

Involuntary Treatment Act for Substance Use Disorders

Secure Withdrawal Management and Stabilization Report
October 1, 2019 to September 30, 2020

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 **1,013 individuals were served** between October 1, 2019 and September 30, 2020². 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 nine of the 12 months in this period.

| Facility | Location (County) | Capacity ² | October 2019 to September 2020 | | | | |
|-----------------------|-------------------|-----------------------|------------------------------------|---|---------------|-----------|---------------|
| | | | Cases: 10/2019-9/2020 ² | Clients Served: 10/2019-9/2020 ² | Bed Days | ADC | % Capacity |
| ABHS Chehalis | Lewis | 21 | 651 | 569 | 5,300 | 16.2 | 77.18% |
| ABHS Cozza | Spokane | 24 | 457 | 401 | 5,445 | 14.9 | 61.99% |
| Valley Cities | King | 16 | 86 | 79 | 1,019 | 6.3 | 39.07% |
| All Facilities | | 61 | 1,194 | 1,013 | 11,764 | 37 | 61.21% |

¹ **Data Source:** SWMS Facilities, October 2019 to September 2020. Data provided by the SWMS facilities between April 2018 and September 2020 are limited, 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 course of the SWMS program (e.g., Legal Status at Discharge). Due to these data limitations, the reporting of experiences of patients served in secure withdrawal management may not be as complete for the initial reporting of the program. We anticipate that data collection and submissions moving forward will yield more robust data, which will mitigate these limitations in future reporting.

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."

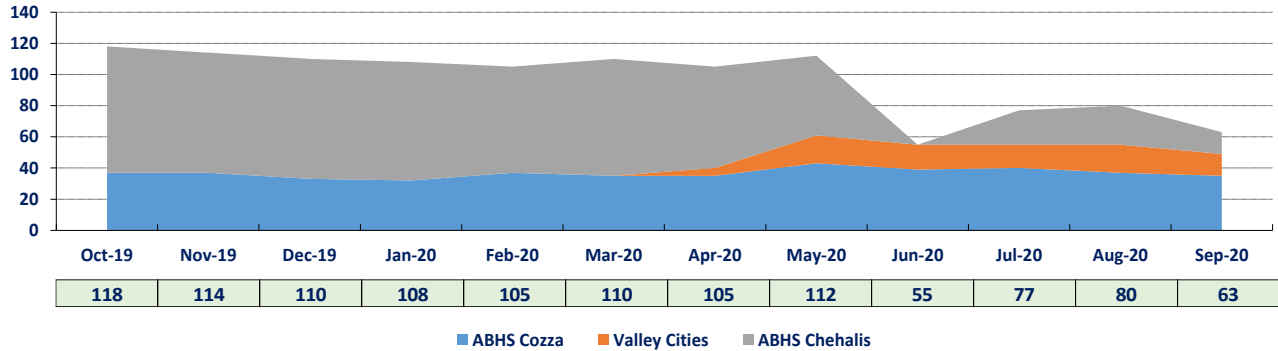
³ The facility ADC is calculated by dividing the number of bed days in the reporting year by facility (i.e., the total days in which clients were occupying a bed), by the number of active service days by facility (i.e., the number of days in the reporting year, within which one or more individuals comprised the daily census). The total ADC is a rounded sum of the facility ADCs. The Capacity Yield (expressed in this report as the % Capacity [or bed utilization rate]) is rounded to the next one-hundredth of a percentage point, 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 2019 to September 2020 November 5, 2020 Refreshed May 8, 2023

Admissions

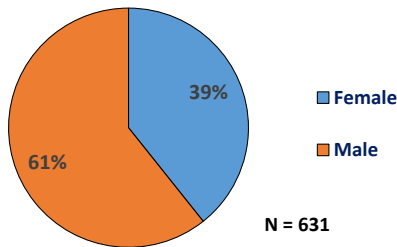
There were **1,157 admissions** to SWMS between October 1, 2019 and September 30, 2020. **Admissions by month were relatively stable up until June 2020**, when ABHS Chehalis temporarily halted SWMS operations in June and September 2020.

SWMS Admissions: October 2019 to September 2020

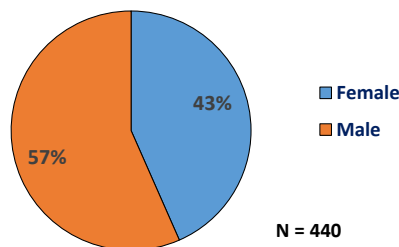


Admissions vary by gender⁴ and age grouping (all adults). **Males (59%)**, and **persons ages 25-44 (63%)** comprised most admissions during the reporting period.

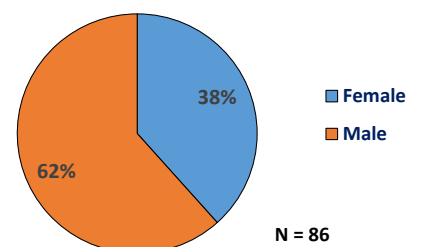
Admissions by Gender
ABHS (Chehalis)



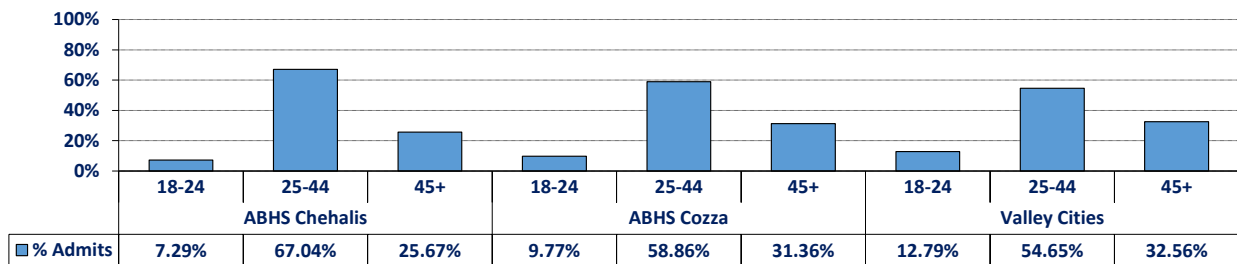
Admissions by Gender
ABHS (Cozza)



Admissions by Gender
Valley Cities



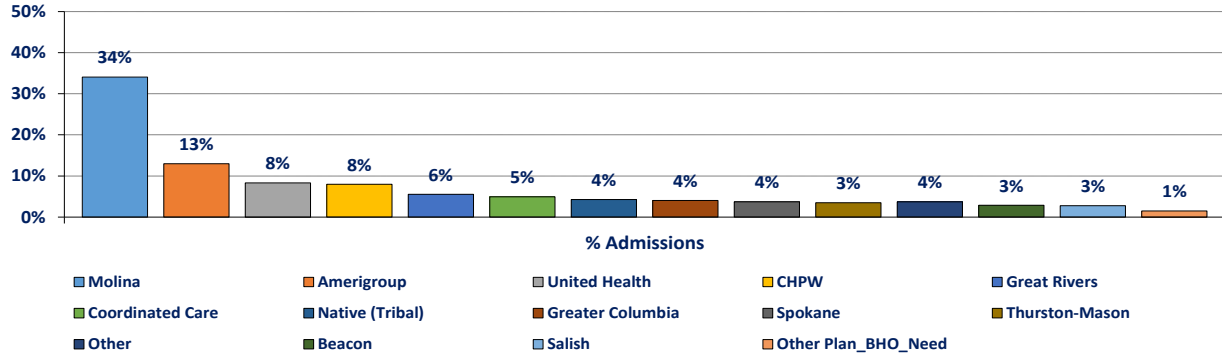
SWMS Admissions by Facility and Age Group



⁴ Indicates a person's self-identified gender. To mitigate data suppression, values with small numbers (< 11) were recoded per the Behavioral Health Data Guide (e.g., Transgender Female clients were coded as Male) for this report.

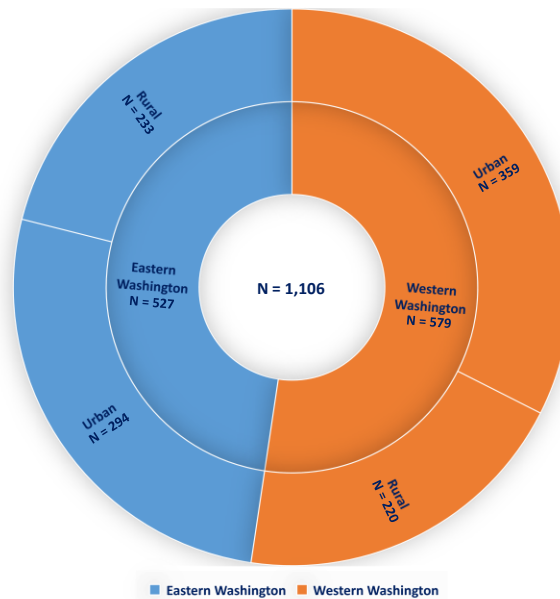
Clients enrolled via **Molina Healthcare** comprised the highest percentage of admissions (**34%**) to SWMS among submitters⁵ during the reporting period.

**SWMS Admissions by Submitter:
October 2019 to September 2020**



Admissions to SWMS varied by **rural v. urban counties of detention**⁶, and by the geographic area (Eastern v. Western Washington). Clients whose county of detention was located in **Western Washington** totaled **52%** of SWMS admissions in the reporting period. Admissions from **urban counties of detention outnumbered admissions from rural counties by nearly 3 to 2 (59% [urban] v. 41% [rural])**.

SWMS Admissions: October 2019 to September 2020
Eastern Washington and Western Washington
Urban and Rural Counties *



* Excludes records where the County of Origin was reported as "Unknown" (N=51). Total admissions = 1,157.

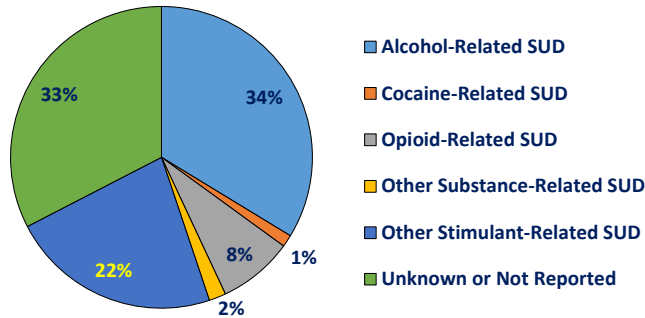
⁵ "Other Plan_BHO_Need" includes Kaiser, King, North Central, North Sound, and Tricare. "Other" includes Inactive, Medicaid, Medicare, No Insurance, Not Reported/Unknown, and Private.

⁶ Rural counties with admissions during the reporting period include Adams, Asotin, Chelan, Clallam, Columbia, Cowlitz, Douglas, Ferry, 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: Washington Department of Health, based on population data from Washington State Office of Financial Management, April 2017 (DOH 609-003).

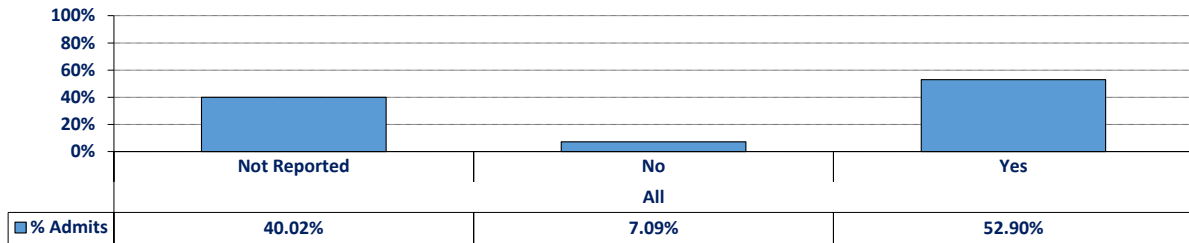
Admissions whereby clients presented with **Alcohol-Related SUD diagnoses**⁷ comprised the greatest proportion (34%) of SWMS admissions during the reporting period.

**SWMS Admissions by SUD Diagnostic Group:
October 2019 to September 2020**



Admissions whereby clients either received, or were identified to receive **Medication-Assisted Treatment for Opioid Use Disorder (MOUD)**⁸, comprised the majority (53%) of SWMS admissions during the reporting period.

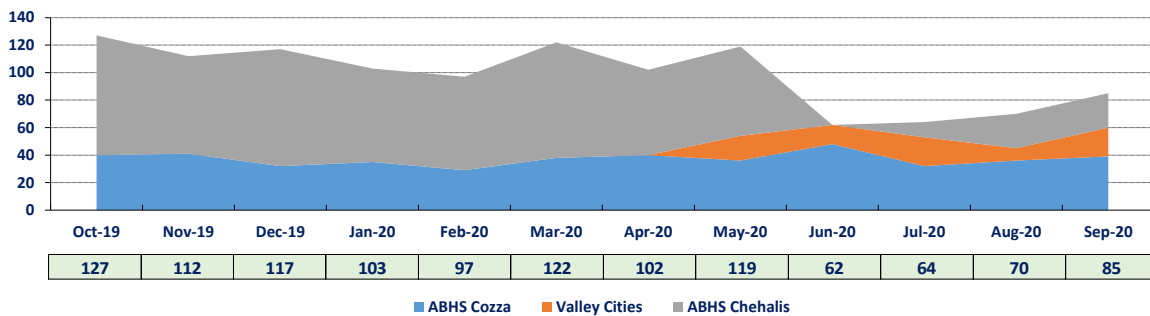
MAT Utilization among SWMS Admissions



Discharges

There were **1,180 discharges** from SWMS between October 1, 2019 and September 30, 2020. The **average length of stay was 10 days** overall (ranging from **8 days at ABHS Chehalis** to **12 days at ABHS Cozza and at Valley Cities**).

SWMS Discharges: October 2019 to September 2020

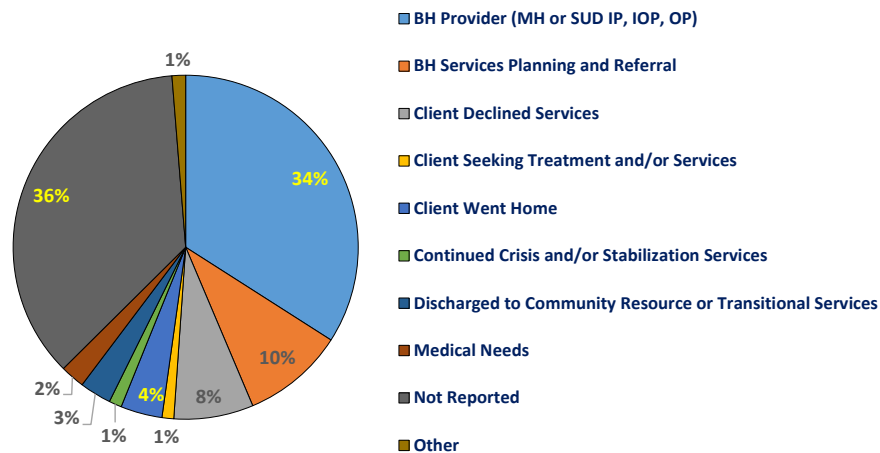


⁷ SUD Diagnostic Groups are comprised of ICD-10 diagnoses that signify substance use, abuse, or dependence. "Other Stimulant-Related SUD" is synonymous with use, abuse, or dependence of amphetamines, methamphetamine, other psychostimulants (i.e., therapeutics such as mixed amphetamine [e.g., Adderall], methylphenidate [e.g., Ritalin], or modafinil [e.g., Provigil]), and caffeine. "Other Substance-Related SUD" includes diagnoses related to cannabis, inhalants, and sedatives/hypnotics/anxiolytics; and records where there was no reported SUD diagnosis.

⁸ NR = Not Reported.

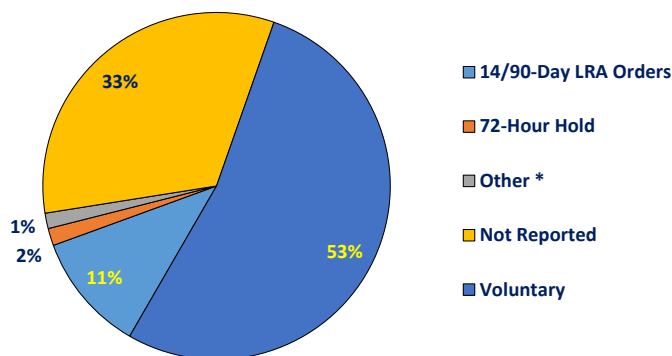
A moderate proportion (**44%**) of SWMS discharges⁹ indicated continued behavioral health (BH) services (either transitioned to services delivered by BH service providers or were subject to service planning/service referrals) at the point of discharge.

SWMS Discharges by Discharge Plan Type



The majority (**53%**) of SWMS discharges had “**Voluntary**” as the **Legal Status** at the point of discharge.

SWMS Discharges by Legal Status



* "Other" includes 14-Day Commitment Orders and Custody Transfers.

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; MAT; or SUD Assessment. "BH Services Planning and Referral" means the client transitioned to, or received the following: Attending AA; continuation of case management; enrollment in BH services; housing and treatment referral; MH case management; recommendation for/to seek BH services, IOP/OP services, IP services, or SUD services; referred to MH IOP/OP; (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" includes Requested MH Services, and Seeking Treatment. "Client Went Home" means the client returned to his/her place of residence; went home to the care of his/her family; or went home with recommendations for referral for treatment or resources. "Continued Crisis and/or Stabilization Services" includes the following dispositions, grouped together due to small numbers: "Discharged to Crisis Center or Psychiatric Unit" is self-explanatory; and "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). "Discharged to Community Resource or Transitional Services" means the client was discharged and received the following: A community resource or transitional service (e.g., church, sober housing, DSHS [food stamps, APS]). "Medical Needs" means the client was discharged for medical purposes (e.g., hospital or medical center, medical appointment, etc.). "Not Reported" connotes a blank entry for the Discharge Plan data element in the SWMS data template. "Other" includes the following dispositions, grouped together due to small numbers: "Dropout" means the client aborted treatment; was a no show to a behavioral health (follow-up) appointment; eloped from the SWMS facility; or was determined to be not amenable to treatment; "Law Enforcement, Court, or Incarceration" means the client was arrested; sent to jail; placed into police custody; or was sent to participate in a MH Court hearing; and "Other" means the client was discharged to temporary housing (e.g., Motel); the client's case was dismissed; the client did not receive any after (care) services; or the client received recommendation(s) for non-BH Services (e.g., dental appointment).