

Involuntary Treatment Act for Substance Use Disorders

Secure Withdrawal Management and Stabilization Report
October 1, 2022 to September 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 **four facilities** that currently provide **SWMS¹** services: **American Behavioral Health Services (ABHS)**, located in Chehalis; **ABHS Parkside**, located in Wenatchee; **Lifeline Connections**, located in Vancouver; and **Valley Cities**, located in Kent.

Capacity and Average Daily Census

The SWMS bed capacity varies by facility, with the weighted average number of beds at **51** during the reporting period (with the current capacity at **57** beds). A total of **745 individuals were served** between October 1, 2022 and September 30, 2023². In the reporting period, the **Average Daily Census³ (ADC)** was **28**, with an **overall capacity yield of 56%**. Facilities operated at less than 80% capacity over all months in the reporting period.

Facility	Capacity ²	October 2022 - September 2023			
		N Served ²	Bed Days	ADC	% Capacity
All Facilities²	51	745	10,033	28	55.88%

¹ **Data Source:** SWMS Facilities, October 2022 to September 2023. **Note:** Due to small numbers seen in the data points, some data have been redacted to meet the HCA Small Numbers standard.

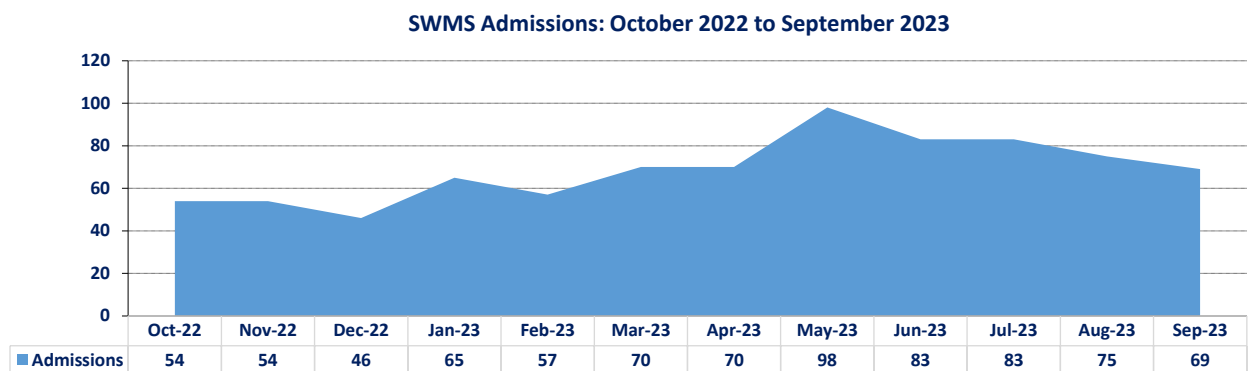
² **Capacity and ADC data points** are based on the active operations of a given SWMS facility within the reporting period. Lifeline Connections initiated operations in July 2023, with the periods of active operations by month ranging from 17 to 23 days. ABHS Parkside had intermittent periods of 1-2 days with no operations within each of the four months between January and April 2023. The variations in active operations resulted in a weighted bed capacity of 51 across the four SWMS facilities during the reporting period. **"Operations"** means the active delivery of SWMS services to individuals at any time during the reporting period. **"Clients (or the N) Served"** include unduplicated counts of individuals served in SWMS during the reporting period. The **"All Facilities" count of "Clients Served"** is an overall unduplicated figure.

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 (to the next integer) composite of the facility ADCs. The **Capacity Yield** (expressed in this report as **the % Capacity [also known as the bed utilization rate]**) is expressed to the 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). During 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. This decision rule was applied to the entire 12-month reporting period specific to this report.

Secure Withdrawal Management and Stabilization Services Report
October 2022 to September 2023
October 31, 2023

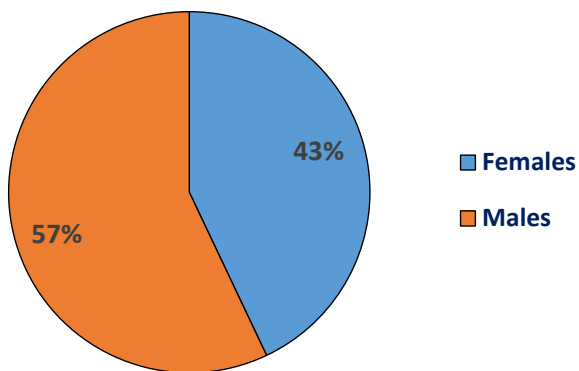
Admissions

There were **824 admissions** to SWMS between October 1, 2022 and September 30, 2023, an **11.5%** increase from the previous 12-month period. Admissions gradually increased between December 2022 and May 2023, and moderated downward between June and September 2023. The average count of admissions during **July-September 2023 (75.7)** was a **net 14 percent greater** than the average count of admissions during the preceding 9-month period (**October 2022-June 2023 [66.3]**).

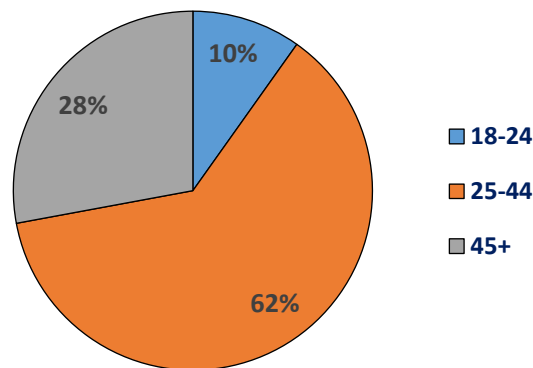


Admissions vary by gender⁴. **Males (57%)** comprised most admissions during the reporting period. **Persons ages 25-44 (62%)** comprised most admissions during the reporting period.

**SMWS Admissions by Gender:
October 2022 to September 2023**

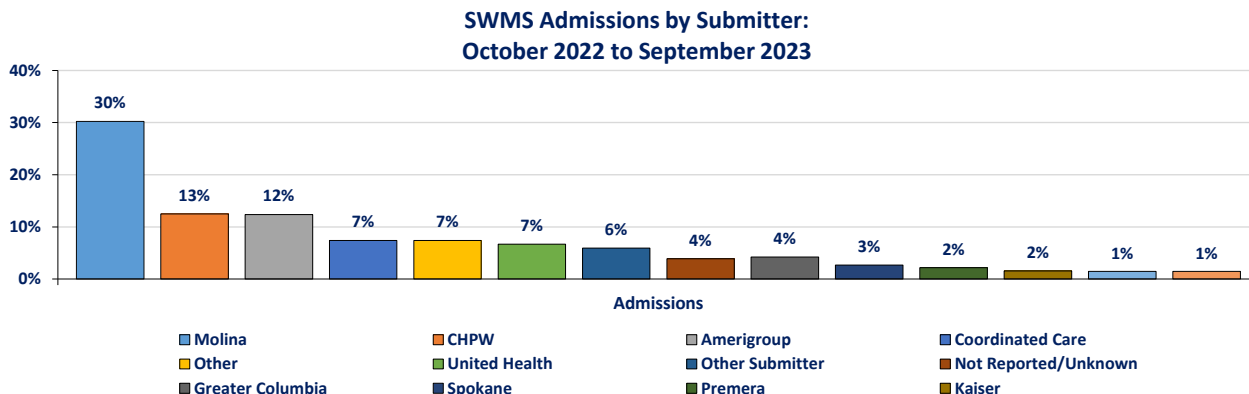


**SWMS Admissions by Age Group:
October 2022 to September 2023**



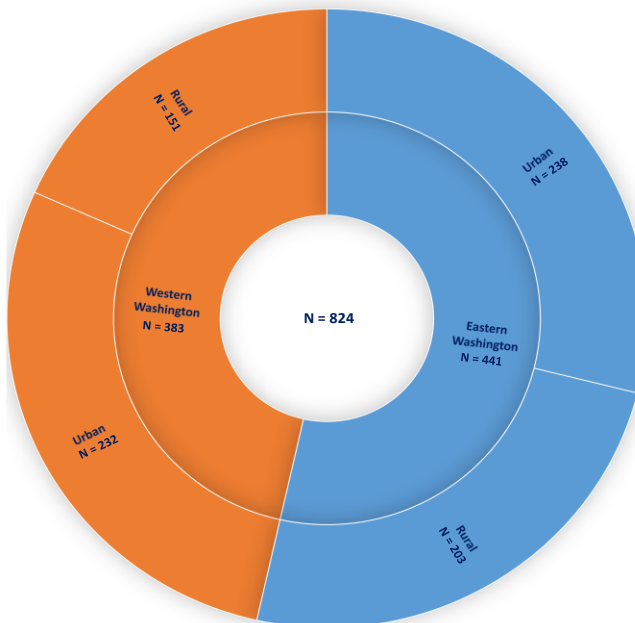
⁴ Indicates a person's self-identified gender.

Clients enrolled via Molina Healthcare comprised the highest percentage of admissions (30%) to SWMS among submitters⁵ during the reporting period.



Admissions to SWMS varied by rural v. urban counties of detention⁶, and by the geographic area (Eastern v. Western Washington). Clients whose county of detention was located in Eastern Washington totaled 54% of SWMS admissions in the reporting period. Admissions from urban counties of detention outnumbered admissions from rural counties (57% [urban] v. 43% [rural]).

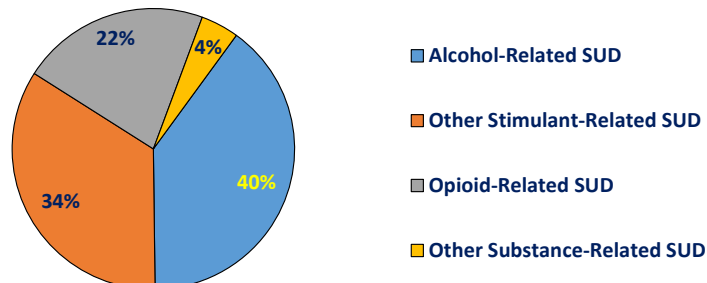
SWMS Admissions: October 2022 to September 2023
Eastern Washington and Western Washington
Urban and Rural Counties



⁵ "Other (Submitter)" includes Aetna, Ambetter, Beacon/Carelon, Cigna, Legacy, North Sound, Regence, Salish, Thurston-Mason, and UMR. "Other" includes Inactive, Medicaid, Medicare, Native (American client), and No Insurance. Percentages are rounded upward to the nearest integer. As such, figures may not sum to 100 percent.
⁶ Rural counties with admissions during the reporting period include Asotin, Chelan, Clallam, Columbia, Cowlitz, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, 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 (Rural/Urban County Flags): Washington Department of Health, based on population data from Washington State Office of Financial Management, April 2017 (DOH 609-003).

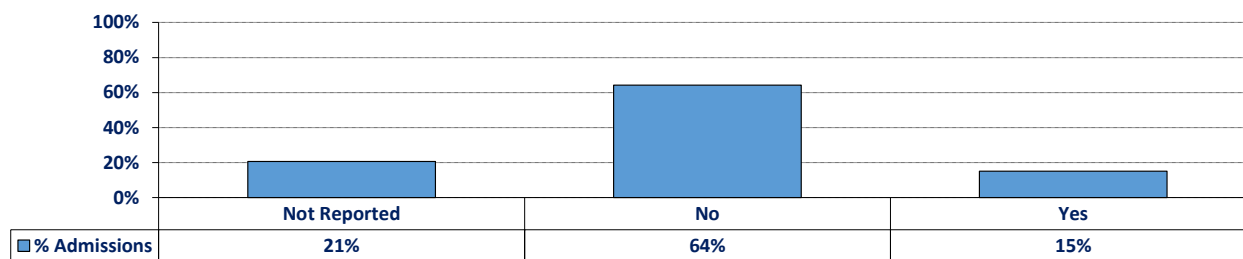
Admissions whereby clients presented with **Alcohol-Related SUD diagnoses**⁷ comprised the greatest proportion (**40%**) of SWMS admissions during the reporting period.

**SWMS Admissions by SUD Diagnostic Group:
October 2022 to September 2023**



Admissions of clients **not receiving, or not identified to receive Medication-Assisted Treatment for Opioid Use Disorder (MOUD)**, comprised the majority (**64%**) of SWMS admissions during the reporting period.

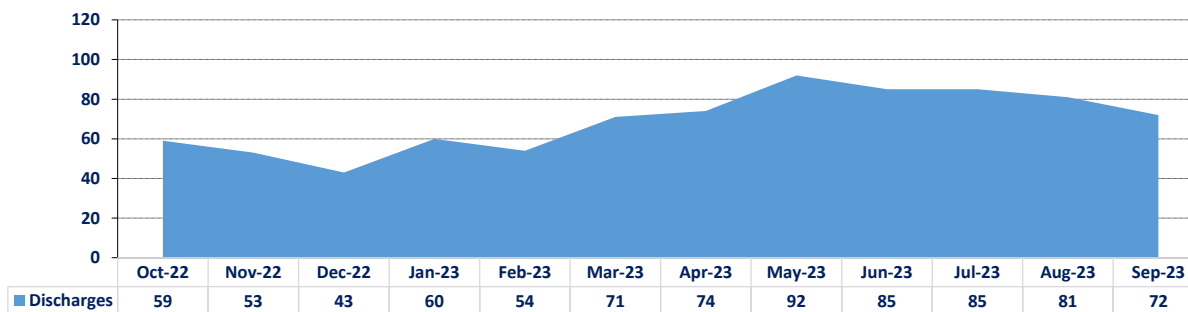
MOUD Utilization among SWMS Admissions



Discharges

There were **829 discharges** from SWMS between October 1, 2022 and September 30, 2023. The **average length of stay was 12 days** overall (**13 days** at ABHS Chehalis; **7 days** at ABHS Parkside; **17 days** at Lifeline Connections; and **21 days** at Valley Cities).

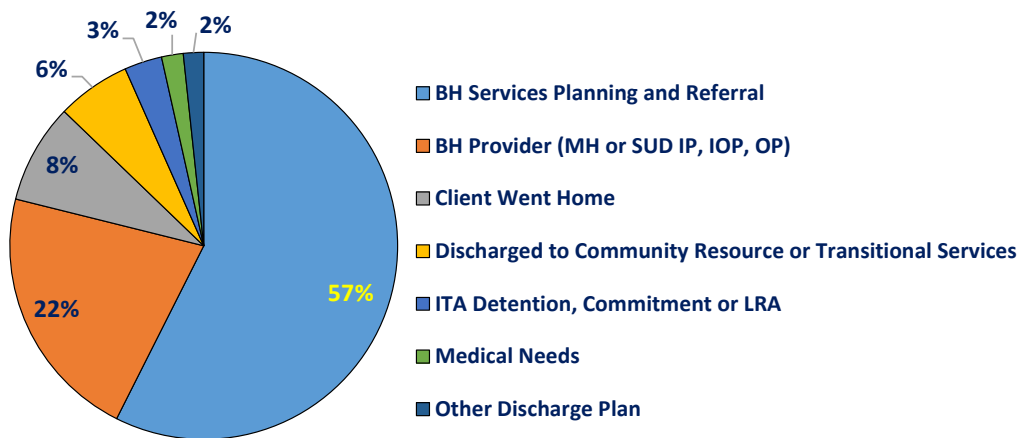
SWMS Discharges: October 2022 to September 2023



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, cocaine, inhalants, other psychoactive substances, or sedatives/hypnotics/anti-anxiety; and records where there was no reported SUD diagnosis. **“Opioid-Related SUD”** includes diagnoses of substance use, abuse, or dependence related to heroin, analgesic opioids, and other opiates and synthetics.

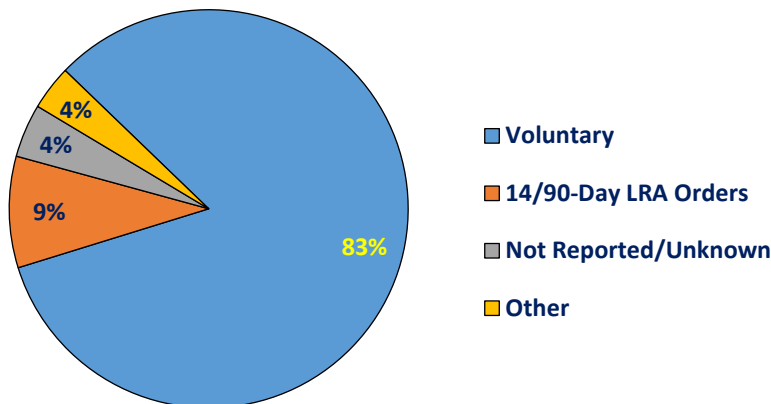
The majority (57%) of SWMS discharges⁸ indicated behavioral health (BH) services planning and referral at the point of discharge.

SWMS Discharges by Discharge Plan Type



The supermajority (83%) of SWMS discharges had “Voluntary” as the Legal Status⁹ at the point of discharge.

SWMS Discharges by Legal Status



⁸ "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; SUD Assessment; or SUD Services (i.e., Withdrawal Management). "BH Services Planning and Referral" means the client transitioned to or received the following: Recommendation for/to seek BH services or treatment; referred to BH services or treatment; (placed on a) waitlist for BH services or treatment; or went home with recommendations for referral for treatment or resources. "Client Went Home" means the client returned to his/her place of residence; or went home to the care of his/her family or guardian. "Discharged to Community Resource or Transitional Services" means the client was discharged and received a community resource or transitional service (e.g., Shelter). "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). "Medical Needs" means the client was discharged for medical purposes (e.g., hospital or medical center, medical appointment, etc.). "Other Discharge Plan" includes the following dispositions, grouped together due to small numbers: "Client Seeking Treatment and/or Services" means the client had been provided resource material; or the client was independently seeking treatment; "Discharged to Crisis Center or Psychiatric Unit" is self-explanatory; "Dropout" means the client eloped from the SWMS facility; or was determined to be not amenable to treatment; "Law Enforcement, Court, or Incarceration" means the client placed into police custody; "Not Reported" connotes a blank entry for the Discharge Plan data element in the SWMS data template; and "Other" is a value used for discharge reasons specified by the provider (e.g., the client died).

⁹ "Other" (Legal Status) includes Custody Transfer(s), and Not Applicable.