

# WA State Behavioral Health Treatment Need and Service Utilization Update

Current State Assessment SFY 2019 – SFY 2022

*Prepared for the Substance Use Recovery Services Advisory Committee (SURSAC) Meeting*

**Katie Bittinger, PhD**

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# Background

## SUPPORT ACT

Original [Current State Assessment \(SFY 2017-SFY 2019\)](#) was conducted under the SUPPORT ACT grant

- In September 2019, the Centers for Medicare and Medicaid Services (CMS) awarded the Washington State Health Care Authority (HCA) a \$3.8 million grant under the §1003 SUPPORT ACT.
- Under this Phase 1 Planning Grant, HCA developed an implementation strategy for improving treatment and recovery services, including developing an alternative payment model for SUD treatment and recovery services.
- An understanding of the current utilization of behavioral health treatment and recovery support services was crucial to identifying both strengths and gaps in the existing behavioral health system in Washington.

**However, there were several major events immediately after this initial study that likely impacted prevalence rates, treatment utilization, and use of acute SUD-related services.** Some of these include the COVID-19 pandemic and public health emergency, the Blake Decision, changes in access to medication for opioid use disorder, the expansion of telehealth, and the increase in fentanyl use.

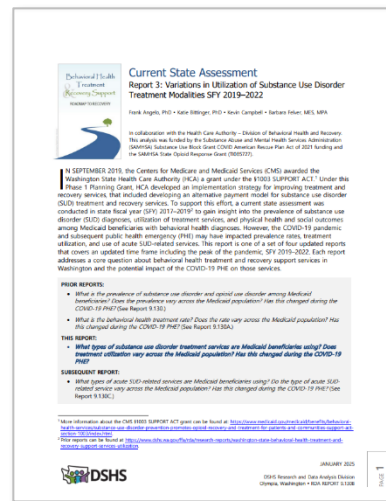
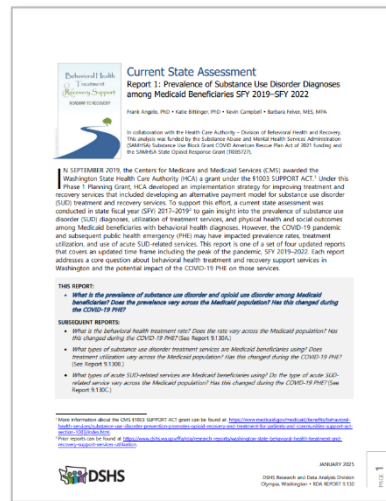
**To better understand these impacts, an updated set of analyses were conducted.**

# Current State Assessment Update

SFY 2019 – SFY 2022

Reports addressed core questions about the behavioral health treatment and recovery support services in Washington and the potential impact of the COVID-19 public health emergency on those services.

- [Report 1](#): Prevalence of SUD Diagnoses (SFY 2019 - SFY 2022)
- [Report 2](#): Variations in Behavioral Health Treatment Rates (SFY 2020 - SFY 2022)
- [Report 3](#): Variations in Utilization of SUD Treatment Modalities (SFY 2019 - SFY 2022)
- [Report 4](#): Frequency of SUD Related Acute Events (SFY 2019 - SFY 2022)



Other related reports can be found at <https://www.dshs.wa.gov/ffa/research-and-data-analysis>

# Key Definitions

## Population – Washington State Medicaid Beneficiaries

- Full benefit (Title XIX) coverage within the measurement year (minimum length of coverage varies by report).
- Includes Medicaid beneficiaries who were dually eligible for Medicaid and Medicare.
- Excludes individuals with non-Medicaid primary health care coverage (third-party liability).

## Populations of Interest

- **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 Medicaid eligibility definitions at the time of the study, 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.
- **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.
- **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 for those who are unstably housed.

# Key Definitions Continued

## Diagnosis Criteria

- **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).

## Service/Treatment Rate Definitions

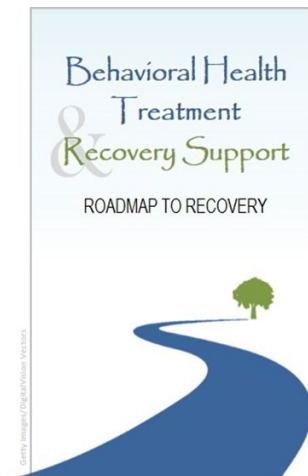
- Services are defined in accordance with [Service Encounter Reporting Instructions \(SERI\) guidelines](#).
- Treatment rate definitions align with [DSHS RDA measure specifications](#).

## Interpretation Guidance

**The trends shown in these reports are informational and should not be used to make causal inferences.** No significance testing was conducted and the differences shown cannot be tied to a specific cause.

**The population definition used provides a broad look at who *may* need services.** Other studies and reporting on this topic use different population definitions which will likely result in different rates of service utilization.

**Many systemic changes occurred during the measurement period.** Given the multitude of changes, a lack of change in trends is likely a positive outcome.



## Select Findings

*From the Current State Assessment Update*

# Report 1: Prevalence of SUD Diagnoses (SFY 2019 - SFY 2022)

## Key Findings

**What is the prevalence of substance use disorder and opioid use disorder diagnoses among Medicaid beneficiaries? Does the prevalence vary across the Medicaid population? Has this changed during the COVID-19 public health emergency?**

### Prevalence was examined by:

- **Demographics** including age, race and ethnicity, gender, Medicaid coverage type, and geography (Apple Health Integrated Managed Care regions)
- **Populations of interest** including pregnant and postpartum individuals, adolescents, transition aged young adults (TAYA), criminal legal system-involved persons, and individuals experiencing homelessness and housing instability.

### Key Findings

- Rates of SUD and OUD diagnoses *within* groups across time remained largely stable from SFY 2019 through SFY 2022.
- Rates of SUD and OUD diagnoses *between* groups vary considerably.



# Report 1: Prevalence of SUD Diagnoses (SFY 2019 - SFY 2022)

## Key Findings Continued

### Prevalence of SUD and OUD Diagnoses among Medicaid Beneficiaries

By Demographics, SFY 2022

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	1,722,449	146,607	9%	58,375	3%
<b>Age</b>					
17 and Younger	718,039	7,417	1%	490	<1%
18 to 24	201,950	12,763	6%	2,866	1%
25 to 34	273,911	40,119	15%	19,164	7%
35 to 44	213,927	38,419	18%	18,935	9%
45 to 54	150,670	24,618	16%	9,333	6%
55 to 64	153,413	22,151	14%	7,219	5%
65 to 74	10,460	1,114	11%	366	3%
<b>Race/Ethnicity</b>					
American Indian or Alaska Native	135,874	22,067	16%	9,771	7%
Asian	128,270	5,619	4%	2,058	2%
Black or African American	199,543	16,249	8%	5,249	3%
Hispanic/Latino(a)	433,052	21,191	5%	6,622	2%
Native Hawaiian or Pacific Islander	94,803	4,608	5%	1,583	2%
White, <u>Non-Hispanic</u>	785,230	87,292	11%	37,181	5%
<b>Gender</b>					
Female	885,795	65,641	7%	26,926	3%
Male	836,636	80,964	10%	31,449	4%

# Report 1: Prevalence of SUD Diagnoses (SFY 2019 - SFY 2022)

## Key Findings Continued

### Rates of SUD and OUD Diagnoses among Medicaid Beneficiaries

By Populations of Interest, SFY 2022

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	1,722,449	146,607	9%	58,375	3%
<b>Populations of Interest</b>					
Pregnant and Postpartum Individuals	81,805	10,480	13%	3,207	4%
Adolescents (Ages 13 to 18)	320,086	10,678	3%	1,409	<1%
TAYA (Ages 16 to 25)	306,865	25,196	8%	7,851	3%
Criminal Legal System-Involved Persons	44,730	23,392	52%	11,253	25%
Individuals Experiencing Homelessness	145,455	43,012	30%	22,362	15%
Individuals with Unstable Housing	81,476	22,719	28%	11,577	14%
<b>Integrated Managed Care Region</b>					
Great Rivers	91,271	10,199	11%	4,365	5%
Greater Columbia	233,756	16,713	7%	5,626	2%
King	374,917	28,877	8%	11,600	3%
North Central	87,613	6,525	7%	2,066	2%
North Sound	253,992	22,802	9%	10,946	4%
Pierce	211,378	18,162	9%	7,053	3%
Salish	75,839	8,153	11%	3,299	4%
Southwest	126,043	8,949	7%	3,104	2%
Spokane	188,729	18,519	10%	7,444	4%
Thurston-Mason	78,559	7,700	10%	2,870	4%

# Report 2: Variations in Behavioral Health Treatment Rates (SFY 2020 - SFY 2022)

## Key Findings

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

**Treatment rates for SUD, OUD, and mental health (MH) were examined by:**

- **Demographics** including age, race and ethnicity, gender, Medicaid coverage type, and geography (Apple Health Integrated Managed Care regions)
- **Populations of interest** including pregnant and postpartum individuals, adolescents, transition aged young adults (TAYA), criminal legal system-involved persons, and individuals experiencing homelessness and housing instability.

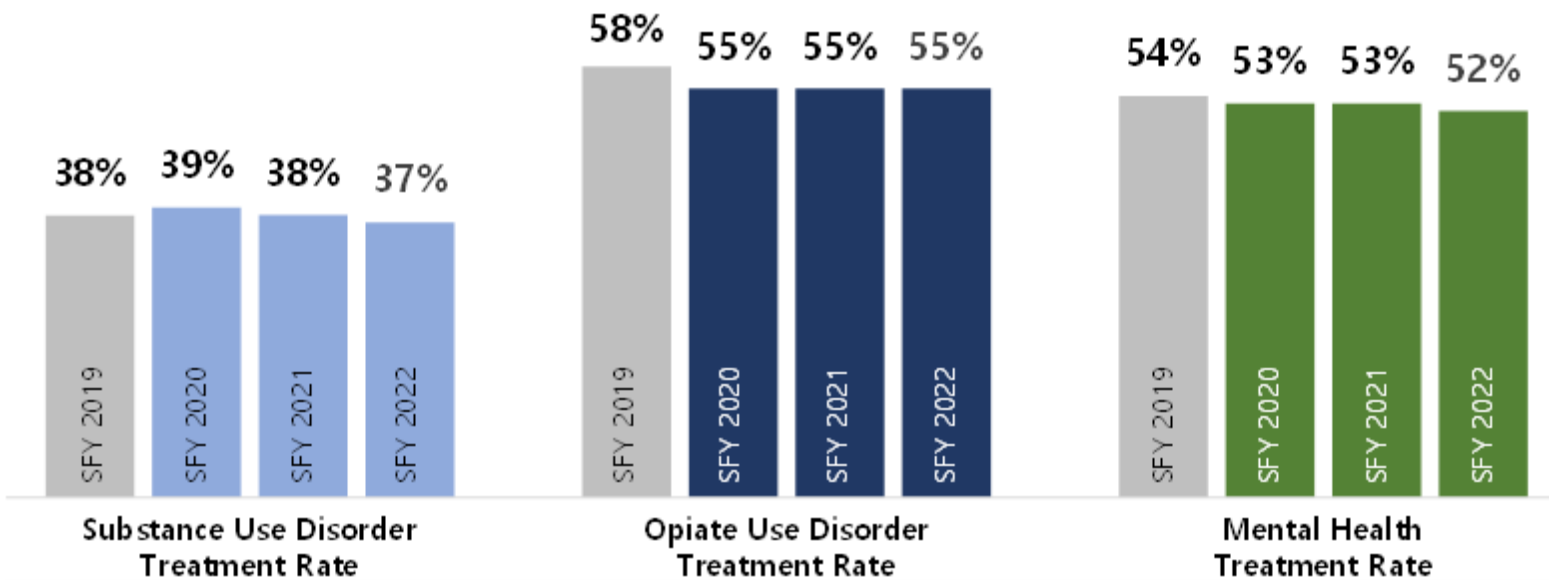
## Key Findings

- Despite challenges in accessing treatment due to the COVID-19 PHE, treatment rates for mental health, SUD, and OUD have remained relatively stable from SFY 2020 through SFY 2022.

# Report 2: Variations in Behavioral Health Treatment Rates (SFY 2020 - SFY 2022)

Key Findings Continued

FIGURE 2.  
Total Washington State Behavioral Health Treatment Rate Trends  
SFY 2020–2022



# Report 2: Variations in Behavioral Health Treatment Rates (SFY 2020 - SFY 2022)

## Key Findings Continued

### Opioid Use Disorder Treatment Rates by Demographics and Year

Among Medicaid beneficiaries (SFY 2020–2022)

	SFY 2020		SFY 2021		SFY 2022	
	Number with Treatment Need	Percent Who Received Treatment	Number with Treatment Need	Percent Who Received Treatment	Number with Treatment Need	Percent Who Received Treatment
<b>Statewide</b>	<b>31,876</b>	<b>55%</b>	<b>35,398</b>	<b>55%</b>	<b>36,007</b>	<b>55%</b>
<b>Populations of Interest</b>						
Pregnant and Postpartum Individuals	2,224	59%	2,267	61%	2,102	61%
Adolescents (Ages 13 to 18)	119	17%	288	27%	534	33%
TAYA (Ages 16 to 25)	2,876	52%	3,712	50%	4,250	50%
Criminal Legal System-Involved Persons	8,064	59%	5,798	54%	5,426	50%
Individuals Experiencing Homelessness	13,584	60%	13,582	56%	13,206	54%
Individuals with Unstable Housing	8,623	61%	8,247	57%	7,288	56%
<b>IMC Regions</b>						
Great Rivers	2,575	59%	2,740	58%	2,925	60%
Greater Columbia	2,782	52%	3,204	53%	3,328	54%
King	6,190	54%	6,814	54%	6,904	53%
North Central	846	46%	1,038	47%	1,107	48%
North Sound	6,660	61%	7,221	58%	7,244	58%
Pierce	3,841	51%	4,165	50%	4,244	52%
Salish	1,675	47%	2,011	52%	2,018	53%
Southwest	1,584	55%	1,798	54%	1,820	54%
Spokane	4,163	57%	4,631	58%	4,627	56%
Thurston-Mason	1,560	56%	1,776	56%	1,790	55%

# Report 3: Variations in Utilization of SUD Treatment Modalities (SFY 2019 - SFY 2022)

## Key Findings

**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?**

### Utilization was examined by:

- **SUD Treatment modalities** including outpatient treatment, inpatient/residential treatment, Buprenorphine, Naltrexone, and Methadone.
- **Demographics** including age, race and ethnicity, gender, Medicaid coverage type, and geography (Apple Health Integrated Managed Care regions)
- **Populations of interest** including pregnant and postpartum individuals, adolescents, transition aged young adults (TAYA), criminal legal system-involved persons, and individuals experiencing homelessness and housing instability.

### Key Findings

- Utilization rates of SUD treatment modalities varied by year and treatment modality.
- Changes are likely due to a combination of factors, such as the COVID-19 PHE and changes in access to MOUD.

# Report 3: Variations in Utilization of SUD Treatment Modalities (SFY 2019 - SFY 2022)

## Key Findings Continued

### 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%

# Report 4: Frequency of SUD Related Acute Events (SFY 2019 - SFY 2022)

## Key Findings

**What types of acute SUD-related services are Medicaid beneficiaries using? Do the type of acute SUD-related services vary across the Medicaid population? Has this changed during the COVID-19 PHE?**

**SUD-related acute events were defined as** receipt of Medically Managed Withdrawal Services, Inpatient or Residential SUD Treatment, SUD-Related Emergency Department Outpatient Visits, SUD-Related Emergency Department Inpatient Visits

**Frequency of SUD-Related acute events were examined by:**

- **Demographics** including age, race and ethnicity, gender, Medicaid coverage type, and geography (Apple Health Integrated Managed Care regions)
- **Populations of interest** including pregnant and postpartum individuals, adolescents, transition aged young adults (TAYA), criminal legal system-involved persons, and individuals experiencing homelessness and housing instability.

## Key Findings

- Three of the four acute event types had decreased utilization from SFY 2019 to SFY 2020, however, SUD IP-HOSP utilization increased from SFY 2019 to SFY 2020.
- This change in acute service utilization is likely due to the COVID-19 pandemic and its impact on both how individuals access services and the workforce available in these acute settings.



# Report 4: Frequency of SUD Related Acute Events (SFY 2019 - SFY 2022)

## Key Findings Continued

### Acute SUD-Related Events among Medicaid Beneficiaries with a SUD or OUD Diagnosis SFY 2019–2022, By Type of Acute Event in Measurement Year

Acute Event Category*	Number of Acute Events among Medicaid Beneficiaries with the Indicated Diagnosis (SUD or OUD)							
	SFY 2019		SFY 2020		SFY 2021		SFY 2022	
	N (SUD)	N (OUD)	N (SUD)	N (OUD)	N (SUD)	N (OUD)	N (SUD)	N (OUD)
Medically Managed Withdrawal Services (MMWS)	8,744	5,506	7,489	4,656	8,225	5,263	8,401	5,624
Inpatient or Residential SUD Treatment (IP SUD)	12,385	6,871	13,565	7,820	13,929	7,940	13,671	8,257
SUD-related ED Visit – Outpatient (SUD ED-OP)	42,162	15,392	40,389	15,046	40,002	14,825	39,143	14,387
SUD-related Inpatient Hospitalization (SUD IP-HOSP)	27,497	10,822	28,825	11,981	30,634	12,429	30,163	12,351

\*Acute Event categories are not mutually exclusive.

# Discussion

Looking Across the Current State Assessments (Past, Present, and Potential Future)

**Initial Current State Assessment Reports (SFY 2017 – SFY 2019) showed upward trends suggesting improved access to SUD related treatment services occurred during this time frame.**

**Despite significant system-wide changes in SFY 2020 – SY 2022, including the COVID-19 PHE and increases in fentanyl, trends were generally stable during this time frame.**

**Additional changes have occurred after the measurement period that will likely impact trends for SFY 2023 and on. These include:**

- Unwinding of COVID-19 public health emergency Medicaid eligibility.
- Partnerships with the Department of Commerce to expanded step-down capacity and community supports programs.
- Expanded Opioid Treatment Programs (OTPs), including mobile units to increase access to MOUD treatment in rural areas and other settings where fixed site OTPs are challenging.
- Continued support for telemedicine including policies allowing telehealth and audio only services and provider training for telehealth best practices.
- Workforce support including adding new provider types and expanding peer support services.
- Ramp up of the Reentry Initiative under the Medicaid Transformation Project which may result in identifying more criminal legal system involved Medicaid beneficiaries with a SUD or OUD diagnosis and impact access to treatment.

# Questions?

**CONTACT:**

**Katie Bittinger, PhD • 360.902.0721**

Senior Research Associate

DSHS Research and Data Analysis Division

[katherine.bittinger@dshs.wa.gov](mailto:katherine.bittinger@dshs.wa.gov)

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