

Involuntary Treatment Act for Substance Use Disorders

Secure Withdrawal Management Report

October 1, 2022 to December 31, 2022

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**¹ 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 **169 individuals were served** between October 1 and December 31, 2022². In the reporting period, the **Average Daily Census** (ADC)^{3 4} ranged from **26 in October, to 24 in November**, and to **27 in December**. The **bed utilization rates**⁵ varied from **45%** in November to **50%** in December.

Facility	Capacity	Cases:	Clients Served:	October-22		November-22		December-22	
		Past 3 Months 2	Past 3 Months 2	ADC	% Capacity	ADC	% Capacity	ADC	% Capacity
ABHS Chehalis	21	76	73	11.774	56.07%	7.467	35.56%	13.677	65.13%
ABHS Parkside	16	59	56	7.323	45.77%	4.933	30.83%	1.677	10.48%
Valley Cities	16	44	44	7.065	44.15%	11.267	70.42%	11.258	70.36%
All Facilities	53	179	169	26	49.36%	24	44.65%	27	50.21%

¹ Data Sources: SWMS Facilities, October to December 2022.

² "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.".

³ 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.

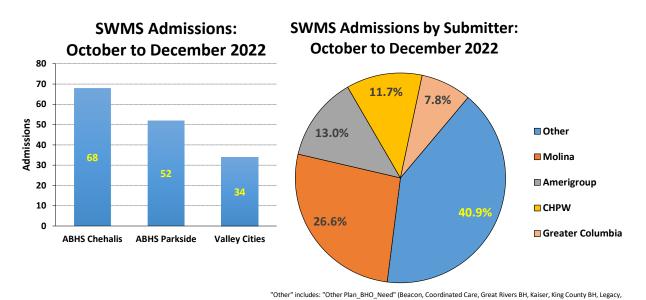
⁴ In the TARGET era and the BHO era, discharge days for inpatient and withdrawal management services were counted as a service day. However, upon consultation with HCA staff in February 2022, there was consensus regarding the omission of the discharge date from the treatment/service episode, when calculating the length of stay for said episode. This decision rule is used when calculating SWMS bed days and the facility monthly ADCs.

⁵ 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.

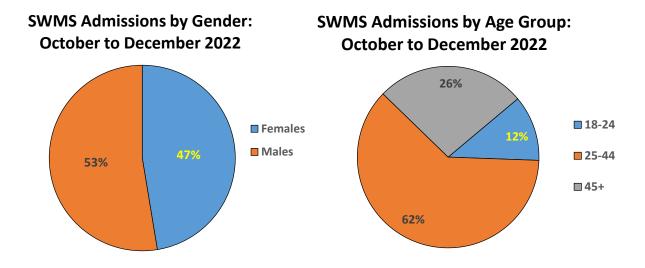


Admissions

There were **154** admissions to SWMS between October 1 and December 31, 2022. **Clients enrolled via Molina Healthcare** comprised the single submitter with the highest percentage of admissions (**27%**)⁶ to SWMS during the reporting period.



Admissions vary by gender⁷ and age grouping (all adults). **Males (53%)**, and **persons ages 25-44 (62%)**⁸ comprised most admissions during the reporting period.



⁶ Percentages are rounded upward to the nearest tenth of a percentage point. As such, figures may not sum to 100 percent.

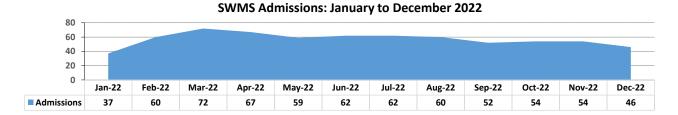
North Sound, Premera, Salish, Spokane, Thurston-Mason, and United Health Care); and "Other" (Inactive. and Native (American client)).

⁷ Indicates a person's self-identified gender.

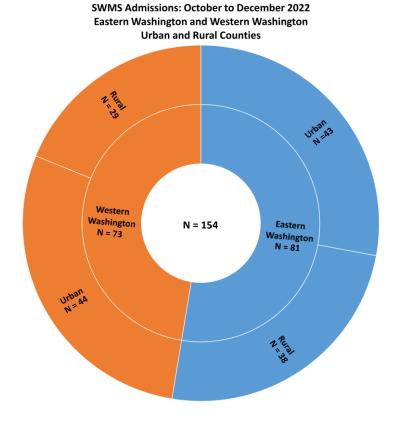
⁸ The age groups "45-64" and "65+" were combined for the "SWMS Admissions by Age Group" chart, to avert data suppression.



The average count of admissions during October-December 2022 (51.3) was a net 13.0 percent lower than the average count of admissions in the preceding 9-month period (59.0).



Admissions to SWMS varied by rural v. urban counties of detention⁹, and by the geographic area (Eastern Washington at 53%, and Western Washington at 47%). Admissions from urban counties of detention outnumbered admissions from rural counties (56% [urban] v. 44% [rural]).

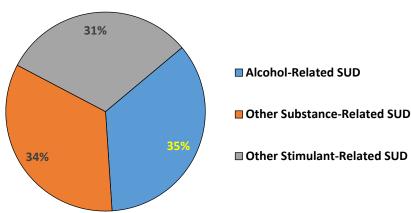


⁹ Rural counties with admissions during the reporting period include Chelan, Clallam, Columbia, Cowlitz, Grant, Island, Jefferson, Kittitas, Klickitat, Lewis, Mason, Okanogan, San Juan, Skagit, Walla Walla, and Yakima counties. Urban counties with admissions during the reporting period include Benton, 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).



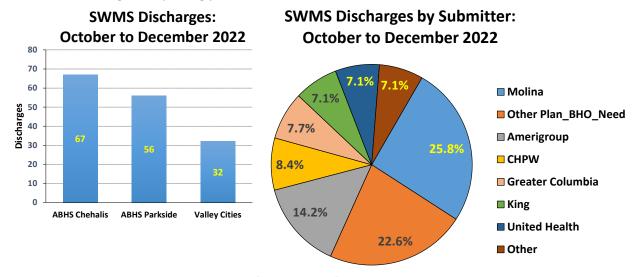
Admissions whereby clients presented with **Alcohol-Related SUD diagnoses**¹⁰ comprised the plurality (**35%**) of SWMS admissions during the reporting period.





Discharges

There were **155** discharges from SWMS between October 1 and December 31, 2022. **Clients enrolled via Molina Healthcare** comprised the single submitter with the highest percentage of discharges (**26%**)¹¹ from SWMS during the reporting period.



[&]quot;Other Plan_BHO_Need" includes Beacon, Cigna, Coordinated Care, Great Rivers BH, Kaiser, Legacy, North Sound, Premera, Salish, Spokane, and Thurston-Mason.

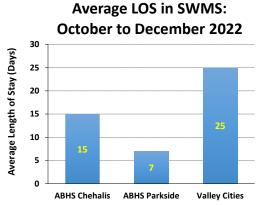
"Other" includes Inactive, Medicare, and Native (American client).

¹⁰ 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, opioids, or to other psychoactive substances.

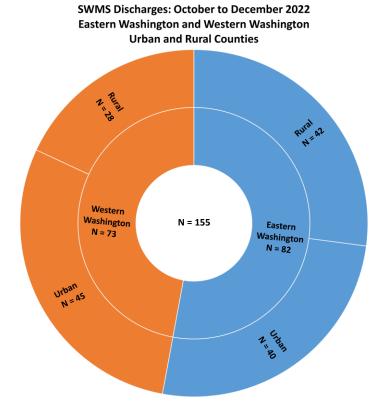
Percentages are rounded upward to the nearest tenth of a percentage point. As such, figures may not sum to 100 percent.



The overall average length of stay (LOS) was **14 days**, which has **moderated over time**. The LOS measured during the reporting period varied by facility.



Discharges from SWMS varied by **rural v. urban counties of detention**¹², and by the geographic area. Counties of detention located in **Eastern Washington** comprised the majority **(53%)** of SWMS discharges during the reporting period. Discharges from **urban counties of detention outnumbered admissions from rural counties (55%** [urban] v. **45%** [rural]).

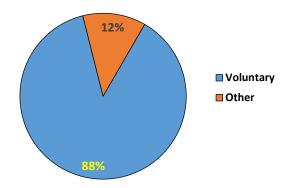


¹² Rural counties with discharges during the reporting period include Chelan, Clallam, Columbia, Cowlitz, Grant, Island, Jefferson, Kittitas, Klickitat, Lewis, Mason, Okanogan, Skagit, Walla Walla, and Yakima counties. Urban counties with discharges during the reporting period include Benton, Clark, King, Kitsap, Pierce, Snohomish, Spokane, and Thurston 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 (88%) of SWMS discharges had "Voluntary" as the Legal Status¹³ at the point of discharge.

SWMS Discharges by Legal Status



¹³ "Other" (Legal Status) includes 14/90-Day LRA Order(s), Custody Transfer(s), and Not Reported/Unknown.