

Involuntary Treatment Act for Substance Use Disorders

Secure Withdrawal Management and Stabilization Report
October 1, 2020 to September 30, 2021

Background

On April 1, 2018, two changes in the adult and youth Involuntary Treatment Act (ITA) for Substance Use Disorders (SUD) went into effect:

1. Designated mental health professionals became designated crisis responders (DCRs).
2. Community members who are a danger to themselves or others, other's property, or gravely disabled due to a drug or alcohol problem may be involuntarily detained to a **secure withdrawal management and stabilization (SWMS)** facility.

There are **three facilities** that currently provide **SWMS¹** services: **American Behavioral Health Services (ABHS)**, located in Chehalis; **ABHS Cozza**, located in Spokane; and **Valley Cities**, located in Kent.

Capacity and Average Daily Census

The SWMS bed capacity varies by facility, currently at **61 beds**. A total of **806 individuals were served** between October 1, 2020 and September 30, 2021.² In the reporting period, the **Average Daily Census³** (ADC) was **37**, with an **overall capacity yield of 61%**. Facilities operated at less than 80% capacity over 11 of the 12 months in the reporting period.

| Facility | Location (County) | Capacity ² | October 2020 to September 2021 | | | | |
|-----------------------|-------------------|-----------------------|------------------------------------|---|---------------|-----------|---------------|
| | | | Cases: 10/2020-9/2021 ² | Clients Served: 10/2020-9/2021 ² | Bed Days | ADC | % Capacity |
| ABHS Chehalis | Lewis | 21 | 365 | 333 | 4,967 | 15.0 | 71.24% |
| ABHS Cozza | Spokane | 24 | 412 | 362 | 5,468 | 15.7 | 65.47% |
| Valley Cities | King | 16 | 184 | 173 | 2,300 | 6.3 | 39.36% |
| All Facilities | | 61 | 961 | 806 | 12,735 | 37 | 60.61% |

¹ **Data Source:** SWMS Facilities, October 2020 to September 2021.

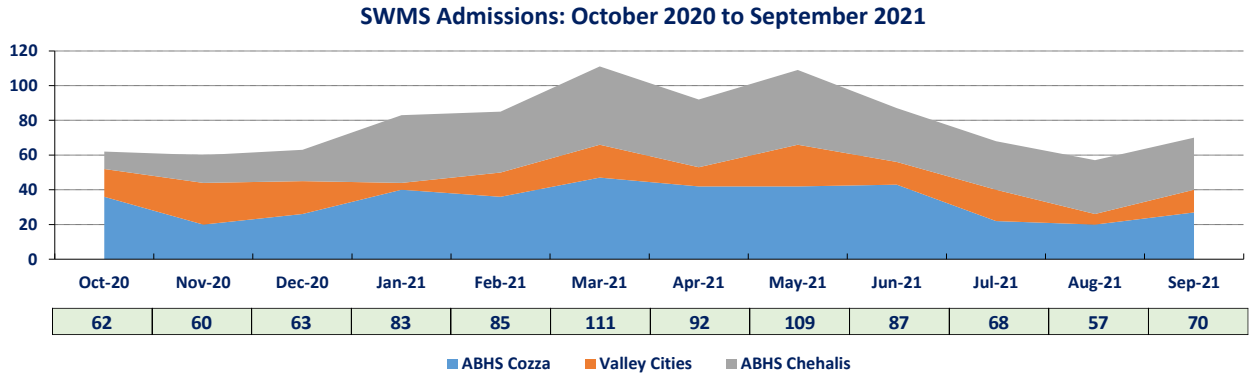
² "Cases" include service counts in the reporting period of SWMS events tied to admissions, open active cases, and discharges. "Clients Served" include unduplicated counts in the reporting period of individuals served in SWMS. The "All Facilities" count of "Clients Served" is an overall unduplicated figure; as such, the counts of "Clients Served" by Facility will not sum to the "All Facilities" count of "Clients Served."

³ The facility ADC is calculated by dividing the number of bed days in the reporting year by facility (i.e., the total days in which clients were occupying a bed), by the number of active service days by facility (i.e., the number of days in the reporting year, within which one or more individuals comprised the daily census). The total ADC is a rounded sum of the facility ADCs. The Capacity Yield (expressed in this report as the % Capacity [also known as the bed utilization rate]) is rounded to the next integer, for purposes of illustration for the ADC table. The numbers of active service days may vary by each facility; these numbers are used in concert with the numbers of bed days to calculate the ADC (bed days/service days), which in turn is used to calculate the Capacity Yield (ADC/Capacity).

Secure Withdrawal Management and Stabilization Services Report
October 2020 to September 2021 October 20, 2021 Refreshed May 8, 2023

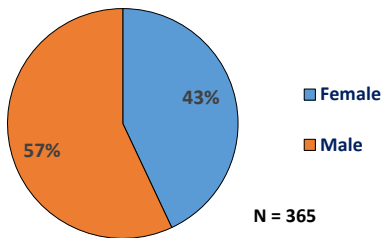
Admissions

There were **947 admissions** to SWMS between October 1, 2020 and September 30, 2021, an **18.2%** drop from the previous 12-month period. **Admissions by month peaked** between March-May 2021, followed by declines in admissions between June-September 2021. The average count of admissions during **July-September 2021 (65.0)** was **22.2 percent lower** than the average count of admissions in the **preceding 9-month period (83.6)**.

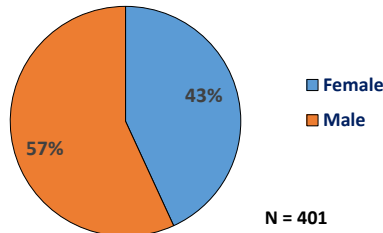


Admissions vary by gender⁴ and age grouping (all adults). **Males (59%)**, and **persons ages 25-44 (60%)⁵** comprised most admissions during the reporting period.

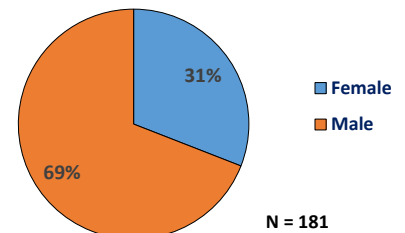
**Admissions by Gender
ABHS (Chehalis)**



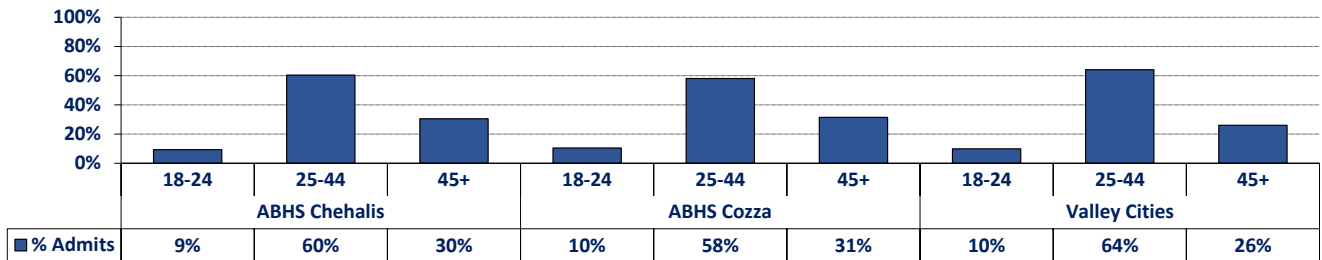
**Admissions by Gender
ABHS (Cozza)**



**Admissions by Gender
Valley Cities**



SWMS Admissions by Facility and Age Group

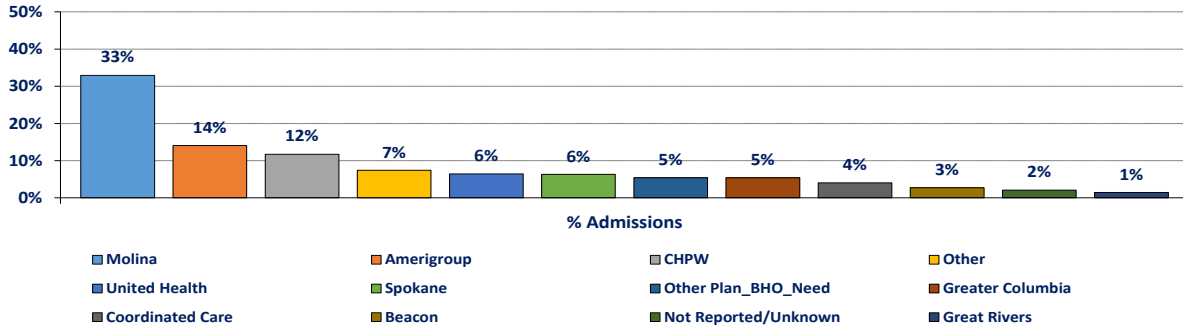


⁴ Indicates a person's self-identified gender.

⁵ The age groups "45-64" and "65+" were combined for the "SWMS Admissions by Facility and Age Group" chart, to avert data suppression.

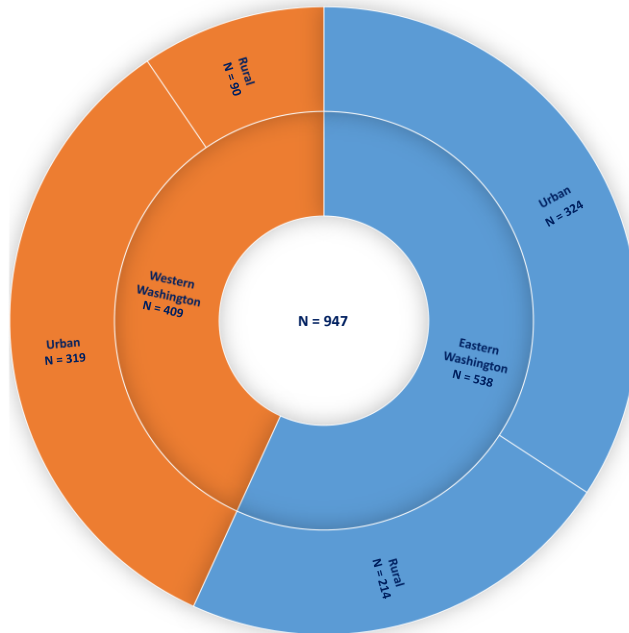
Clients enrolled via **Molina Healthcare** comprised the highest percentage of admissions (**33%**) to SWMS among submitters⁶ during the reporting period.

**SWMS Admissions by Submitter:
October 2020 to September 2021**



Admissions to SWMS varied by **rural v. urban counties of detention**⁷, and by the geographic area (Eastern v. Western Washington). Clients whose county of detention was located in **Eastern Washington** totaled **57%** of SWMS admissions in the reporting period. Admissions from **urban counties of detention outnumbered admissions from rural counties by more than 2 to 1 (68% [urban] v. 32% [rural])**.

SWMS Admissions: October 2020 to September 2021
Eastern Washington and Western Washington
Urban and Rural Counties

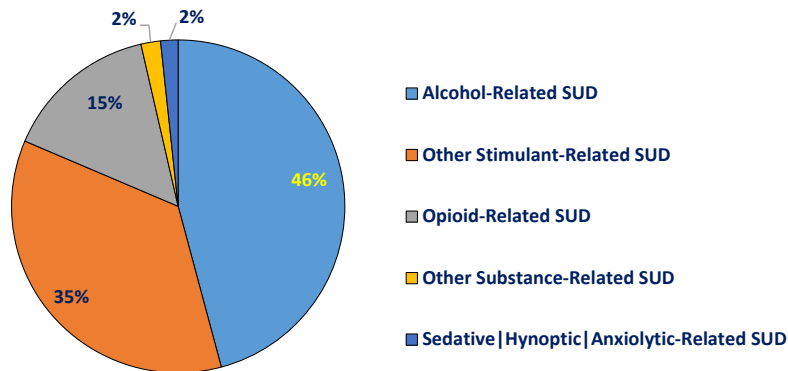


⁶ "Other Plan_BHO_Need" includes Blue Cross/Blue Shield, Cigna, Humana, Kaiser, King, North Sound, Premera, Regence Blue Shield, Salish, Thurston-Mason, Tricare, and VA. "Other" includes Inactive, Medicare, Medicare/Medicaid, Native (American client), and No Insurance.

⁷ Rural counties with admissions during the reporting period include Asotin, Chelan, Clallam, Columbia, Cowlitz, Franklin, Grant, Grays Harbor, Island, Jefferson, Kittitas, Klickitat, Lewis, Mason, Okanogan, Pacific, Pend Oreille, San Juan, Skagit, Stevens, Walla Walla, Whitman, and Yakima counties. Urban counties with admissions during the reporting period include Benton, Clark, King, Kitsap, Pierce, Snohomish, Spokane, Thurston, and Whatcom counties. **Source (Rural/Urban County Flags):** Washington Department of Health, based on population data from Washington State Office of Financial Management, April 2017 (DOH 609-003).

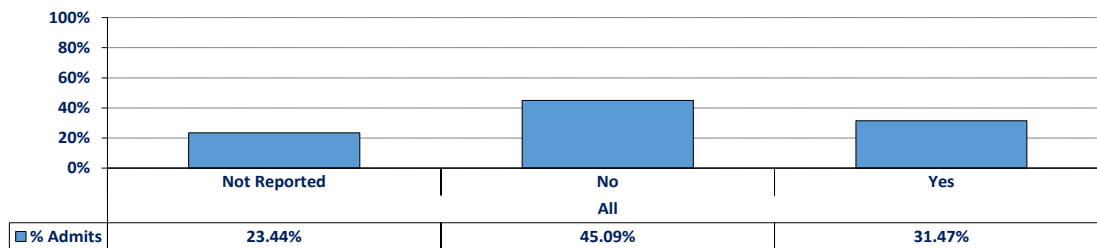
Admissions whereby clients presented with **Alcohol-Related SUD diagnoses**⁸ comprised the greatest proportion (46%) of SWMS admissions during the reporting period.

**SWMS Admissions by SUD Diagnostic Group:
October 2020 to September 2021**



Admissions of clients receiving, or identified to receive **Medication-Assisted Treatment for Opioid Use Disorder (MOUD)**, comprised 31% of SWMS admissions during the reporting period.

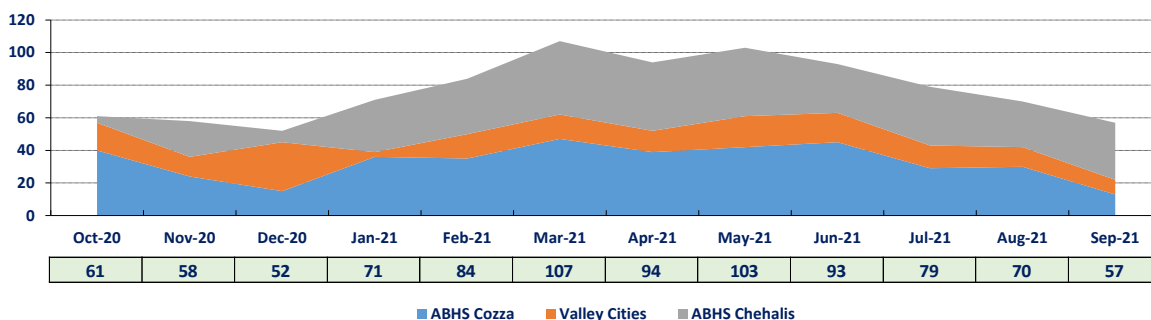
MOUD Utilization among SWMS Admissions



Discharges

There were **929 discharges** from SWMS between October 1, 2020 and September 30, 2021. The **average length of stay was 14 days** overall (**13 days** at Valley Cities; **14 days** at ABHS Chehalis; and **14 days** at ABHS Cozza).

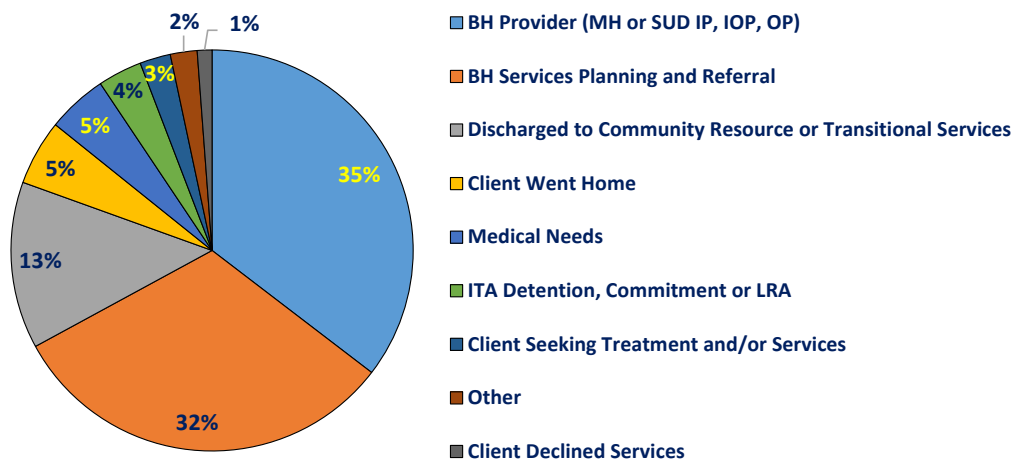
SWMS Discharges: October 2020 to September 2021



⁸ SUD Diagnostic Groups are comprised of ICD-10 diagnoses that signify substance use, abuse, or dependence. "Other Stimulant-Related SUD" is synonymous with use, abuse, or dependence of amphetamines, methamphetamine, other psychostimulants (i.e., therapeutics such as mixed amphetamine [e.g., Adderall], methylphenidate [e.g., Ritalin], or modafinil [e.g., Provigil]), and caffeine. "Other Substance-Related SUD" includes diagnoses related to cannabis, cocaine, hallucinogens, inhalants, multiple substances, and other psychoactive substance; and records where there was no reported SUD diagnosis.

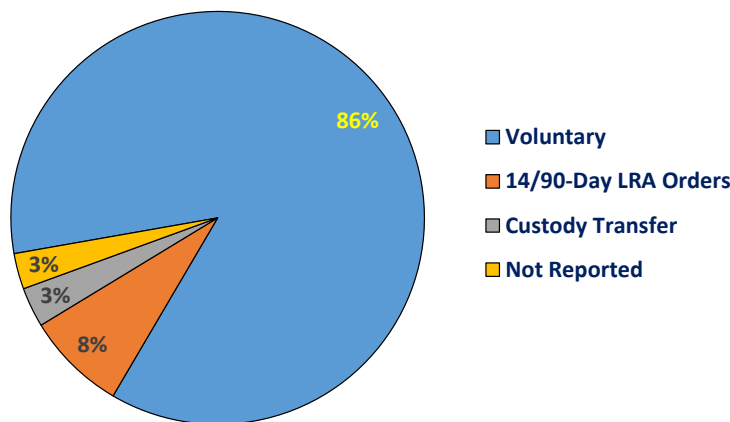
The supermajority (67%) of SWMS discharges⁹ indicated continued behavioral health (BH) services (i.e., transitioned to services delivered by BH service providers, or to BH service planning/BH service referrals) at the point of discharge.

SWMS Discharges by Discharge Plan Type



The supermajority (86%) of SWMS discharges had “Voluntary” as the Legal Status at the point of discharge.

SWMS Discharges by Legal Status



⁹ "BH Provider" means the client was discharged to one of the following: IOP/OP services; IP services; IP services - COD; IP/Stabilization Unit; MH Evaluation; SUD Assessment; or SUD Services (i.e., Withdrawal Management). "BH Services Planning and Referral" means the client transitioned to, or received the following: Recommendation for/to seek BH services or IP services; referred to COD IIP or IIP Services; (placed on a) waitlist for treatment (IP); or went home with recommendations for referral for treatment or resources. "Client Declined Services" is self-explanatory. "Client Seeking Treatment and/or Services" means the client had been provided resource material; or the client was independently seeking treatment. "Client Went Home" means the client returned to his/her place of residence; or went home to the care of his/her family or guardian. "Discharged to Community Resource or Transitional Services" means the client was discharged and received the following: A community resource or transitional service (e.g., Shelter). "ITA Detention, Commitment or LRA" means the client received continued care pursuant to ITA protocols (e.g., E&T, 14-Day Commitment, 90-Day LRA, Hospital ITA, MH Hold). "Medical Needs" means the client was discharged for medical purposes (e.g., hospital or medical center, medical appointment, etc.). "Other" includes the following dispositions, grouped together due to small numbers: "Discharged to Crisis Center or Psychiatric Unit" is self-explanatory; "Dropout" means the client eloped from the SWMS facility, or was determined to be not amenable to treatment; "Law Enforcement, Court, or Incarceration" means the client placed into police custody; "Not Reported" connotes a blank entry for the Discharge Plan data element in the SWMS data template; and "Other" means the client's case was dismissed.