51%	217	55%
Ferry	50	26%	59	29%	68	43%
Franklin	377	15%	406	23%	299	37%
Garfield	*	33%	*	33%	*	63%
Grant	403	24%	475	35%	501	42%
Grays Harbor	1,140	50%	1,130	57%	1,129	64%
Island	318	31%	277	42%	290	51%
Jefferson	156	20%	161	29%	205	44%
King	10,285	44%	10,490	51%	10,796	55%
Kitsap	1,355	26%	1,356	39%	1,457	47%
Kittitas	138	32%	176	45%	197	41%
Klickitat	107	21%	112	31%	106	44%
Lewis	548	25%	542	40%	618	49%
Lincoln	53	11%	50	24%	49	35%
Mason	579	40%	586	48%	620	52%
Okanogan	284	26%	323	35%	305	47%
Pacific	152	28%	153	42%	157	55%
Pend Oreille	101	39%	107	48%	114	46%
Pierce	5,653	34%	5,698	44%	6,128	50%
San Juan	46	43%	56	45%	64	48%
Skagit	1,027	42%	1,055	51%	1,135	61%
Skamania	51	20%	46	39%	50	50%
Snohomish	5,567	42%	5,505	54%	5,960	60%
Spokane	4,694	38%	4,799	51%	5,237	60%
Stevens	376	36%	362	44%	399	53%
Thurston	1,530	34%	1,539	46%	1,594	57%
Wahkiakum	*	6%	*	33%	*	75%
Walla Walla	410	17%	394	36%	403	46%
Whatcom	1,686	46%	1,704	50%	1,819	57%
Whitman	94	11%	90	26%	92	35%
Yakima	1,371	35%	1,494	43%	1,539	50%
Unknown	4,390	35%	4,463	46%	4,272	56%

*Suppressed due to small numbers (n<11) or secondary suppression.

TABLE A3.

Trends in Mental Health Treatment Penetration Rate by County

	SFY 2017		SFY 2018		SFY 2019	
	Number with Treatment Need	Percent Who Received Treatment	Number with Treatment Need	Percent Who Received Treatment	Number with Treatment Need	Percent Who Received Treatment
<i>All Washington Medicaid Beneficiaries</i>	425,823	51%	422,212	53%	426,379	55%
Adams	1,074	42%	1,228	50%	2,163	77%
Asotin	1,855	49%	1,923	53%	2,043	55%
Benton	11,881	53%	11,638	56%	11,677	56%
Chelan	5,013	53%	5,051	55%	5,159	57%
Clallam	5,452	52%	5,373	55%	5,418	59%
Clark	26,333	51%	25,739	53%	25,487	54%
Columbia	328	52%	306	56%	309	54%
Cowlitz	10,288	55%	10,251	58%	10,533	59%
Douglas	2,431	53%	2,534	55%	2,605	55%
Ferry	513	53%	537	47%	505	50%
Franklin	4,943	46%	4,990	51%	5,292	53%
Garfield	159	41%	132	53%	130	51%
Grant	6,538	46%	6,716	49%	7,917	59%
Grays Harbor	6,500	48%	6,519	49%	6,560	51%
Island	3,326	53%	3,289	54%	3,438	55%
Jefferson	1,903	55%	1,812	56%	1,830	55%
King	81,470	52%	79,335	53%	78,434	54%
Kitsap	13,779	52%	13,758	55%	14,065	56%
Kittitas	2,138	54%	2,159	58%	2,165	59%
Klickitat	1,403	51%	1,383	53%	1,453	53%
Lewis	6,624	50%	6,924	55%	7,281	59%
Lincoln	659	46%	654	46%	686	50%
Mason	4,382	50%	4,463	52%	4,589	54%
Okanogan	3,415	48%	3,419	49%	3,469	48%
Pacific	1,504	48%	1,512	48%	1,540	51%
Pend Oreille	1,033	44%	1,045	46%	1,051	48%
Pierce	51,670	47%	49,932	49%	50,147	52%
San Juan	698	51%	705	58%	772	55%
Skagit	7,736	51%	8,392	56%	9,208	59%
Skamania	624	51%	575	52%	583	52%
Snohomish	35,042	46%	34,528	51%	34,557	52%
Spokane	42,248	55%	42,187	56%	42,713	57%
Stevens	3,327	46%	3,256	47%	3,280	53%
Thurston	14,779	51%	14,890	54%	15,273	56%
Wahkiakum	271	58%	295	56%	323	56%
Walla Walla	4,038	53%	4,038	55%	4,140	55%
Whatcom	13,785	54%	13,557	56%	13,570	58%
Whitman	1,760	50%	1,757	55%	1,748	55%
Yakima	21,779	49%	22,176	53%	22,563	53%
Unknown	23,122	57%	23,234	59%	21,703	61%

STUDY POPULATION

Adults of ages 18-64 years and Youth of ages 13 to 17 years 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) 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 penetration rates and the physical health outcome metrics.

This report focuses on individuals who have been diagnosed with substance use disorder (SUD) or opioid use disorder (OUD):

1. **Substance Use Disorder Diagnosis** is defined as the presence of an SUD diagnosis within the measurement year (SFY 2017, 2018, or 2019) or the year prior to the measurement year. 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 2017, 2018, or 2019) or the year prior to the measurement year. 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. For example, if a woman 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 aged 13 to 18 years old as of the last day of the measurement year.
3. **Transition Age Young Adults** are defined as individuals aged 16 to 25 years old as of the last day of the measurement year.
4. **American Indian/Alaskan Natives** 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 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.

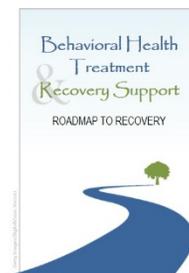
Additional variables used in these analyses include:

- **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 Penetration Rates:** Reported measures adhered to DSHS-RDA 2019 Specifications.
 - *Substance Use Disorder Treatment Penetration 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 Penetration 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 Penetration 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.



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