

# Involuntary Treatment Act for Substance Use Disorders

## Secure Withdrawal Management Report

October 1, 2024 to December 31, 2024

## Background

On October 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 **four facilities** that currently provide **SWMS<sup>1</sup>** services: **American Behavioral Health Services (ABHS)**, located in Chehalis; **ABHS Parkside**, located in Wenatchee; **Lifeline Connections**, located in Vancouver; and **Valley Cities (Recovery Place: Kent)**, located in Kent.

## Capacity and Average Daily Census

The SWMS bed capacity varies by facility, currently at **57 beds**. A total of **238 individuals were served** between October 1 and December 31, 2024<sup>2</sup>. In the reporting period, the **Average Daily Census (ADC)<sup>3</sup>** varied from **29 in November to 34 in December**. The **bed utilization rates<sup>4</sup>** varied from **50% in November to 60% in December**.

Facility	Capacity	Cases: Past 3 Months <sup>2</sup>	Clients Served: Past 3 Months <sup>2</sup>	October-24		November-24		December-24	
				ADC	% Capacity	ADC	% Capacity	ADC	% Capacity
All Facilities	57	258	238	32	55.96%	29	50.02%	34	59.76%

<sup>1</sup> **Data Sources:** SWMS Facilities, October to December 2024. **Note:** Due to small numbers seen in the data points, some data have been suppressed to meet the HCA Small Numbers standard. As a result, the ADC data points are expressed within a summary data table.

<sup>2</sup> **"Cases"** include service counts in the reporting period of SWMS events tied to admissions, open active cases, and discharges. **"Clients Served"** include unduplicated counts of individuals served in SWMS in the reporting period.

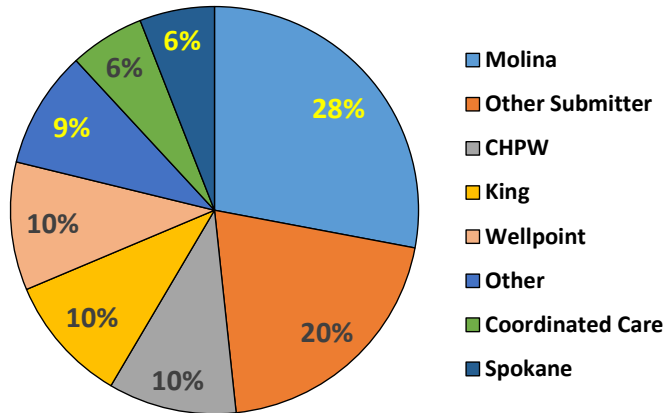
<sup>3</sup> **Capacity and ADC data points** are based on the active operations of a given SWMS facility within the reporting period. **"Operations"** means the active delivery of SWMS services to individuals at any time during the reporting period. The **monthly ADC** is calculated by dividing the 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 operation days by facility (i.e., the number of days in a month within which one or more individuals comprised the daily census), and summing each facility's ADC, rounded to the next integer. 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 **236 admissions** to SWMS between October 1 and December 31, 2024. **Clients enrolled via Molina Healthcare** comprised the single submitter with the highest percentage of admissions (**28%**)<sup>5</sup> to SWMS during the reporting period.

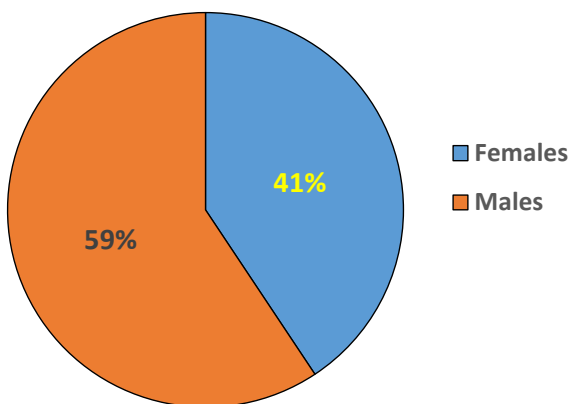
### SWMS Admissions by Submitter: October to December 2024



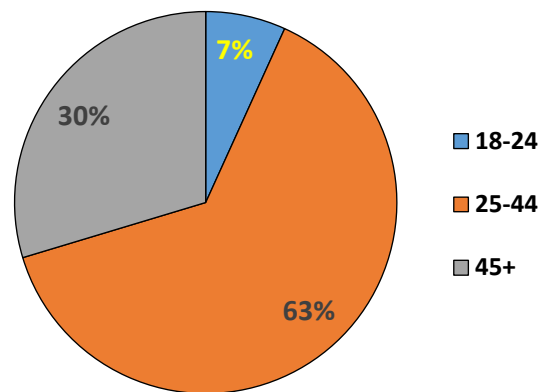
<sup>5</sup> "Other Submitter" includes Aetna, Ambetter, Carelon, Great Rivers BH, Greater Columbia, HMA, Humana, Kaiser, North Sound, Premera, Regence, Salish, Thurston-Mason, Triwest, United Health Care, and the VA.  
<sup>6</sup> "Other" includes Medicaid, Medicare, Native (American client), and Not Reported/Unknown.

Admissions vary by gender<sup>6</sup> and age group (all adults). **Males (59%)**, and **persons ages 25-44 (63%)** comprised most admissions during the reporting period.

### SWMS Admissions by Gender: October to December 2024



### SWMS Admissions by Age Group: October to December 2024

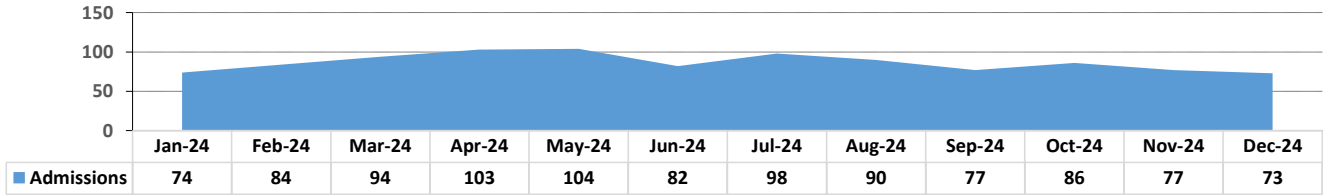


<sup>5</sup> Percentages are rounded upward to the nearest integer. As such, figures may not sum to 100 percent.

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

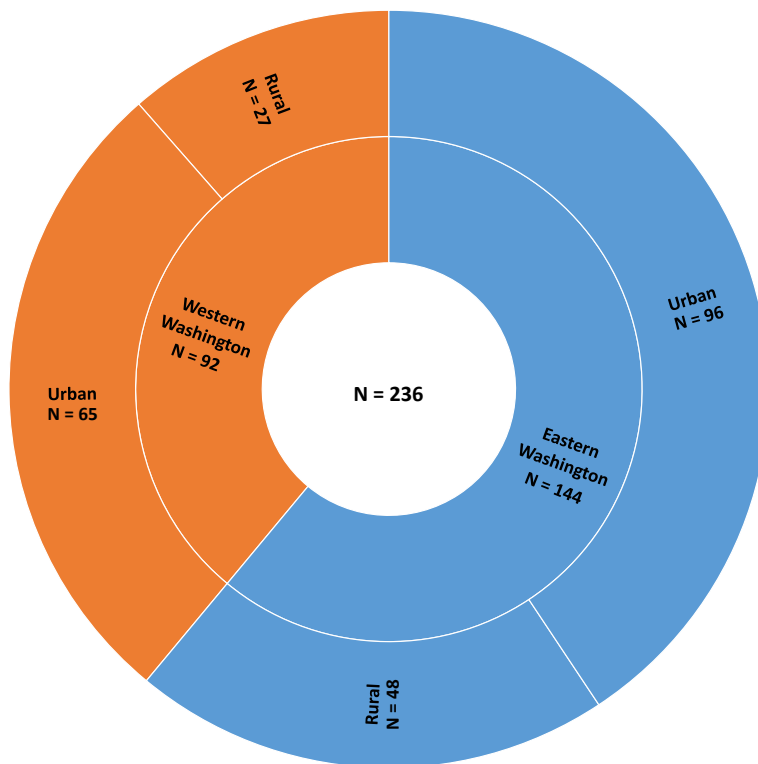
The average count of admissions during **October-December 2024 (78.7)** was a **net 12 percent lower** than the average count of admissions in the preceding 9-month period (**January-September 2024 [89.6]**). Steady increases in admissions were seen through May 2024; and a gradual decline in admissions was seen between July and December 2024.

**SWMS Admissions: January to December 2024**



Admissions to SWMS varied by **rural v. urban counties of detention<sup>7</sup>**, and by the geographic area (Eastern Washington at **61%**, and Western Washington at **39%**). Admissions from **urban counties of detention outnumbered admissions from rural counties (68% [urban] v. 32% [rural])**.

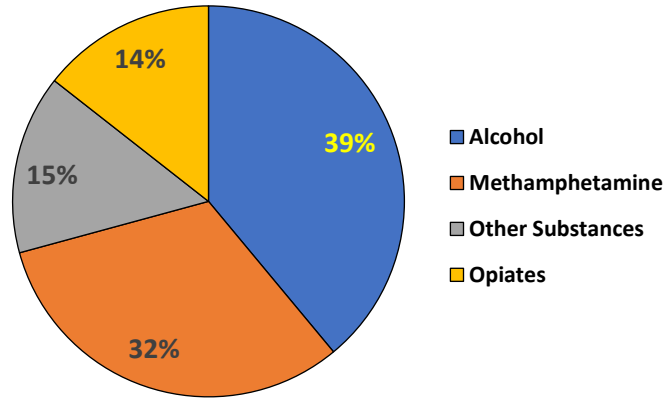
**SWMS Admissions: October to December 2024**  
**Eastern Washington and Western Washington**  
**Urban and Rural Counties**



<sup>7</sup> Rural counties with admissions during the reporting period include Chelan, Clallam, Cowlitz, Franklin, Grant, Grays Harbor, Jefferson, Kittitas, 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. **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).

A plurality (**39%**) of SWMS admissions during the reporting period had **Alcohol** as the reported primary substance of use<sup>8</sup>.

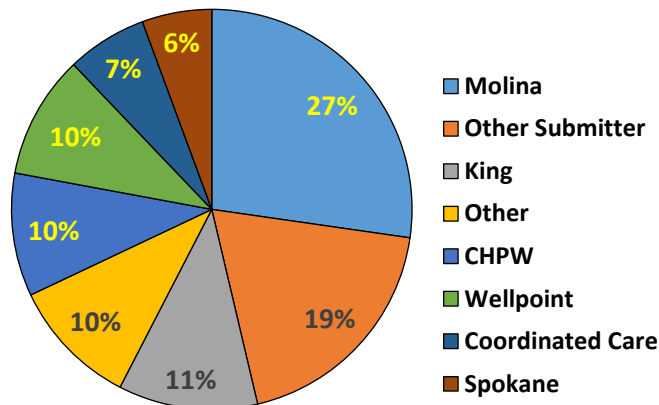
### Admissions by Primary Substance: October to December 2024



## Discharges

There were **231 discharges** from SWMS between October 1 and December 31, 2024. **Clients enrolled via Molina Healthcare** comprised the single submitter with the highest percentage of discharges (**27%**)<sup>9</sup> from SWMS during the reporting period.

### SWMS Discharges by Submitter: October to December 2024

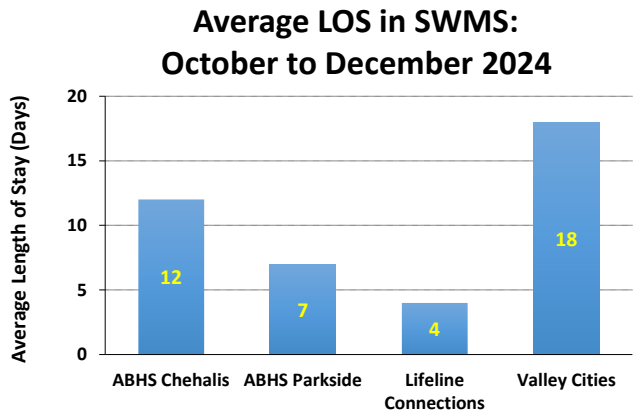


<sup>8</sup> "Other Submitter" includes Aetna, Ambetter, Carelon, Great Rivers BH, Greater Columbia, HMA, Kaiser, North Sound, Premera, Regence, Salish, Thurston-Mason, Triwest, United Health Care, and the VA.  
<sup>9</sup> "Other" includes Medicaid, Medicare, and Native (American client).

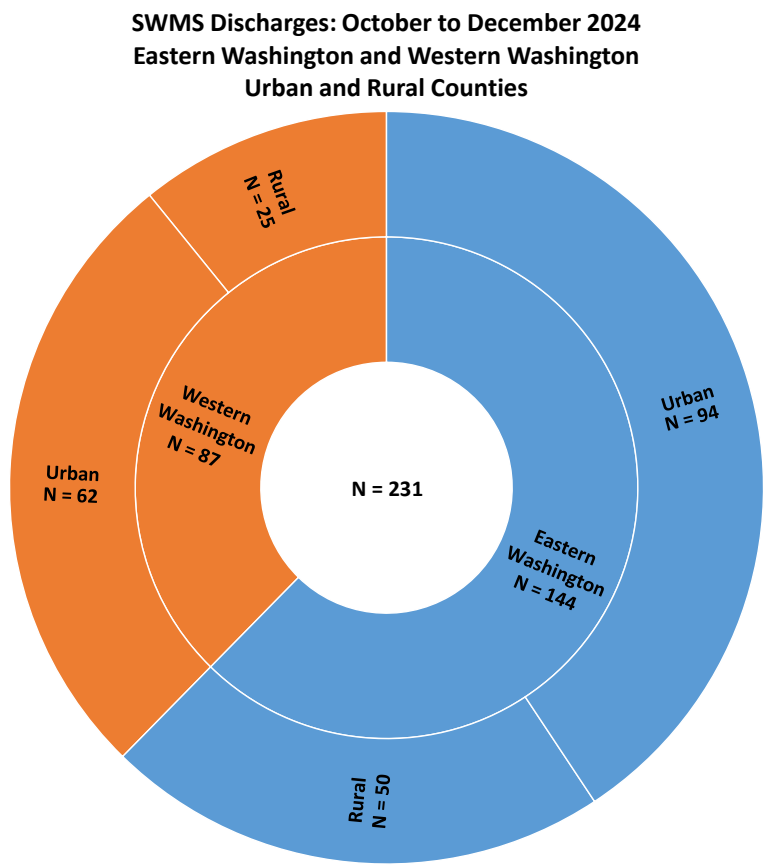
<sup>8</sup>The "Primary Substance (of Use)" is the first-ranked specific substance or substance category for which the client is being seen. "Other Substances" comprise a grouping of primary substances whereby one or more specific substances may tally fewer than 11 admissions during the reporting period. For the January 2025 SWMS report, these substances include Benzodiazepines, Cocaine/Crack, Marijuana/Hashish, and Other Stimulants. "Other Stimulants" include methylphenidate [e.g., Ritalin] and any other stimulants. For the January 2025 SWMS report, "Opiates" include Fentanyl, Heroin, and Other Opiates and Synthetics.

<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.



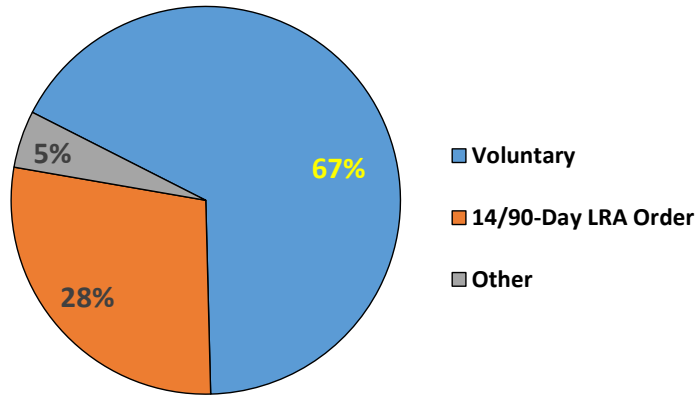
Discharges from SWMS varied by **rural v. urban counties of detention**<sup>10</sup>, and by the geographic area (Eastern Washington at **62%**, and Western Washington at **38%**). Discharges from **urban counties of detention outnumbered admissions from rural counties (68% [urban] v. 32% [rural])**.



<sup>10</sup> Rural counties with discharges during the reporting period include Chelan, Clallam, Cowlitz, Franklin, Grant, Grays Harbor, 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 (67%) of SWMS discharges occurring between had “Voluntary” as the Legal Status<sup>11</sup> at the point of discharge.

### SWMS Discharges by Legal Status October to December 2024



<sup>11</sup> "Other" (Legal Status) includes 14-Day Commitment Orders, 72/120-Hour Holds, Custody Transfers, Not Applicable, and Not Reported/Unknown.