

# Involuntary Treatment Act for Substance Use Disorders

## Secure Withdrawal Management Report

April 1, 2021 to June 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 **SWMS<sup>1</sup>** 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 **309 individuals were served** between April 1 and June 30, 2021<sup>2</sup>. In the reporting period, the **Average Daily Census (ADC)**<sup>3</sup> decreased from **49 in May** to **42 in June**. The **bed utilization rates**<sup>4</sup> varied from **69%** in June to **81%** in May.

Facility	Capacity	Cases: Past 3 Months <sup>2</sup>	Clients Served: Past 3 Months <sup>2</sup>	April-21		May-21		June-21	
				ADC	% Capacity	ADC	% Capacity	ADC	% Capacity
ABHS Chehalis	21	132	128	19.600	93.33%	18.935	90.17%	15.700	74.76%
ABHS Cozza	24	146	139	23.433	97.64%	21.968	91.53%	19.100	79.58%
Valley Cities	16	55	52	5.333	33.33%	8.484	53.02%	7.500	46.88%
<b>All Facilities</b>	<b>61</b>	<b>333</b>	<b>309</b>	<b>48</b>	<b>79.29%</b>	<b>49</b>	<b>80.96%</b>	<b>42</b>	<b>69.34%</b>

<sup>1</sup> **Data Sources:** SWMS Facilities, April to June 2021. Data provided by the SWMS facilities between April 2018 and June 2021 are varied, which provide for limited capacity to fully describe general service activity at each site (e.g., quarterly admissions, discharges, length of stay, average daily census). Moreover, some data elements were either partly or largely unreported over the initial course of data reporting on the SWMS program (e.g., Legal Status at Discharge). It is anticipated that the completeness of data reporting (i.e., of experiences of patients served in Secure Withdrawal Management and Stabilization services) will continue to improve over time, resulting in a mitigation of these reporting limitations.

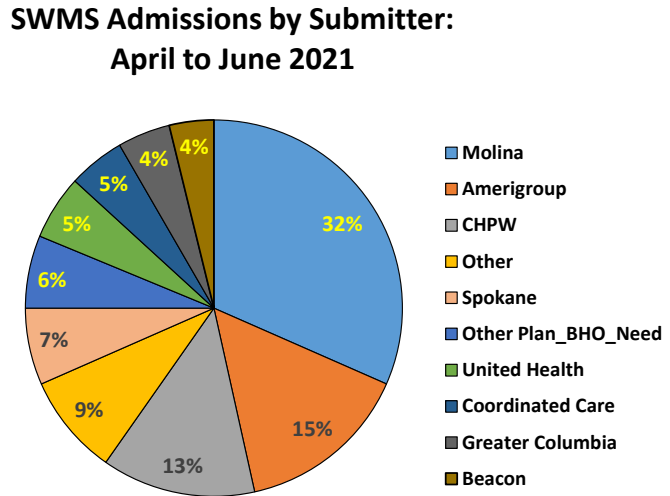
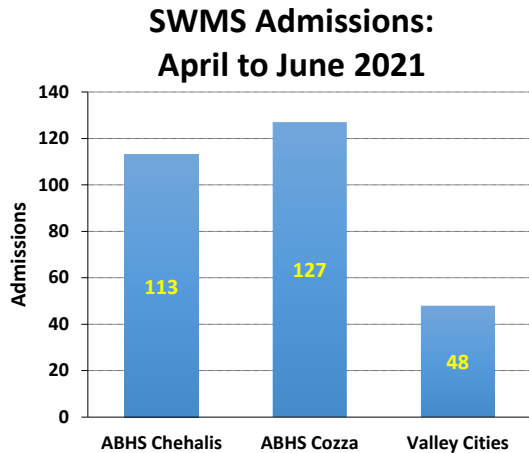
<sup>2</sup> “Cases” include service counts in the reporting period of SWMS events tied to admissions, open active cases, and discharges by facility and month. “Clients Served” include unduplicated counts of individuals served in SWMS in the reporting period, by facility and month. The “All Facilities” 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.”

<sup>3</sup> The facility monthly ADC is calculated by dividing the number of bed days by facility (i.e., the total days in a month in which clients were occupying a bed) by the number of active days by facility (i.e., the number of days in a month within which one or more individuals comprised the daily census). The total monthly ADC is a rounded sum of the facility monthly ADCs.

<sup>4</sup> The bed utilization rate (expressed as “% Capacity”) is calculated by dividing the facility monthly ADC by each facility’s capacity; and by dividing the total monthly ADC by the composite total capacity of all participating facilities. The rate is rounded to the next one-hundredth of a percentage point, for purposes of illustration for the ADC table.

## Admissions

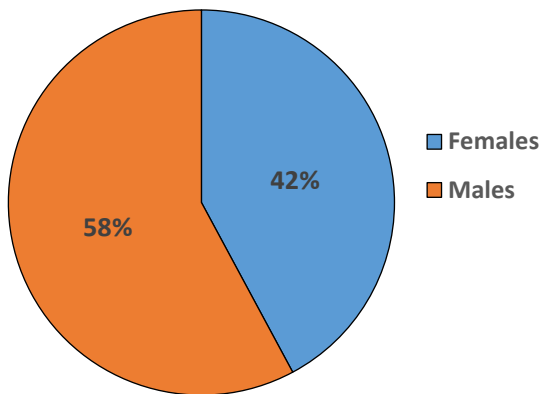
There were **288 admissions** to SWMS between April 1 and June 30, 2021. **Clients enrolled via Molina Healthcare** comprised the highest percentage of admissions (**32%**)<sup>5</sup> to SWMS during the reporting period.



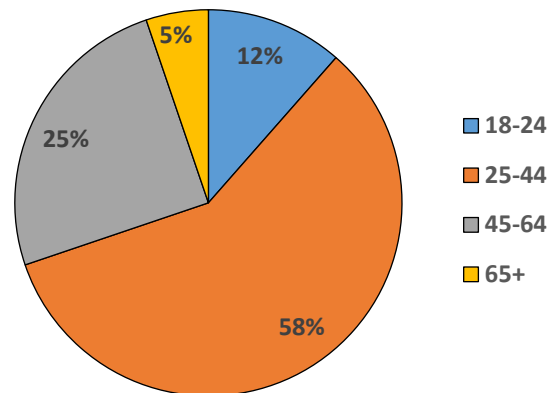
"Other Plan\_BHO\_Need" includes Blue Cross/Blue Shield, Cigna, Great Rivers BH, Kaiser, King County BH, Regence Blue Shield, Salish, Thurston-Mason, and Tricare.  
"Other" includes Inactive, Medicare, Native (American client), No Insurance, and Not Reported/Unknown.

Admissions vary by gender<sup>6</sup> and age grouping (all adults). **Males (58%)**, and **persons ages 25-44 (58%)** comprised most admissions during the reporting period.

**SWMS Admissions by Gender:  
April to June 2021**



**SWMS Admissions by Age Group:  
April to June 2021**

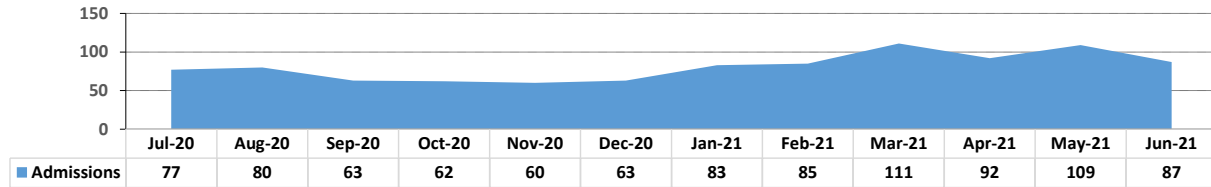


<sup>5</sup> Percentages are rounded upward to the nearest integer. As such, figures may not sum to 100 percent.

<sup>6</sup> Indicates a person's self-identified gender.

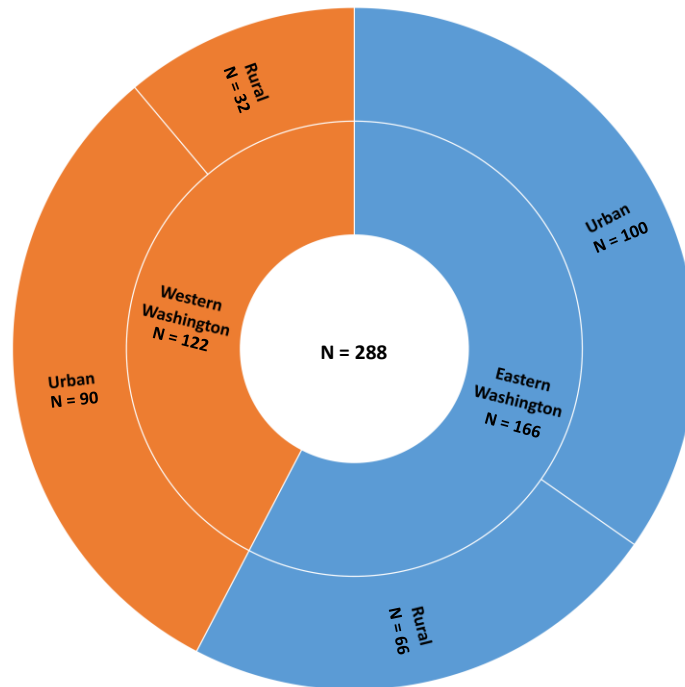
The average count of admissions during March-June 2021 (99.8) was 39 percent greater than the average count of admissions in the preceding 8-month period (71.6).

SWMS Admissions: July 2020 to June 2021



Admissions to SWMS varied by rural v. urban counties of detention<sup>7</sup>, and by the geographic area (Eastern Washington at 58%, and Western Washington at 42%). Admissions from urban counties of detention outnumbered admissions from rural counties by nearly 2 to 1 (66% [urban] v. 34% [rural]).

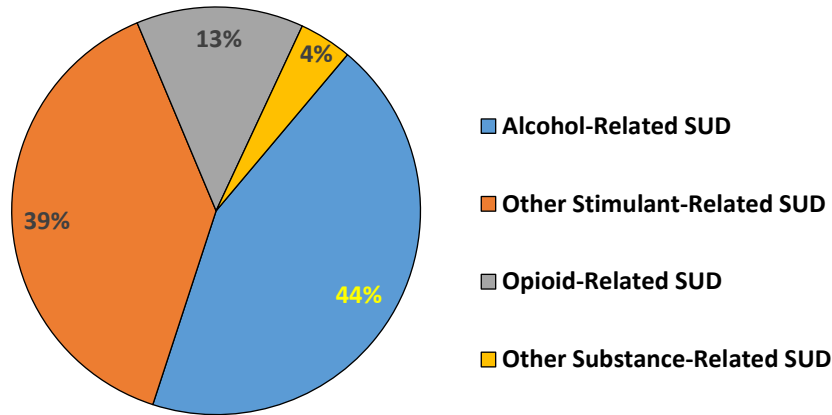
SWMS Admissions: April to June 2021  
Eastern Washington and Western Washington  
Urban and Rural Counties



<sup>7</sup> Rural counties with admissions during the reporting period include Asotin, Chelan, Clallam, Cowlitz, Franklin, Grant, Grays Harbor, Island, Jefferson, Kittitas, Klickitat, Lewis, Mason, Okanogan, Pend Oreille, 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. Records where the County of Detention is “Unknown” were attributed to the facility county in which the SWMS event occurred. Source: 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**<sup>8</sup> comprised the plurality (**44%**) of SWMS admissions during the reporting period.

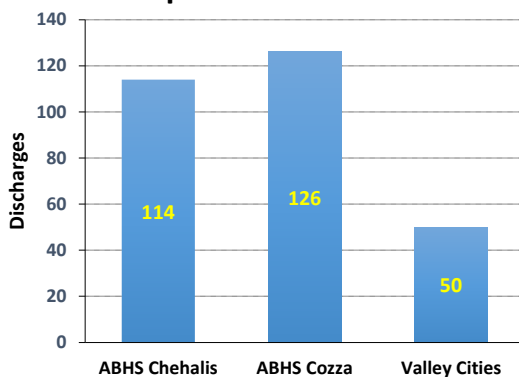
### SWMS Admissions by SUD Diagnostic Group: April to June 2021



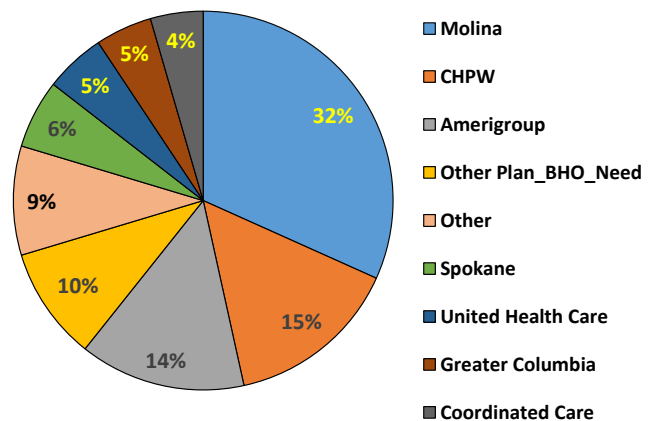
## Discharges

There were **290 discharges** from SWMS between April 1 and June 30, 2021. **Clients enrolled via Molina Healthcare** comprised the highest percentage of discharges (**32%**)<sup>9</sup> from SWMS during the reporting period.

### SWMS Discharges: April to June 2021



### SWMS Discharges by Submitter: April to June 2021



<sup>8</sup> "Other Plan\_BHO\_Need" includes Beacon, Blue Cross/Blue Shield, Cigna, Great Rivers BH, Kaiser, King County BH, Regence Blue Shield, Salish, Thurston-Mason, and Tricare.

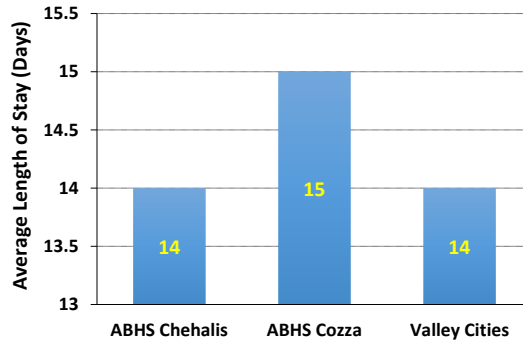
<sup>9</sup> "Other" includes Inactive, Medicare, Native (American client), No Insurance, and Not Reported/Unknown.

<sup>8</sup> 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 of substance use, abuse, or dependence related to cannabis, cocaine, inhalants, or sedatives/hypnotics/anxiolytics.

<sup>9</sup> Percentages are rounded upward to the nearest integer. As such, figures may not sum to 100 percent.

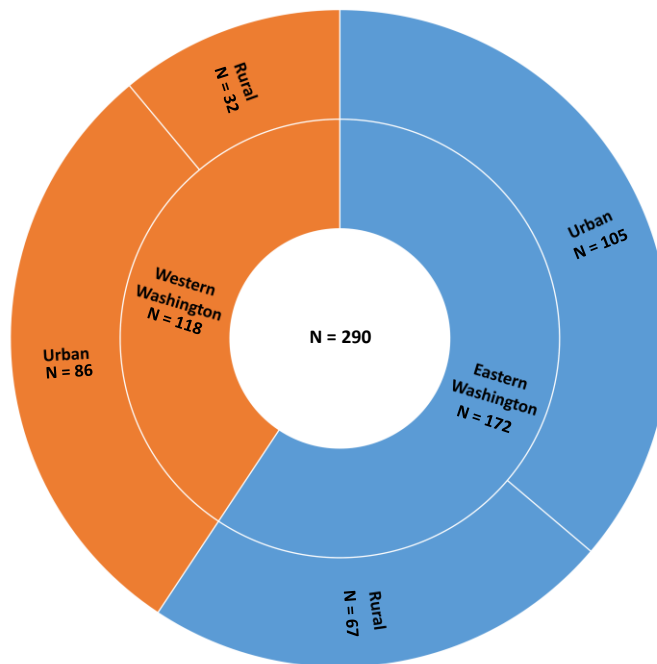
The overall **average length of stay (LOS)** was **15 days**. The LOS measured during the reporting period varied by facility.

**Average LOS in SWMS:  
April to June 2021**



Discharges from SWMS varied by **rural v. urban counties of detention**<sup>10</sup>, and by the geographic area. Counties of detention located in **Eastern Washington** comprised the majority (**59%**) of SWMS discharges during the reporting period. Discharges from **urban counties of detention outnumbered discharges from rural counties** by nearly **2 to 1** (**66%** [urban] v. **34%** [rural]).

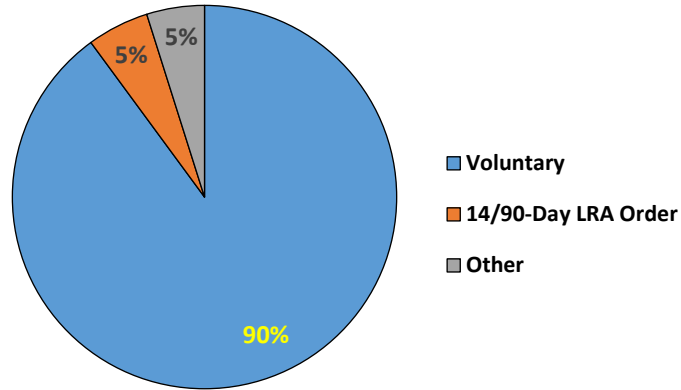
**SWMS Discharges: April to June 2021  
Eastern Washington and Western Washington  
Urban and Rural Counties**



<sup>10</sup> Rural counties with discharges during the reporting period include Asotin, Chelan, Clallam, Cowlitz, Franklin, Grant, Grays Harbor, Island, Jefferson, Kittitas, Klickitat, Lewis, Mason, Okanogan, Pend Oreille, Skagit, Stevens, Walla Walla, Whitman, and Yakima counties. Urban counties with discharges during the reporting period include Benton, Clark, King, Pierce, Snohomish, Spokane, Thurston, and Whatcom counties. Records where the County of Detention is “Unknown” were attributed to the facility county in which the SWMS event occurred. **Source:** Washington Department of Health, based on population data from Washington State Office of Financial Management, April 2017 (DOH 609-003).

The supermajority (90%) of SWMS discharges had “**Voluntary**” as the **Legal Status**<sup>11</sup> at the point of discharge.

### SWMS Discharges by Legal Status



<sup>11</sup> “Other” (Legal Status) includes Custody Transfer(s) and Not Reported/Unknown.