

# Involuntary Treatment Act for Substance Use Disorders

## Secure Withdrawal Management Report

April 1, 2023 to June 30, 2023

### 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 Parkside**, located in Wenatchee; and **Valley Cities**, located in Kent.

### Capacity and Average Daily Census

The SWMS bed capacity varies by facility, currently at **53 beds**. A total of **264 individuals were served** between April 1 and June 30, 2023<sup>2</sup>. In the reporting period, the **Average Daily Census (ADC)<sup>3</sup>** moderated from **26 in April to 32 in June**. The **bed utilization rates<sup>4</sup>** varied from **50%** in April to **60%** in June.

| Facility              | Capacity  | Cases:<br>Past 3 Months <sup>2</sup> | Clients Served:<br>Past 3 Months <sup>2</sup> | April-23  |               | May-23    |               | June-23   |               |
|-----------------------|-----------|--------------------------------------|---|-----------|---------------|-----------|---------------|-----------|---------------|
|                       |           |                                      |   | ADC       | % Capacity    | ADC       | % Capacity    | ADC       | % Capacity    |
| ABHS Chehalis         | 21        | 111                                  | 107   | 10.867    | 51.75%        | 14.129    | 67.28%        | 13.133    | 62.54%        |
| ABHS Parkside         | 16        | 111                                  | 105   | 6.467     | 40.42%        | 8.129     | 50.81%        | 7.767     | 48.54%        |
| Valley Cities         | 16        | 58                                   | 58  | 9.067     | 56.67%        | 9.161     | 57.26%        | 10.800    | 67.50%        |
| <b>All Facilities</b> | <b>53</b> | <b>280</b>                           | <b>264</b>                                    | <b>26</b> | <b>49.81%</b> | <b>31</b> | <b>59.28%</b> | <b>32</b> | <b>59.81%</b> |

<sup>1</sup> **Data Sources:** SWMS Facilities, April to June 2023.

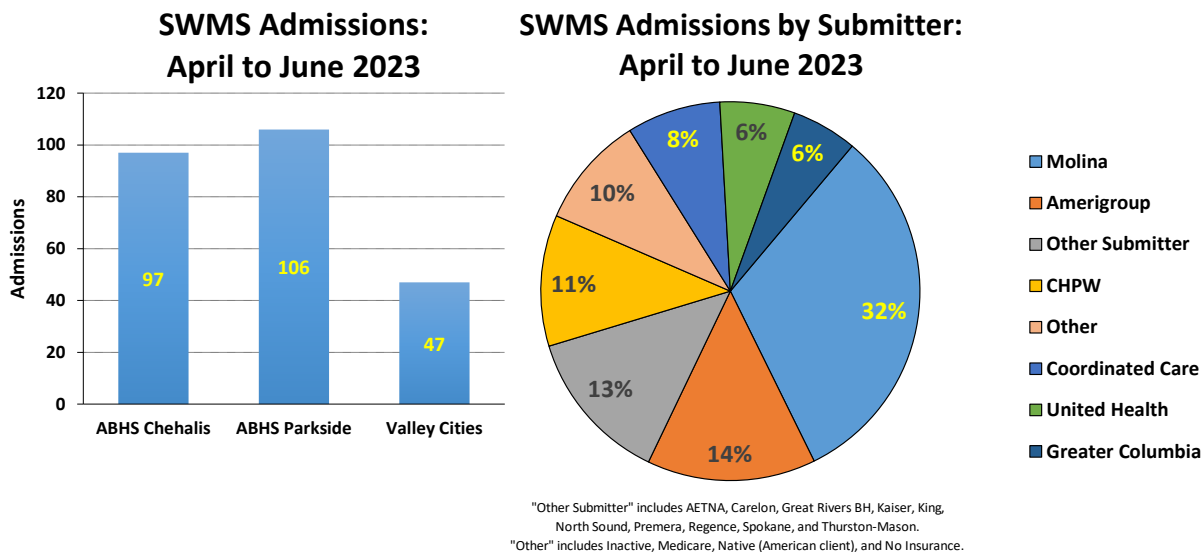
<sup>2</sup> “Cases” include service counts in the reporting period of SWMS events tied to admissions, open active cases, and discharges by facility and month. “Clients Served” include unduplicated counts of individuals served in SWMS in the reporting period, by facility and month. The “All Facilities” 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. In the TARGET era and the BHO era, discharge days for inpatient and withdrawal management services were counted as a service day. However, upon consultation with HCA staff in February 2022, there was consensus regarding the omission of the discharge date from the treatment/service episode, when calculating the length of stay for said episode. This decision rule is used when calculating SWMS bed days and the facility monthly ADCs.

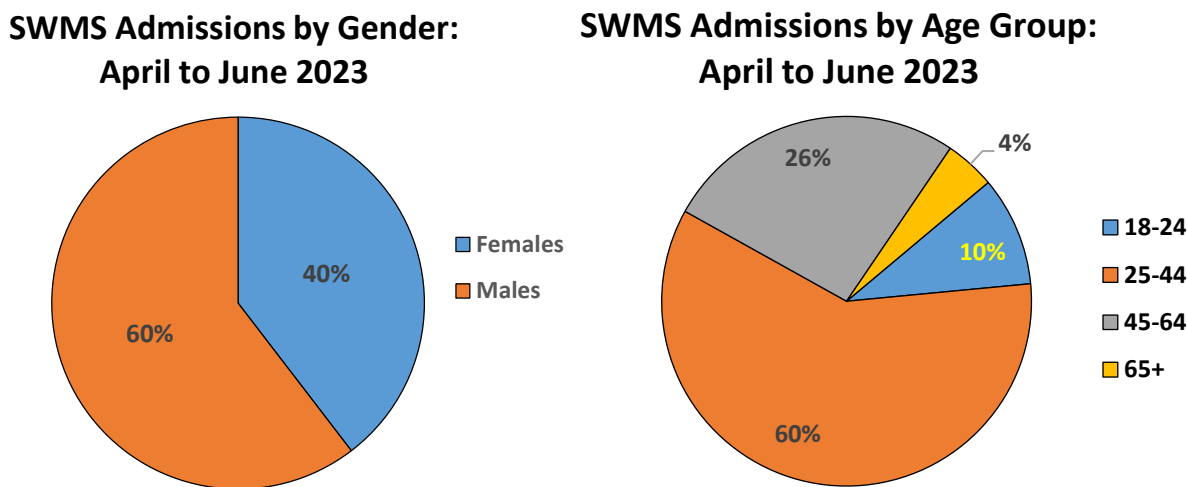
<sup>4</sup> The bed utilization rate (expressed as “% Capacity”) is calculated by dividing the facility monthly ADC by each facility’s capacity; and by dividing the total monthly ADC by the composite total capacity of all participating facilities.

## Admissions

There were **250 admissions** to SWMS between April 1 and June 30, 2023. **Clients enrolled via Molina Healthcare** comprised the single submitter with the highest percentage of admissions (**32%**)<sup>5</sup> to SWMS during the reporting period.



Admissions vary by gender<sup>6</sup> and age grouping (all adults). **Males (60%)**, and **persons ages 25-44 (60%)** comprised most admissions during the reporting period.

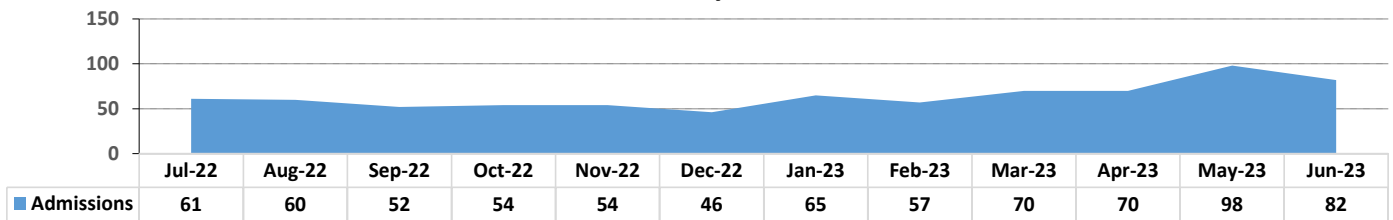


<sup>5</sup> Percentages are rounded upward to the nearest integer. As such, figures may not sum to 100 percent.

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

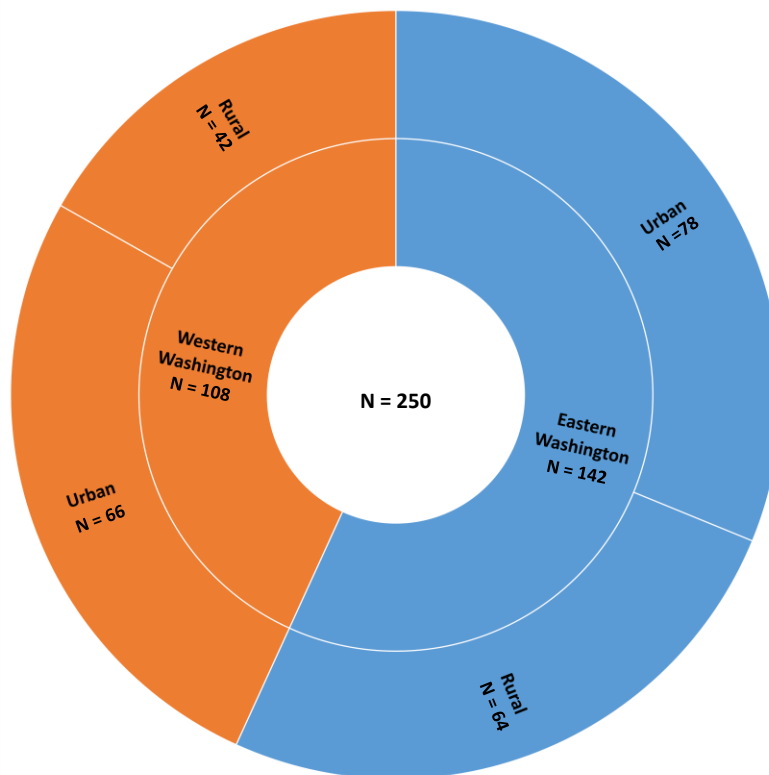
The average count of admissions during **April-June 2023 (83.3)** was a **net 45 percent greater** than the average count of admissions during the preceding 9-month period **July 2022-March 2023 (57.7)**.

**SWMS Admissions: July 2022 to June 2023**



Admissions to SWMS varied by **rural v. urban counties of detention<sup>7</sup>**, and by the geographic area (Eastern Washington at **57%**, and Western Washington at **43%**). Admissions from **urban counties of detention outnumbered admissions from rural counties (58% [urban] v. 42% [rural])**.

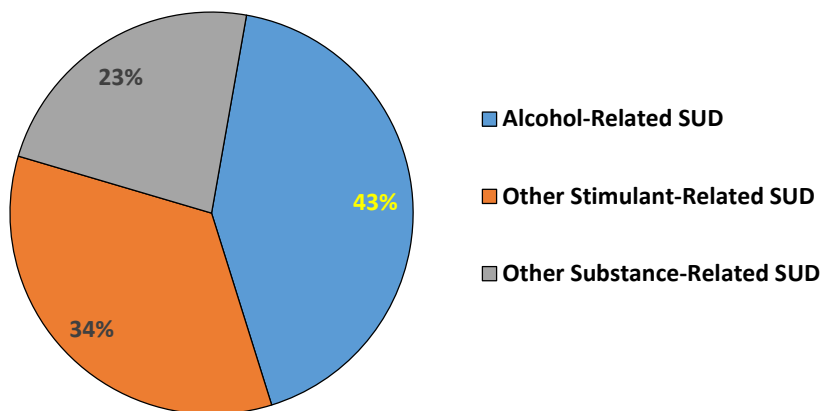
**SWMS Admissions: April to June 2023**  
Eastern Washington and Western Washington  
Urban and Rural Counties



<sup>7</sup> 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, 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. Any SWMS admission record whereby the county was identified as “Unknown” was attributed to the county in which SWMS services were delivered. **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**<sup>8</sup> comprised the greatest proportion (**43%**) of SWMS admissions during the reporting period.

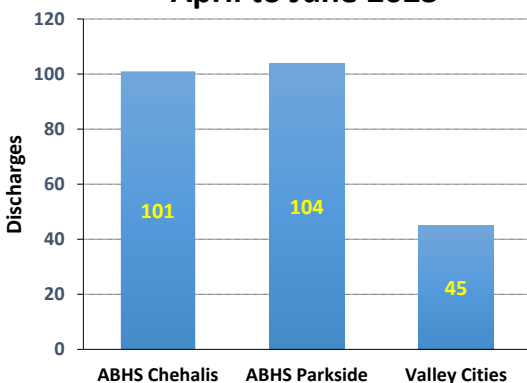
### SWMS Admissions by SUD Diagnostic Group: April to June 2023



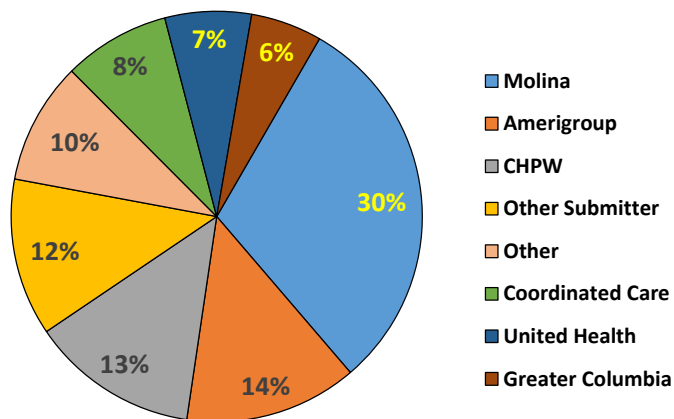
## Discharges

There were **250 discharges** from SWMS between April 1 and June 30, 2023. **Clients enrolled via Molina Healthcare** comprised the single submitter with the highest percentage of discharges (**30%**)<sup>9</sup> from SWMS during the reporting period.

### SWMS Discharges: April to June 2023



### SWMS Discharges by Submitter: April to June 2023



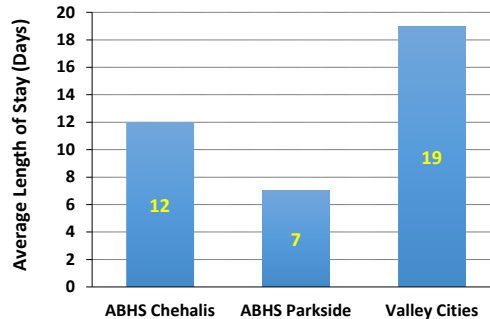
<sup>8</sup>Other Submitter" includes Carelon, Great Rivers BH, Kaiser, King, North Sound, Premera, Regence, Spokane, and Thurston-Mason.  
<sup>9</sup>Other" includes Inactive, Medicare, Native (American client), and No Insurance.

<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, opioids, or sedatives/hypnotics/anti-anxiety; and records where there was no reported SUD diagnosis.

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

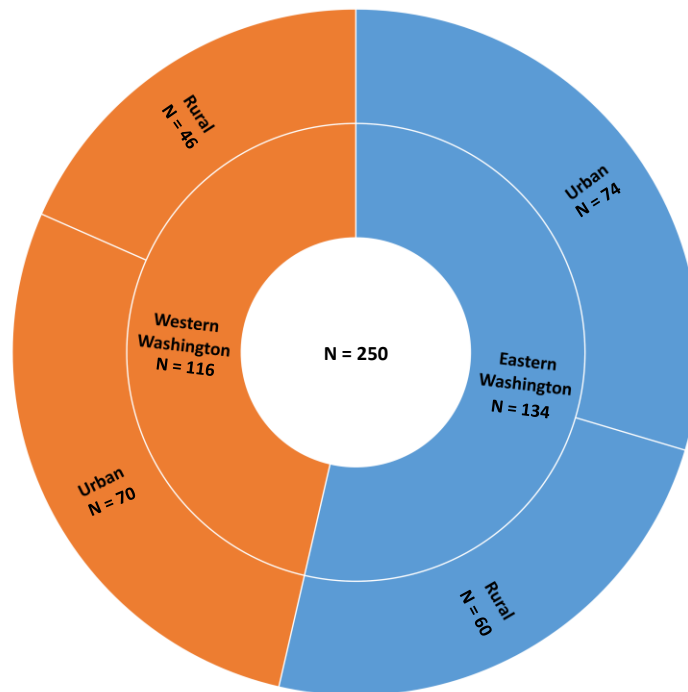
The overall **average length of stay (LOS)** was **11 days**, which has **moderated over time**. The LOS measured during the reporting period varied by facility.

**Average LOS in SWMS:  
April to June 2023**



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 (**54%**) of SWMS discharges during the reporting period. Discharges from **urban counties of detention outnumbered admissions from rural counties (58% [urban] v. 42% [rural])**.

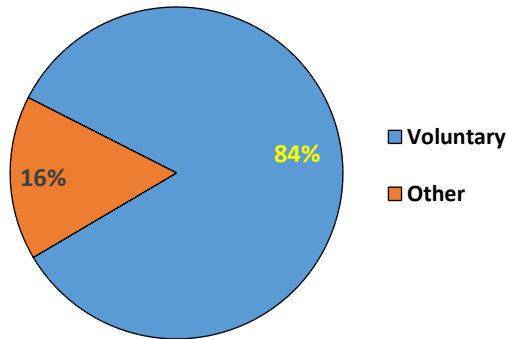
**SWMS Discharges: April to June 2023  
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<sup>10</sup> Rural counties with discharges during the reporting period include Asotin, Chelan, Clallam, Columbia, Cowlitz, Franklin, Grant, Grays Harbor, Island, Jefferson, Kittitas, Lewis, Mason, Okanogan, Skagit, Stevens, Walla Walla, Whitman, and Yakima counties. Urban counties with discharges 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).

The supermajority (**84%**) of SWMS discharges occurring between had “**Voluntary**” as the **Legal Status**<sup>11</sup> at the point of discharge.

### SWMS Discharges by Legal Status April to June 2023



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<sup>11</sup> “Other” (Legal Status) includes 14-90 Day LRA Order(s) and Custody Transfer(s).