



## Current State Assessment

### Report 3: Variations in Utilization of Substance Use Disorder Treatment Modalities SFY 2019–2022

Frank Angelo, PhD • Katie Bittinger, PhD • Kevin Campbell • Barbara Felver, MES, MPA

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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.<sup>1</sup> 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<sup>2</sup> 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 REPORTS:

- *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.)*
- *What is the behavioral health treatment rate? Does the rate vary across the Medicaid population? Has this changed during the COVID-19 PHE? (See Report 9.130A.)*

#### THIS REPORT:

- *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?*

#### SUBSEQUENT REPORT:

- *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.)*

<sup>1</sup> 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>.

<sup>2</sup> 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>.

In this report, we describe patterns of treatment utilization for Washington State Medicaid beneficiaries with a SUD or OUD diagnosis and how these patterns may have been impacted by the COVID-19 PHE. We conducted a retrospective, cross-sectional (by year) analysis of Washington State Medicaid claims and encounter data across four state fiscal years (SFY) 2019–2022.

For each year, we report utilization rates of five SUD treatment modalities: outpatient, inpatient/residential, buprenorphine (includes buprenorphine with or without naloxone), naltrexone, and methadone. We further report utilization rates 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.

Utilization patterns of treatment modalities for SUD and OUD amongst Medicaid beneficiaries have continued the trajectory seen in SFY 2017–2019. Medicaid beneficiaries with OUD diagnoses receive treatment at a higher rate than Medicaid beneficiaries with SUD diagnoses. The uptake of medication-based opiate use disorder (MOUD) therapies, specifically Buprenorphine and Methadone, largely drive this difference. Use of MOUD has continued to increase across populations of interest. However, geographic availability of MOUD and other treatment modalities may limit uptake in some, typically more rural, regions and counties.

## Data and Methods

To understand the variation in utilization of treatment modalities in SFY 2019 through SFY 2022 for Washington State Medicaid beneficiaries with SUD and OUD diagnoses, we conducted retrospective, cross-sectional (by year) analyses of Washington State administrative data. All data were drawn from the Department of Social and Health Service’s Integrated Client Databases (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.<sup>3</sup>

The focus for these analyses was adult (ages 18-64) and youth (ages 0-17) Medicaid beneficiaries with an identified SUD or OUD diagnosis. We excluded Medicaid beneficiaries with a non-Medicaid primary health care coverage (also referred to as third-party liability) from the analytical sample, as complete health care information may not be available for these individuals. To explore differences in utilization rates across different sub-populations, we include 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 additional breakouts for:

- 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., unsheltered persons) and “unsheltered” 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.

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<sup>3</sup> See, [DSHS Integrated Client Databases](#), DSHS Research and Data Analysis Division, Mancuso, December 2021.

## Utilization of Substance Use Disorder Treatment Modalities

The utilization rates of all treatment modalities increased from SFY 2019 to SFY 2020 (see Table 1 below). Rates of outpatient treatment participation peaked in SFY 2020 and then decreased among beneficiaries with SUD to rates lower than in SFY 2019, while rates for those with OUD returned to SFY 2019 levels. This contrasts with the increased rates across years in the previous report (SFY 2017–2019). The rates of inpatient treatment utilization increased only slightly during SFY (2019–2022) among those with SUD or OUD. For Medicaid beneficiaries with OUD treatment need, utilization of MOUD therapies had the largest increases in both this current report (SFY 2019–2022) and the previous report (SFY 2017–2019). Buprenorphine treatment rates increased the most (up 6 percentage points in SFY 2022 versus SFY 2019) and Methadone rates increased by 3 percentage points. Rates of Naltrexone treatment were lower over SFY 2019–2022 than for both Buprenorphine and Methadone while in the previous report, rates of Naltrexone treatment increased more than those for Methadone. This may be due to the requirement that patients starting Naltrexone must first complete a withdrawal from opiate use procedure prior to initiating MOUD treatment. Changes in this report compared to the previous report may be due to a combination of factors, such as COVID-19 PHE impacts to access and/or increased access to MOUD.

TABLE 1.

### Trends in Statewide Substance Use Disorder Treatment Modalities for Medicaid Beneficiaries with SUD or OUD Treatment Need

SFY 2019–2022

	Percent with SUD Diagnosis Who Received Type of Treatment				Percent with OUD Diagnosis Who Received Type of Treatment			
	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2019	SFY 2020	SFY 2021	SFY 2022
<b>Total Population</b>	147,881	144,695	145,414	146,607	57,253	58,336	58,186	58,375
<b>Percent Who Received...</b>								
Outpatient Treatment	34%	36%	34%	29%	45%	49%	47%	45%
Inpatient/Residential Treatment	8%	9%	9%	9%	12%	13%	14%	14%
Buprenorphine	15%	19%	19%	19%	37%	44%	44%	43%
Naltrexone	4%	5%	5%	5%	4%	5%	4%	4%
Methadone	8%	9%	10%	10%	21%	22%	24%	24%

It is important to note that when interpreting these utilization rates, the categories are not mutually exclusive, thus Medicaid beneficiaries with an OUD treatment need are included in the broader SUD treatment need category. Additionally, an individual may have received more than one type of treatment modality or all types of treatment modalities within the fiscal year. Across all years, treatment modalities except for Naltrexone, and most demographic categories, a higher percentage of individuals with an OUD treatment need received treatment compared to those individuals with an SUD treatment need.

Tables 2–6 on the following pages examine rates of treatment for each treatment modality by demographics (including IMC region), year, and diagnosis type. Treatment rates are shown for counties for each treatment modality in the Appendix tables. Treatment utilization rates and changes in the rates over time are not consistent across demographic sub-populations.

#### Outpatient Treatment

Unlike the other four treatment modalities examined, rates of outpatient treatment did not consistently increase. Among those with an SUD diagnosis, outpatient treatment use increased slightly

from SFY 2019 to SFY 2020 (34 percent to 36 percent), but then dropped to 29 percent in SFY 2022. Similarly, for those with an OUD diagnosis, outpatient treatment use increased in SFY 2019 to SFY 2020 (45 percent to 49 percent), and then returned to 45 percent in SFY 2022. This pattern is generally consistent across demographics – a small increase from SFY 2019 to SFY 2020 and then a return to or dropping below SFY 2019 rates. This may reflect changes in service utilization patterns due to the impact of COVID-19 or changes in availability of treatment modalities (e.g., expansion of access options for MOUD and use of telehealth for outpatient treatment). Table 2 details the rates of outpatient treatment across demographics, year, and diagnosis type.

*Age.* Use of outpatient treatment among those with SUD diagnosis was highest for those ages 25 to 44 and lowest among older adults (ages 55 and older). Among those with an OUD diagnosis, outpatient treatment use was highest among those ages 18 to 34 and also lowest among older adults (ages 55 and older). Against the statewide trend, outpatient treatment rates for those with OUD diagnosis who were ages 55 to 64 increased from SFY 2019 to SFY 2022 by 4 percentage points. Individuals who identify as American Indian or Alaska Native had the highest use of outpatient treatment among those with an SUD diagnosis.

*Race/Ethnicity.* Among those with an OUD diagnosis, individuals who identified as American Indian or Alaska Native, Asian, Hispanic/Latino(a), or Native Hawaiian or Pacific Islander had the highest rates of outpatient treatment and rates for Hispanic/Latino(a) also did not drop as quickly as for other groups as of SFY 2022.

*Medicaid Coverage Type.* Outpatient use rates were consistently higher for males than for females across all years. Beneficiaries with Dual Medicaid and Medicare coverage had the lowest treatment rates and those with Disabled Medicaid coverage had the second lowest rates.

*Populations of Interest.* Among populations of interest with an OUD diagnosis, outpatient treatment rates were higher than statewide rates across all years. Individuals involved with the criminal legal system had the highest treatment rates across most years for either diagnosis type.

*IMC Regions.* There was wide regional variation with outpatient treatment rates. Greater Columbia, King and North Sound regions all had increased outpatient treatment rates among those with an OUD diagnosis in SFY 2022 compared to SFY 2019, ranging from 4 to 10 percentage points higher. This trend was opposite for North Central, Pierce and Spokane regions that had decreased treatment rates in SFY 2022 from 6 to 12 percentage points lower than SFY 2019. North Central also had the lowest outpatient treatment rates across most years among those with SUD or OUD.

### **Inpatient/Residential Treatment**

Rates of inpatient/residential treatment use increased slightly from SFY 2019 to SFY 2020 and then remained steady or just a little higher from SFY 2020 through SFY 2022. Table 3 illustrates the rates of inpatient/residential treatment by demographics, year, and diagnosis type.

*Age.* Use of inpatient/residential treatment is highest among those with an OUD diagnosis who are 24 years of age and younger. Among those 18 to 24 years old, it was 25 percent. Conversely, use of inpatient/residential treatment is lowest among those 55 years of age and older.

*Race/ethnicity.* Individuals who identified as American Indian and Alaska Native had the highest inpatient/residential treatment rates across race/ethnic categories for those with either SUD or OUD diagnoses. However, the biggest increase in treatment rates from SFY 2019 to SFY 2022 (a 5-percentage point increase) was seen among Asian or Black or African American individuals with an OUD diagnosis.

*Gender.* As was observed for outpatient treatment rates, males had higher inpatient/residential treatment rates than females. Rates also increased more for males with OUD over SFY 2019–2022.

*Medicaid Coverage Type.* Individuals with Disabled and Dual coverage types had lower inpatient/residential treatment rates than the two other coverage types. Rates increased the most from SFY 2019 to SFY 2022 for those with an OUD diagnosis and New Adult coverage.

*Populations of Interest.* Among populations of interest, adolescents with an OUD diagnosis had the highest inpatient treatment rates. These were roughly double the statewide rates. This was also the only category that showed a steady decrease in inpatient treatment rates (dropping from 31 to 25 percent from SFY 2019 to SFY 2022). When focusing on those with a SUD diagnosis, criminal legal system-involved and people experiencing homelessness and housing instability had the highest inpatient treatment rates and rates increased by 4 percentage points over this time period. Rates increased even more among criminal legal system-involved persons with an OUD diagnosis, from 19 to 26 percent during SFY 2019–2022.

*IMC Regions.* The King IMC region had the lowest use of inpatient/residential treatment among those with an OUD diagnosis and this also had the largest rate increase over SFY 2019–2022 (from 7 to 12 percent). King IMC region also had the lowest to second lowest use among those with an SUD diagnosis (depending on the year). The Southwest IMC region had the highest use among those with a SUD or OUD diagnosis.

**Medications for Opioid Use Disorder: Buprenorphine (with and without Naloxone), Naltrexone, and Methadone.** Use of three types of MOUD are illustrated in Tables 4 (Buprenorphine), 5 (Naltrexone), and 6 (Methadone). Overall, use of MOUD continues to increase across time. Among those with an OUD diagnosis, Buprenorphine (with and without Naloxone) had the greatest increase, from 37 percent in SFY 2019 to 43 percent in SFY 2022 with the biggest jump in rates occurring from SFY 2019 to SFY 2020 and then holding steady or decreasing slightly through SFY 2022 across most demographic groups. Methadone also had a more modest increase in use (21 percent to 24 percent), while Naltrexone prescribing largely remained steady (4 to 5 percent). Given the relatively low rates of Naltrexone use, the findings described below focus on Buprenorphine and Methadone use among those with an OUD diagnosis. In the tables, breakout rates are also shown for those with a SUD diagnosis.

*Age.* MOUD use was the lowest among the youngest and oldest individuals. This pattern was consistent across MOUD types and is in part due to restrictions in prescribing most MOUD to individuals younger than 18. Use of MOUD peaked in the 25 to 44 age range and steadily declined among older adults. While use of Buprenorphine increased over SFY 2019–2022 among adults ages 65 to 74 (from 11 to 16 percent among those with an OUD diagnosis), use of Methadone among this age group decreased (from 24 to 20 percent among those with an OUD diagnosis). This was one of only two instances of decreased use of one of these two therapies across the demographic categories examined.

*Race/Ethnicity.* MOUD use was not consistent across race/ethnicity categories. Buprenorphine use among those with an OUD diagnosis was highest among those who identify as Hispanic/Latino(a) and lowest among Black or African American, with high variability in rates between the groups. In SFY 2022, there was a 12-percentage-point difference between the rates (47 and 35 percent, respectively). Methadone use rates were less variable. Rates were similar among those who identify as American Indian or Alaska Native, Asian and White, Non-Hispanic and lowest among Hispanic/Latino(a)s. There was only a 6 percentage point difference between the highest and lowest rates in SFY 2022.

*Gender.* Males had slightly higher use of Buprenorphine than females (45 versus 42 percent, respectively among those with an OUD diagnosis). This was not the case for use of Methadone, where although rates among females with and OUD diagnosis were higher (27 versus 22 percent in SFY 2022).

*Medicaid Coverage Type.* Rates of MOUD use had different patterns for Buprenorphine and Methadone as well. Among those with an OUD, Buprenorphine use was highest for Classic, Non-Disabled and New Adult coverage types (both were 47 percent in SFY 2022), with use rates almost double that among individuals with Disabled coverage (26 percent in SFY 2022). Individuals with Dual coverage had much lower rates of Buprenorphine use (6 percent in SFY 2022). Methadone use rates were less variable among Medicaid coverage types with the highest rates among Classic, Non-Disabled and Disabled groups, and those with New Adult coverage with slightly lower rates (27, 25 and 24 percent, respectively, in SFY 2022). Those with Dual coverage had the lowest rates of Methadone use across the years and rates also decreased over time, dropping from 18 to 13 percent from SFY 2019 to SFY 2022.

*Populations of Interest.* Patterns of MOUD use among populations of interest with and OUD diagnosis are different depending on the drug. For Buprenorphine use, rates of all populations of interest are higher than statewide rates across the years and fairly similar to each other except for adolescents, who have much lower rates of use. However, adolescents have the biggest increase in use from SFY 2019 (10 percent) to SFY 2022 (37 percent). In SFY 2022 among those with an OUD diagnosis, TAYA had the highest rate of Buprenorphine use (48 percent). For Methadone, pregnant and postpartum individuals had the highest rates of use across all years (30 percent in SFY 2022). Individuals experiencing homelessness or housing instability had the next highest rates in SFY 2022 (26 to 27 percent) followed by criminal legal system-involved individuals (18 percent) and TAYA (17 percent). Rates of methadone use in adolescents were low (7 percent in SFY 2022).

*IMC Regions.* Regional variation in MOUD use is considerable and rates are more variable for Methadone compared to Buprenorphine. For example, in SFY 2022, among those with an OUD diagnosis in the King IMC region, 36 percent received a Buprenorphine prescription and 29 percent received a Methadone prescription. Conversely, 54 percent received a Buprenorphine prescription in the North Central region but only 3 percent received a Methadone prescription. Rates of Buprenorphine use among those with an OUD diagnosis increased in all regions over SFY 2019–2022 but the extent of the increase ranged from a 2 to 8 percentage point increase. Rates of Methadone use did not increase across SFY 2019–2022 in King or North Sound IMC regions but increased by 2 to 15 percentage points in other regions. This comparison highlights the substantial gaps in access to different types of MOUD that exist depending on geography.

TABLE 2.

## Outpatient Treatment Rates by Demographics, Year, and Diagnosis Type

Among Medicaid beneficiaries with a SUD or OUD diagnosis (SFY 2019–2022)

	% Medicaid Beneficiaries with a SUD Diagnosis with Outpatient Tx				% Medicaid Beneficiaries with an OUD Diagnosis with Outpatient Tx			
	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2019	SFY 2020	SFY 2021	SFY 2022
<b>Statewide Rate</b>	<b>34%</b>	<b>36%</b>	<b>34%</b>	<b>29%</b>	<b>45%</b>	<b>49%</b>	<b>47%</b>	<b>45%</b>
<b>Age</b>								
17 and Younger	30%	27%	19%	23%	39%	33%	40%	36%
18 to 24	32%	33%	30%	29%	51%	54%	51%	51%
25 to 34	41%	44%	42%	39%	52%	55%	54%	51%
35 to 44	38%	41%	39%	37%	47%	51%	49%	47%
45 to 54	29%	31%	30%	29%	38%	42%	41%	40%
55 to 64	20%	22%	20%	20%	27%	30%	30%	31%
65 to 74	13%	14%	16%	13%	22%	24%	27%	24%
<b>Race/Ethnicity</b>								
American Indian or Alaskan Native	39%	40%	37%	35%	51%	52%	49%	47%
Asian	35%	38%	34%	32%	49%	52%	49%	48%
Black or African American	32%	35%	32%	31%	43%	46%	46%	44%
Hispanic/Latino(a)	36%	37%	35%	34%	45%	49%	49%	48%
Native Hawaiian or Pacific Islander	35%	36%	36%	34%	48%	50%	51%	48%
White, Non-Hispanic	33%	35%	33%	31%	44%	48%	47%	45%
<b>Gender</b>								
Female	32%	34%	31%	29%	44%	46%	45%	43%
Male	35%	38%	36%	34%	47%	50%	49%	47%
<b>Medicaid Coverage Type</b>								
Classic, Non-Disabled	36%	37%	34%	32%	51%	52%	51%	48%
Disabled	23%	25%	24%	23%	31%	35%	33%	34%
New Adult	36%	38%	36%	34%	48%	51%	50%	47%
Dual (Medicaid and Medicare)	19%	21%	20%	17%	24%	26%	25%	21%
<b>Populations of Interest</b>								
Pregnant and Postpartum Individual	29%	30%	28%	26%	55%	56%	54%	51%
Adolescents (Ages 13 to 18)	41%	36%	28%	30%	56%	51%	49%	49%
TAYA (Ages 16 to 25)	33%	36%	34%	33%	51%	54%	52%	51%
Criminal Legal System-Involved Persons	48%	50%	49%	48%	53%	58%	58%	54%
Individuals Experiencing Homelessness	40%	44%	41%	39%	50%	55%	53%	51%
Individuals with Unstable Housing	42%	46%	43%	41%	53%	58%	55%	53%
<b>IMC Regions</b>								
Great Rivers	37%	41%	37%	36%	47%	55%	47%	45%
Greater Columbia	33%	35%	34%	35%	38%	45%	49%	48%
King	31%	34%	33%	31%	42%	49%	49%	48%
North Central	29%	29%	27%	25%	34%	34%	33%	28%
North Sound	37%	40%	39%	38%	50%	54%	55%	54%
Pierce	35%	36%	33%	29%	51%	50%	49%	44%
Salish	35%	37%	35%	34%	44%	49%	43%	43%
Southwest	37%	33%	34%	32%	44%	43%	48%	45%
Spokane	30%	32%	27%	24%	42%	41%	35%	30%
Thurston-Mason	35%	40%	37%	35%	48%	54%	52%	50%

TABLE 3.

### Inpatient/Residential Treatment Rates by Demographics, Year, and Diagnosis Type

Among Medicaid beneficiaries with a SUD or OUD diagnosis (SFY 2019–2022)

	% Medicaid Beneficiaries with a SUD Diagnosis with Inpatient Tx				% Medicaid Beneficiaries with an OUD Diagnosis with Inpatient Tx			
	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2019	SFY 2020	SFY 2021	SFY 2022
<b>Statewide Rate</b>	<b>8%</b>	<b>9%</b>	<b>9%</b>	<b>9%</b>	<b>12%</b>	<b>13%</b>	<b>14%</b>	<b>14%</b>
<b>Age</b>								
17 and Younger	5%	5%	5%	3%	23%	17%	24%	18%
18 to 24	8%	9%	9%	8%	20%	23%	25%	25%
25 to 34	11%	12%	12%	12%	15%	17%	17%	19%
35 to 44	9%	10%	11%	11%	11%	12%	13%	13%
45 to 54	8%	9%	9%	8%	9%	9%	10%	10%
55 to 64	5%	6%	6%	6%	5%	6%	6%	6%
65 to 74	3%	3%	5%	2%	2%	2%	4%	3%
<b>Race/Ethnicity</b>								
American Indian or Alaskan Native	11%	11%	11%	11%	16%	16%	15%	16%
Asian	7%	9%	9%	9%	12%	14%	15%	17%
Black or African American	7%	8%	9%	9%	11%	13%	15%	16%
Hispanic/Latino(a)	7%	8%	9%	9%	13%	14%	16%	17%
Native Hawaiian or Pacific Islander	8%	9%	10%	8%	13%	14%	16%	16%
White, Non-Hispanic	8%	9%	10%	9%	11%	13%	13%	13%
<b>Gender</b>								
Female	7%	8%	8%	8%	10%	12%	11%	11%
Male	9%	10%	11%	11%	13%	15%	16%	17%
<b>Medicaid Coverage Type</b>								
Classic, Non-Disabled	8%	8%	8%	7%	13%	15%	14%	14%
Disabled	5%	6%	6%	6%	6%	7%	7%	8%
New Adult	10%	11%	11%	11%	13%	15%	15%	16%
Dual (Medicaid and Medicare)	5%	5%	5%	5%	5%	5%	6%	7%
<b>Populations of Interest</b>								
Pregnant and Postpartum Individual	6%	8%	8%	7%	13%	15%	15%	15%
Adolescents (Ages 13 to 18)	7%	7%	7%	6%	31%	26%	28%	25%
TAYA (Ages 16 to 25)	8%	9%	10%	10%	19%	21%	22%	23%
Criminal Legal System-Involved Persons	14%	16%	18%	18%	19%	22%	24%	26%
Individuals Experiencing Homelessness	14%	15%	15%	15%	18%	20%	19%	20%
Individuals with Unstable Housing	13%	15%	15%	15%	18%	20%	19%	20%
<b>IMC Regions</b>								
Great Rivers	6%	8%	9%	9%	10%	11%	12%	13%
Greater Columbia	9%	9%	9%	8%	14%	14%	14%	14%
King	6%	7%	8%	8%	7%	9%	11%	12%
North Central	8%	7%	7%	7%	13%	12%	12%	12%
North Sound	10%	11%	11%	11%	13%	15%	15%	15%
Pierce	7%	9%	9%	8%	11%	13%	13%	13%
Salish	11%	10%	11%	11%	16%	14%	15%	17%
Southwest	11%	12%	12%	11%	16%	18%	18%	17%
Spokane	10%	11%	11%	11%	15%	16%	15%	16%
Thurston-Mason	8%	9%	10%	10%	12%	14%	16%	16%



TABLE 4.

**Buprenorphine Treatment Rates by Demographics, Year, and Diagnosis Type**

Among Medicaid beneficiaries with a SUD or OUD diagnosis (SFY 2019–2022)

	% Medicaid Beneficiaries with a SUD Diagnosis with Buprenorphine				% Medicaid Beneficiaries with an OUD Diagnosis with Buprenorphine			
	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2019	SFY 2020	SFY 2021	SFY 2022
<b>Statewide Rate</b>	<b>15%</b>	<b>19%</b>	<b>15%</b>	<b>19%</b>	<b>37%</b>	<b>44%</b>	<b>44%</b>	<b>43%</b>
<b>Age</b>								
17 and Younger	<1%	<1%	1%	1%	6%	6%	13%	16%
18 to 24	10%	12%	11%	11%	40%	48%	46%	46%
25 to 34	24%	28%	26%	25%	45%	52%	51%	49%
35 to 44	19%	24%	24%	25%	39%	46%	47%	47%
45 to 54	11%	14%	14%	16%	29%	36%	36%	37%
55 to 64	7%	9%	10%	10%	20%	24%	26%	28%
65 to 74	5%	6%	6%	6%	11%	15%	14%	16%
<b>Race/Ethnicity</b>								
American Indian or Alaskan Native	16%	20%	20%	20%	36%	44%	44%	42%
Asian	13%	16%	16%	17%	33%	40%	41%	42%
Black or African American	9%	12%	12%	12%	27%	36%	37%	35%
Hispanic/Latino(a)	12%	15%	15%	16%	39%	46%	46%	47%
Native Hawaiian or Pacific Islander	12%	15%	15%	15%	33%	41%	42%	41%
White, Non-Hispanic	17%	21%	20%	20%	38%	45%	44%	44%
<b>Gender</b>								
Female	16%	19%	19%	18%	36%	42%	42%	42%
Male	15%	18%	19%	19%	38%	46%	46%	45%
<b>Medicaid Coverage Type</b>								
Classic, Non-Disabled	15%	17%	18%	17%	42%	47%	48%	47%
Disabled	8%	10%	10%	11%	18%	22%	23%	26%
New Adult	18%	22%	21%	21%	41%	48%	48%	47%
Dual (Medicaid and Medicare)	2%	3%	3%	3%	5%	6%	8%	6%
<b>Populations of Interest</b>								
Pregnant and Postpartum Individual	14%	16%	16%	14%	41%	47%	48%	45%
Adolescents (Ages 13 to 18)	1%	2%	4%	5%	10%	20%	31%	37%
TAYA (Ages 16 to 25)	12%	16%	16%	16%	41%	50%	49%	48%
Criminal Legal System-Involved Persons	21%	26%	24%	23%	43%	52%	48%	46%
Individuals Experiencing Homelessness	21%	26%	25%	24%	42%	50%	46%	45%
Individuals with Unstable Housing	21%	26%	26%	25%	44%	52%	48%	46%
<b>IMC Regions</b>								
Great Rivers	18%	22%	22%	23%	42%	52%	49%	49%
Greater Columbia	15%	19%	20%	20%	48%	56%	56%	56%
King	12%	15%	15%	16%	29%	35%	36%	36%
North Central	14%	16%	18%	18%	46%	51%	53%	54%
North Sound	19%	24%	23%	24%	39%	46%	46%	46%
Pierce	13%	16%	15%	15%	30%	36%	36%	36%
Salish	17%	21%	20%	20%	38%	45%	46%	46%
Southwest	13%	16%	17%	16%	38%	46%	45%	42%
Spokane	18%	21%	20%	20%	44%	47%	46%	46%
Thurston-Mason	14%	17%	17%	16%	34%	41%	42%	38%

TABLE 5.

## Naltrexone Treatment Rates by Demographics, Year, and Diagnosis Type

Among Medicaid beneficiaries with a SUD or OUD diagnosis (SFY 2019–2022)

	% Medicaid Beneficiaries with a SUD Diagnosis with Naltrexone				% Medicaid Beneficiaries with an OUD Diagnosis with Naltrexone			
	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2019	SFY 2020	SFY 2021	SFY 2022
<b>Statewide Rate</b>	<b>4%</b>	<b>5%</b>	<b>5%</b>	<b>5%</b>	<b>4%</b>	<b>5%</b>	<b>4%</b>	<b>4%</b>
<b>Age</b>								
17 and Younger	<1%	<1%	1%	<1%	<1%	1%	3%	1%
18 to 24	2%	3%	3%	3%	6%	7%	5%	5%
25 to 34	5%	5%	5%	5%	6%	6%	5%	4%
35 to 44	4%	5%	6%	6%	4%	4%	4%	3%
45 to 54	4%	5%	6%	6%	3%	4%	3%	3%
55 to 64	4%	4%	5%	5%	2%	2%	2%	2%
65 to 74	1%	3%	2%	3%	1%	1%	<1%	1%
<b>Race/Ethnicity</b>								
American Indian or Alaskan Native	4%	4%	4%	4%	5%	5%	4%	4%
Asian	4%	4%	5%	5%	5%	5%	4%	4%
Black or African American	3%	3%	4%	4%	4%	4%	4%	4%
Hispanic/Latino(a)	3%	4%	4%	4%	5%	5%	4%	4%
Native Hawaiian or Pacific Islander	3%	4%	4%	4%	5%	5%	5%	4%
White, Non-Hispanic	4%	5%	5%	5%	4%	5%	4%	3%
<b>Gender</b>								
Female	4%	5%	5%	5%	4%	5%	4%	3%
Male	4%	4%	4%	4%	5%	5%	4%	4%
<b>Medicaid Coverage Type</b>								
Classic, Non-Disabled	3%	3%	4%	4%	4%	5%	4%	3%
Disabled	2%	3%	3%	3%	2%	2%	2%	1%
New Adult	5%	5%	6%	6%	5%	5%	4%	4%
Dual (Medicaid and Medicare)	1%	1%	1%	1%	1%	<1%	<1%	1%
<b>Populations of Interest</b>								
Pregnant and Postpartum Individual	2%	3%	3%	3%	4%	5%	4%	3%
Adolescents (Ages 13 to 18)	<1%	1%	1%	1%	2%	4%	5%	4%
TAYA (Ages 16 to 25)	2%	3%	3%	4%	6%	6%	5%	4%
Criminal Legal System-Involved Persons	4%	5%	5%	5%	7%	7%	5%	5%
Individuals Experiencing Homelessness	4%	5%	4%	4%	5%	6%	4%	4%
Individuals with Unstable Housing	4%	5%	5%	4%	6%	6%	5%	4%
<b>IMC Regions</b>								
Great Rivers	3%	3%	4%	4%	3%	3%	3%	3%
Greater Columbia	2%	3%	4%	4%	3%	4%	4%	3%
King	5%	5%	6%	6%	4%	4%	3%	3%
North Central	4%	5%	5%	5%	6%	6%	5%	4%
North Sound	4%	5%	5%	5%	4%	4%	4%	3%
Pierce	4%	5%	5%	5%	7%	6%	6%	5%
Salish	6%	6%	6%	6%	8%	7%	5%	5%
Southwest	3%	4%	5%	5%	2%	4%	4%	3%
Spokane	3%	4%	4%	5%	3%	4%	4%	3%
Thurston-Mason	5%	5%	4%	5%	8%	6%	4%	4%

TABLE 6.

## Methadone Treatment Rates by Demographics, Year, and Diagnosis Type

Among Medicaid beneficiaries with a SUD or OUD diagnosis (SFY 2019–2022)

	% Medicaid Beneficiaries with a SUD Diagnosis with Methadone				% Medicaid Beneficiaries with an OUD Diagnosis with Methadone			
	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2019	SFY 2020	SFY 2021	SFY 2022
<b>Statewide Rate</b>	<b>8%</b>	<b>9%</b>	<b>10%</b>	<b>10%</b>	<b>21%</b>	<b>22%</b>	<b>24%</b>	<b>24%</b>
<b>Age</b>								
17 and Younger	<1%	<1%	<1%	<1%	1%	2%	1%	1%
18 to 24	2%	3%	3%	2%	9%	10%	12%	11%
25 to 34	10%	11%	11%	11%	20%	21%	23%	24%
35 to 44	11%	12%	13%	13%	23%	24%	26%	27%
45 to 54	8%	9%	9%	10%	22%	23%	25%	26%
55 to 64	7%	8%	8%	8%	21%	22%	23%	23%
65 to 74	9%	8%	8%	7%	24%	23%	23%	20%
<b>Race/Ethnicity</b>								
American Indian or Alaskan Native	9%	10%	11%	11%	22%	23%	25%	24%
Asian	8%	9%	9%	9%	22%	24%	25%	24%
Black or African American	6%	6%	7%	7%	19%	19%	21%	20%
Hispanic/Latino(a)	5%	5%	6%	6%	16%	16%	18%	19%
Native Hawaiian or Pacific Islander	7%	7%	8%	8%	20%	21%	22%	22%
White, Non-Hispanic	9%	10%	11%	11%	21%	22%	25%	26%
<b>Gender</b>								
Female	9%	10%	11%	11%	22%	24%	26%	27%
Male	7%	8%	8%	9%	19%	20%	22%	22%
<b>Medicaid Coverage Type</b>								
Classic, Non-Disabled	8%	8%	9%	9%	23%	24%	26%	27%
Disabled	9%	10%	10%	10%	23%	24%	24%	25%
New Adult	8%	9%	10%	10%	19%	20%	23%	24%
Dual (Medicaid and Medicare)	7%	7%	5%	5%	18%	17%	14%	13%
<b>Populations of Interest</b>								
Pregnant and Postpartum Individual	8%	8%	8%	9%	23%	24%	26%	30%
Adolescents (Ages 13 to 18)	<1%	<1%	1%	1%	2%	3%	5%	7%
TAYA (Ages 16 to 25)	3%	4%	5%	5%	10%	13%	15%	17%
Criminal Legal System-Involved Persons	7%	8%	9%	9%	15%	16%	18%	18%
Individuals Experiencing Homelessness	10%	11%	13%	13%	20%	22%	25%	26%
Individuals with Unstable Housing	9%	11%	13%	14%	20%	21%	25%	27%
<b>IMC Regions</b>								
Great Rivers	9%	9%	9%	11%	21%	21%	22%	25%
Greater Columbia	1%	2%	3%	4%	5%	6%	8%	11%
King	11%	12%	12%	12%	29%	29%	30%	29%
North Central	0%	1%	1%	1%	1%	2%	2%	3%
North Sound	13%	13%	13%	13%	27%	26%	27%	27%
Pierce	9%	10%	11%	11%	21%	25%	27%	29%
Salish	2%	4%	9%	9%	6%	9%	20%	21%
Southwest	6%	8%	8%	9%	17%	22%	22%	26%
Spokane	8%	9%	10%	9%	19%	22%	24%	22%
Thurston-Mason	8%	8%	10%	11%	21%	23%	27%	29%

## Summary

Overall, this descriptive analysis highlights the current variability in treatment utilization among Medicaid beneficiaries. With the exception of outpatient treatment, use of most treatment modalities increased from SFY 2019 to SFY 2022. Decreased outpatient SUD and OUD treatment utilization, may be due to increased use and availability of Buprenorphine and Methadone treatment and/or changes in service utilization patterns due to the COVID-19 PHE. Increased MOUD treatments are not consistent among different demographics, including populations of interest and geographical location and is dependent on treatment types. Variation among the types of treatment by geographic location and are likely tied to the availability of providers who are allowed to prescribe the different treatment types.

The increase in MOUD utilization correlates with changes to federal prescribing guidelines such as the Mainstreaming Addiction Treatment Act<sup>6</sup>, and Washington State prescribing guidelines for MOUD<sup>7</sup> that are intended to increase access to MOUD for patients by lowering prescriber requirements. Ongoing federal and state efforts to increase access and availability to MOUD suggest we will continue to see increased utilization rates of MOUD.

## APPENDIX

TABLE A1.

### Outpatient Treatment Rates by County, Year, and Diagnosis Type

Among Medicaid beneficiaries with a SUD or OUD diagnosis (SFY 2019–2022)

	% Medicaid Beneficiaries with a SUD Diagnosis with Outpatient Tx				% Medicaid Beneficiaries with an OUD Diagnosis with Outpatient Tx			
	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2019	SFY 2020	SFY 2021	SFY 2022
<b>Statewide Rate</b>	<b>34%</b>	<b>36%</b>	<b>34%</b>	<b>29%</b>	<b>45%</b>	<b>49%</b>	<b>47%</b>	<b>45%</b>
<b>County</b>								
Adams	35%	27%	20%	28%	40%	42%	31%	33%
Asotin	21%	24%	26%	24%	31%	30%	28%	25%
Benton	33%	36%	36%	37%	36%	47%	52%	50%
Chelan	34%	31%	31%	29%	39%	36%	38%	34%
Clallam	39%	41%	37%	33%	43%	44%	37%	37%
Clark	37%	34%	35%	32%	45%	44%	50%	46%
Columbia	22%	20%	13%	13%	17%	21%	8%	13%
Cowlitz	36%	42%	36%	35%	41%	55%	44%	40%
Douglas	33%	32%	28%	27%	35%	32%	33%	27%
Ferry	30%	29%	25%	25%	36%	44%	43%	31%
Franklin	30%	34%	31%	29%	29%	43%	51%	48%
Garfield	20%	23%	24%	37%	13%	28%	19%	30%
Grant	25%	30%	26%	22%	29%	35%	32%	25%
Grays Harbor	41%	43%	39%	41%	54%	56%	49%	51%
Island	33%	35%	32%	34%	46%	51%	50%	51%
Jefferson	32%	33%	32%	32%	36%	49%	50%	54%
King	31%	34%	33%	31%	42%	49%	49%	48%
Kitsap	32%	36%	34%	35%	46%	51%	45%	46%
Kittitas	36%	39%	33%	34%	48%	53%	47%	44%
Klickitat	32%	28%	26%	26%	34%	29%	36%	36%
Lewis	34%	39%	37%	32%	47%	52%	49%	47%
Lincoln	24%	27%	27%	22%	31%	40%	35%	25%
Mason	37%	40%	39%	37%	53%	54%	53%	50%
Okanogan	26%	25%	23%	20%	33%	31%	27%	24%
Pacific	34%	36%	36%	31%	54%	48%	46%	46%
Pend Oreille	22%	25%	29%	20%	32%	37%	39%	24%
Pierce	35%	36%	33%	29%	51%	50%	49%	44%
San Juan	27%	31%	31%	33%	28%	42%	26%	37%
Skagit	40%	40%	40%	41%	54%	55%	61%	62%
Skamania	29%	30%	29%	27%	26%	21%	23%	22%
Snohomish	37%	41%	40%	39%	49%	55%	56%	54%
Spokane	31%	32%	27%	24%	43%	41%	35%	30%
Stevens	26%	28%	25%	26%	39%	40%	36%	37%
Thurston	34%	40%	36%	35%	46%	54%	52%	50%
Wahkiakum	34%	32%	38%	36%	33%	50%	33%	33%
Walla Walla	27%	30%	29%	28%	25%	35%	39%	41%
Whatcom	40%	38%	36%	36%	52%	50%	49%	52%
Whitman	20%	27%	21%	24%	23%	39%	28%	36%
Yakima	37%	39%	37%	39%	48%	51%	55%	54%

TABLE A2.

## Inpatient Treatment Rates by County, Year, and Diagnosis Type

Among Medicaid beneficiaries with a SUD or OUD diagnosis (SFY 2019–2022)

	% Medicaid Beneficiaries with a SUD Diagnosis with Inpatient Tx				% Medicaid Beneficiaries with an OUD Diagnosis with Inpatient Tx			
	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2019	SFY 2020	SFY 2021	SFY 2022
<b>Statewide Rate</b>	<b>8%</b>	<b>9%</b>	<b>9%</b>	<b>9%</b>	<b>12%</b>	<b>13%</b>	<b>14%</b>	<b>14%</b>
<b>County</b>								
Adams	4%	7%	7%	5%	10%	27%	16%	12%
Asotin	5%	5%	7%	6%	8%	7%	8%	8%
Benton	8%	8%	8%	8%	11%	13%	14%	14%
Chelan	8%	8%	8%	8%	13%	11%	13%	14%
Clallam	12%	10%	12%	9%	18%	14%	15%	13%
Clark	11%	13%	12%	11%	16%	19%	18%	17%
Columbia	4%	7%	4%	4%	6%	14%	4%	6%
Cowlitz	7%	9%	9%	10%	10%	12%	12%	14%
Douglas	7%	8%	7%	6%	10%	10%	9%	11%
Ferry	11%	10%	10%	8%	16%	20%	20%	16%
Franklin	6%	7%	7%	5%	9%	12%	13%	9%
Garfield	5%	0%	3%	3%	6%	0%	5%	5%
Grant	7%	7%	8%	6%	15%	14%	14%	12%
Grays Harbor	7%	8%	9%	8%	9%	12%	11%	11%
Island	8%	10%	8%	7%	13%	17%	13%	11%
Jefferson	15%	9%	9%	12%	24%	17%	14%	23%
King	6%	7%	8%	8%	7%	9%	11%	12%
Kitsap	10%	10%	11%	12%	15%	13%	15%	19%
Kittitas	10%	9%	9%	7%	16%	15%	14%	13%
Klickitat	7%	6%	11%	8%	14%	12%	19%	19%
Lewis	6%	6%	8%	7%	10%	10%	14%	15%
Lincoln	6%	8%	12%	12%	8%	13%	15%	20%
Mason	9%	9%	9%	10%	12%	13%	13%	15%
Okanogan	7%	6%	6%	6%	12%	12%	10%	12%
Pacific	6%	6%	8%	7%	10%	10%	14%	13%
Pend Oreille	5%	8%	10%	6%	6%	17%	15%	8%
Pierce	7%	9%	9%	8%	11%	13%	13%	13%
San Juan	9%	9%	8%	8%	11%	9%	6%	17%
Skagit	10%	11%	10%	10%	14%	15%	15%	13%
Skamania	7%	8%	8%	12%	7%	7%	12%	17%
Snohomish	10%	12%	12%	11%	13%	16%	16%	16%
Spokane	10%	12%	11%	11%	15%	17%	15%	16%
Stevens	8%	7%	7%	8%	14%	11%	9%	12%
Thurston	8%	10%	10%	10%	13%	14%	16%	16%
Wahkiakum	4%	5%	6%	13%	6%	9%	9%	27%
Walla Walla	8%	7%	8%	6%	10%	9%	13%	10%
Whatcom	11%	11%	9%	10%	16%	15%	13%	14%
Whitman	7%	9%	6%	5%	10%	16%	10%	7%
Yakima	11%	11%	10%	10%	19%	18%	17%	19%

TABLE A3.

## Buprenorphine Treatment Rates by County, Year, and Diagnosis Type

Among Medicaid beneficiaries with a SUD or OUD diagnosis (SFY 2019–2022)

	% Medicaid Beneficiaries with a SUD Diagnosis with Buprenorphine				% Medicaid Beneficiaries with an OUD Diagnosis with Buprenorphine			
	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2019	SFY 2020	SFY 2021	SFY 2022
<b>Statewide Rate</b>	<b>15%</b>	<b>19%</b>	<b>19%</b>	<b>19%</b>	<b>37%</b>	<b>44%</b>	<b>44%</b>	<b>43%</b>
<b>County</b>								
Adams	9%	9%	12%	12%	42%	42%	53%	44%
Asotin	22%	24%	25%	24%	55%	59%	60%	55%
Benton	20%	25%	25%	24%	52%	63%	62%	59%
Chelan	14%	16%	17%	17%	44%	49%	51%	53%
Clallam	24%	28%	26%	25%	48%	54%	51%	50%
Clark	14%	17%	17%	16%	39%	46%	46%	42%
Columbia	13%	15%	14%	19%	49%	59%	62%	55%
Cowlitz	22%	25%	26%	26%	49%	58%	56%	56%
Douglas	17%	20%	20%	19%	50%	58%	51%	56%
Ferry	18%	24%	21%	18%	43%	51%	52%	45%
Franklin	12%	16%	17%	14%	41%	50%	59%	50%
Garfield	13%	23%	18%	16%	44%	61%	43%	50%
Grant	12%	13%	15%	15%	43%	45%	52%	49%
Grays Harbor	18%	22%	21%	21%	35%	44%	41%	40%
Island	13%	17%	16%	17%	36%	43%	43%	44%
Jefferson	15%	20%	18%	17%	39%	51%	50%	52%
King	12%	15%	15%	16%	29%	35%	36%	36%
Kitsap	14%	17%	17%	18%	32%	39%	41%	43%
Kittitas	13%	16%	17%	19%	42%	47%	52%	55%
Klickitat	7%	9%	11%	12%	28%	36%	40%	42%
Lewis	15%	19%	19%	20%	40%	53%	51%	52%
Lincoln	12%	12%	8%	11%	33%	36%	24%	33%
Mason	15%	18%	18%	17%	35%	39%	41%	37%
Okanogan	14%	18%	21%	20%	48%	56%	58%	59%
Pacific	14%	17%	16%	19%	43%	52%	45%	48%
Pend Oreille	14%	16%	18%	17%	41%	49%	46%	48%
Pierce	13%	16%	15%	15%	30%	36%	36%	36%
San Juan	16%	21%	18%	27%	42%	60%	56%	66%
Skagit	22%	25%	24%	25%	46%	50%	51%	51%
Skamania	11%	16%	15%	13%	38%	43%	37%	34%
Snohomish	19%	24%	23%	23%	37%	43%	43%	43%
Spokane	18%	21%	20%	20%	43%	46%	46%	45%
Stevens	23%	28%	27%	28%	51%	53%	55%	60%
Thurston	14%	16%	16%	15%	34%	42%	42%	39%
Wahkiakum	11%	18%	22%	17%	36%	59%	67%	57%
Walla Walla	15%	22%	22%	23%	42%	53%	51%	56%
Whatcom	20%	25%	24%	25%	43%	50%	50%	51%
Whitman	9%	15%	15%	19%	33%	49%	49%	54%
Yakima	12%	16%	17%	17%	47%	53%	53%	55%

TABLE A4.

## Naltrexone Treatment Rates by County, Year, and Diagnosis Type

Among Medicaid beneficiaries with a SUD or OUD diagnosis (SFY 2019–2022)

	% Medicaid Beneficiaries with a SUD Diagnosis with Naltrexone				% Medicaid Beneficiaries with an OUD Diagnosis with Naltrexone			
	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2019	SFY 2020	SFY 2021	SFY 2022
<b>Statewide Rate</b>	<b>4%</b>	<b>5%</b>	<b>5%</b>	<b>5%</b>	<b>4%</b>	<b>5%</b>	<b>4%</b>	<b>4%</b>
<b>County</b>								
Adams	2%	4%	4%	3%	2%	15%	5%	5%
Asotin	2%	3%	5%	6%	3%	2%	4%	5%
Benton	3%	3%	4%	3%	4%	4%	5%	3%
Chelan	7%	8%	7%	7%	7%	8%	5%	4%
Clallam	6%	4%	5%	5%	8%	5%	4%	4%
Clark	3%	3%	4%	5%	2%	3%	3%	2%
Columbia	2%	2%	3%	4%	0%	0%	0%	3%
Cowlitz	3%	3%	3%	3%	4%	3%	2%	2%
Douglas	6%	7%	7%	5%	5%	7%	8%	5%
Ferry	2%	2%	4%	2%	3%	2%	2%	2%
Franklin	2%	2%	2%	3%	4%	4%	1%	4%
Garfield	0%	6%	5%	6%	0%	11%	0%	5%
Grant	3%	3%	4%	4%	5%	5%	5%	5%
Grays Harbor	3%	3%	4%	4%	2%	3%	4%	3%
Island	3%	6%	6%	6%	4%	7%	5%	6%
Jefferson	5%	6%	7%	6%	8%	7%	5%	5%
King	5%	5%	6%	6%	4%	4%	3%	3%
Kitsap	6%	7%	6%	6%	8%	9%	6%	5%
Kittitas	4%	4%	6%	7%	4%	7%	6%	4%
Klickitat	5%	6%	7%	7%	8%	8%	5%	7%
Lewis	2%	3%	3%	3%	4%	4%	3%	3%
Lincoln	2%	4%	5%	4%	2%	2%	7%	3%
Mason	4%	5%	5%	5%	6%	6%	4%	4%
Okanogan	3%	3%	4%	5%	3%	3%	4%	2%
Pacific	3%	5%	8%	6%	3%	4%	5%	4%
Pend Oreille	1%	2%	2%	4%	1%	2%	3%	1%
Pierce	4%	5%	5%	5%	7%	6%	6%	5%
San Juan	3%	5%	7%	6%	3%	0%	3%	0%
Skagit	3%	4%	5%	5%	3%	4%	4%	4%
Skamania	4%	7%	8%	5%	1%	5%	5%	0%
Snohomish	4%	5%	5%	5%	5%	5%	4%	3%
Spokane	3%	4%	5%	5%	3%	4%	4%	3%
Stevens	2%	3%	3%	3%	3%	2%	1%	1%
Thurston	6%	5%	4%	5%	8%	6%	5%	4%
Wahkiakum	4%	3%	4%	4%	0%	0%	0%	3%
Walla Walla	3%	3%	3%	4%	4%	3%	3%	2%
Whatcom	4%	5%	5%	5%	2%	4%	3%	3%
Whitman	2%	4%	4%	4%	2%	6%	5%	2%
Yakima	2%	3%	3%	4%	3%	3%	3%	3%



TABLE A5.

## Methadone Treatment Rates by County, Year, and Diagnosis Type

Among Medicaid beneficiaries with a SUD or OUD diagnosis (SFY 2019–2022)

	% Medicaid Beneficiaries with a SUD Diagnosis with Methadone				% Medicaid Beneficiaries with an OUD Diagnosis with Methadone			
	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2019	SFY 2020	SFY 2021	SFY 2022
<b>Statewide Rate</b>	<b>8%</b>	<b>9%</b>	<b>10%</b>	<b>10%</b>	<b>21%</b>	<b>22%</b>	<b>24%</b>	<b>24%</b>
<b>County</b>								
Adams	<1%	1%	<1%	2%	2%	3%	2%	6%
Asotin	<1%	<1%	1%	1%	1%	1%	2%	2%
Benton	1%	2%	3%	5%	3%	4%	7%	13%
Chelan	<1%	<1%	1%	1%	1%	1%	2%	2%
Clallam	1%	5%	11%	11%	3%	9%	22%	22%
Clark	6%	8%	9%	10%	18%	24%	24%	27%
Columbia	1%	1%	<1%	1%	3%	3%	0%	3%
Cowlitz	9%	8%	9%	11%	22%	19%	20%	24%
Douglas	<1%	<1%	1%	<1%	1%	1%	2%	1%
Ferry	1%	<1%	1%	2%	2%	1%	2%	6%
Franklin	1%	1%	2%	3%	3%	4%	7%	11%
Garfield	2%	<1%	<1%	2%	6%	<1%	<1%	5%
Grant	<1%	1%	1%	1%	1%	2%	3%	5%
Grays Harbor	13%	15%	15%	17%	27%	30%	31%	34%
Island	8%	8%	8%	9%	23%	22%	22%	22%
Jefferson	1%	1%	3%	3%	2%	3%	8%	9%
King	11%	12%	12%	12%	29%	29%	30%	29%
Kitsap	3%	4%	8%	8%	8%	10%	21%	22%
Kittitas	1%	1%	1%	1%	4%	3%	4%	3%
Klickitat	<1%	1%	1%	1%	1%	3%	4%	4%
Lewis	4%	4%	5%	5%	11%	11%	13%	15%
Lincoln	2%	3%	4%	4%	6%	9%	15%	13%
Mason	9%	11%	13%	14%	24%	25%	31%	32%
Okanogan	<1%	1%	1%	1%	1%	2%	2%	2%
Pacific	3%	5%	6%	7%	11%	14%	18%	19%
Pend Oreille	2%	3%	3%	3%	6%	11%	8%	8%
Pierce	9%	10%	11%	11%	21%	25%	27%	29%
San Juan	2%	2%	1%	4%	7%	7%	4%	8%
Skagit	12%	12%	11%	12%	25%	24%	23%	25%
Skamania	<1%	1%	<1%	2%	0%	3%	1%	6%
Snohomish	15%	16%	16%	15%	30%	31%	31%	31%
Spokane	8%	10%	11%	10%	21%	24%	26%	24%
Stevens	3%	3%	4%	4%	8%	8%	11%	11%
Thurston	7%	7%	9%	10%	20%	22%	26%	28%
Wahkiakum	5%	4%	5%	2%	17%	15%	15%	7%
Walla Walla	1%	3%	4%	5%	3%	7%	11%	13%
Whatcom	8%	8%	8%	9%	18%	16%	17%	19%
Whitman	1%	2%	2%	4%	4%	5%	7%	11%
Yakima	2%	3%	3%	4%	9%	9%	11%	12%

## TECHNICAL NOTES

### STUDY POPULATION

Adult (ages 18-64) and Youth (ages 0-17) individuals 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) were excluded from the analyses, as complete health care information may not be available for these individuals. Individuals who were enrolled in at least one month of Title XIX Medicaid in the measurement year were included.

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

- **Substance Use Disorder Diagnosis** is defined as the presence of an SUD diagnosis within the measurement year (SFY 2019, 2020, 2021, or 2022) 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.
- **Opioid Use Disorder Diagnosis** is defined as the presence of an OUD diagnosis within the measurement year (SFY 2019, 2020, 2021, or 2022) 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:

- **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 2020, she would be included in both the SFY 2020 population (pregnant) and the SFY 2021 population (postpartum).
- **Adolescents** are defined as individuals ages 13 to 18 years old as of the last day of the measurement year.
- **Transition Age Young Adults** are defined as individuals ages 16 to 25 years old as of the last day of the measurement year.
- **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.
- **Criminal legal system-involved persons** are defined as ever arrested in the measurement year. Arrests serve as a proxy for involvement with the criminal 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.
- **Persons 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 this analysis 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 Apple Health integrated managed care (IMC) region, and a county based on their county of residence for the majority of the measurement year.
- **Substance Use Disorder Treatment Modalities:** We examined five treatment modalities in this report: outpatient, inpatient/residential, buprenorphine (with and without naloxone), naltrexone, and methadone. Detailed information about treatment modalities are available in the [Service Encounter Reporting Instructions](#). Additional treatment modalities, evidence-based approaches, and screenings, such as Screening, Brief Intervention, and Referral to Treatment (SBIRT), were not included due to limited prevalence in the population and/or known underreporting issues.
  - *Outpatient Treatment:* Receipt of an outpatient SUD treatment service, including case management. Excludes opiate substitution treatment (OST), also known as methadone treatment.
  - *Inpatient/Residential Treatment:* Receipt of inpatient or residential treatment for a SUD (excludes withdrawal management services).
  - *Buprenorphine:* Receipt of Buprenorphine, or Buprenorphine-Naloxone for the treatment of a SUD.
  - *Naltrexone:* Receipt of Naltrexone for the treatment of a SUD.
  - *Methadone:* Receipt of Methadone for the treatment of a SUD.

## 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.



REPORT CONTACT: Alice Huber, PhD, 360.902.0707  
 VISIT US AT: <https://www.dshs.wa.gov/rda>

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