

# Involuntary Treatment Act for Substance Use Disorders

## Secure Withdrawal Management and Stabilization Report

October 1, 2021 to September 30, 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<sup>1</sup>** services: **American Behavioral Health Services (ABHS)**, located in Chehalis; **ABHS Parkside**, located in Wenatchee; and **Valley Cities**, located in Kent. A fourth facility, **ABHS Cozza** (located in Spokane), ceased SWMS operations in December 2021.

### Capacity and Average Daily Census

The SWMS bed capacity varies by facility, with the weighted average number of beds at 55 during the reporting period (with the current capacity at 61 beds). A total of **640 individuals were served** between October 1, 2021 and September 30, 2022, a **20.2%** drop from the previous 12-month period<sup>2</sup>. In the reporting period, the **Average Daily Census<sup>3</sup>** (ADC) varied from a low of **19 in January 2022** to a high of **37 in November 2021**.

Facility	Location (County)	Capacity <sup>2</sup>	October 2021 - September 2022			
			N Served <sup>2</sup>	Bed Days	ADC	% Capacity
American Behavioral Health Services (ABHS) Chehalis	Lewis	21	287	4,217	12	56.25%
ABHS Cozza	Spokane	24	80	1,167	15	63.15%
ABHS Parkside	Chelan	16	197	1,577	6	37.48%
Valley Cities	King	16	131	2,587	7	44.30%
<b>All SWMS Facilities<sup>2</sup></b>		<b>55</b>	<b>640</b>	<b>9,548</b>	<b>27</b>	<b>49.04%</b>

<sup>1</sup> Data Source: SWMS Facilities, October 2021 to September 2022.

<sup>2</sup> Capacity and ADC data points are based on the active operations of a given SWMS facility within the reporting period. ABHS Cozza ceased operations in December 2021. ABHS Parkside initiated operations in January 2022. ABHS Chehalis had a brief period (8 days) of no operations during January 2022. The changes in operations resulted in a weighted bed capacity of 55 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. "N Served" means the unduplicated number of clients served in SWMS during the reporting period. The counts of clients by facility will, therefore, not sum to the unduplicated total clients served.

Note that the October 2021 Ricky's Law report appeared to have facility and overall counts of cases v. facility and overall unduplicated counts of clients in the "N Served" column. The actual unduplicated number of clients served between October 2020 and September 2021 (adjusted via the use of the decision rule outlined in Footnote 3) was **802**.

<sup>3</sup> 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 weighted composite of the facility ADCs, given the variations in active operations by three of the four SWMS facilities during the reporting period. 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.

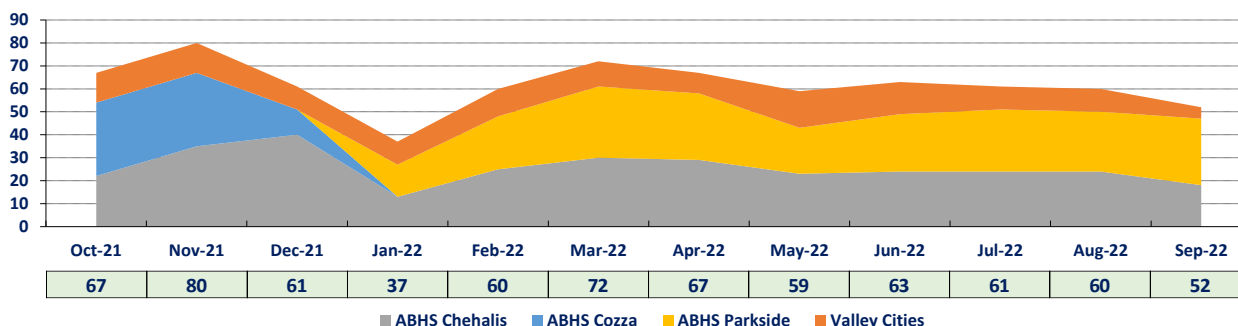
## Secure Withdrawal Management and Stabilization Services Report October 2021 to September 2022 November 1, 2022

The **bed utilization rates**<sup>4</sup> varied widely, from a low of **36% in January 2022** to a high of **60% in November 2021**. Facilities operated at less than 80% capacity over all months in the reporting period, with an **overall capacity yield of 49%, down from 57%** across the previous 12-month reporting period.

## Admissions

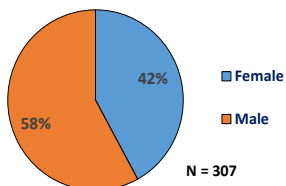
There were **739 admissions** to SWMS between October 1, 2021 and September 30, 2022, an **22.1% drop** from the previous 12-month period. **Admissions by month peaked** in November 2021, followed by a marked decline in admissions in January 2022, moderating between February and September 2022. The average count of admissions during **July-September 2022 (57.7)** was a **net 8.3 percent lower** than the average count of admissions in the **preceding 9-month period (62.9)**.

SWMS Admissions: October 2021 to September 2022

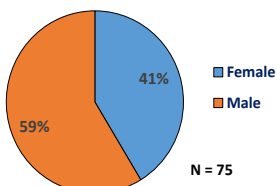


Admissions vary by gender<sup>5</sup>. **Males (61%)** comprised most admissions during the reporting period.

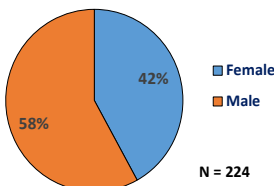
Admissions by Gender ABHS (Chehalis)



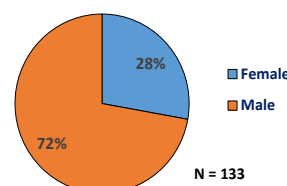
Admissions by Gender ABHS (Cozza)



Admissions by Gender ABHS (Parkside)

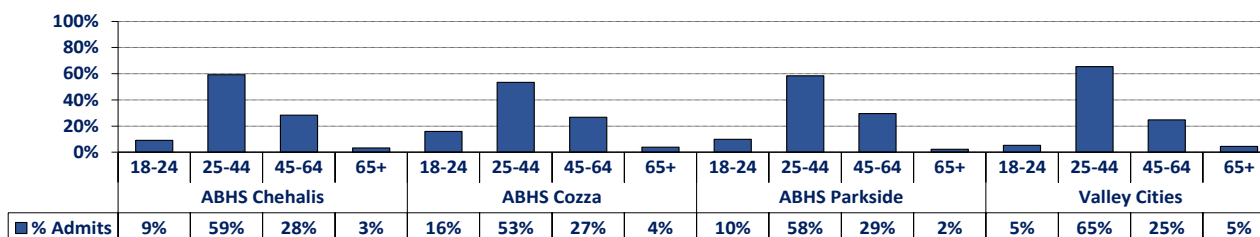


Admissions by Gender Valley Cities



Persons ages **25-44 (60%)** comprised most admissions during the reporting period.

SWMS Admissions by Facility and Age Group

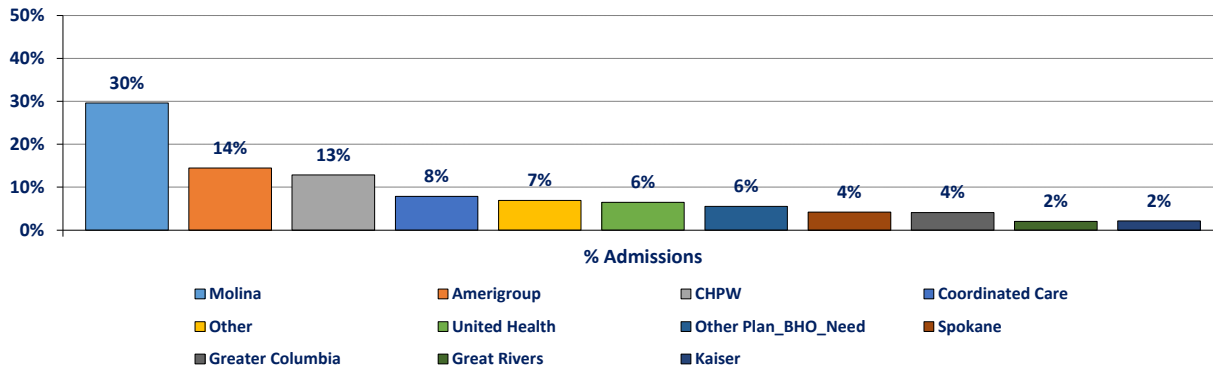


<sup>4</sup> The bed utilization rate is rounded to the next integer, for purposes of illustration for the ADC table. The numbers of active service days may vary by each facility; these numbers are used in concert with the numbers of bed days to calculate the ADC (bed days/service days), which in turn is used to calculate the bed utilization rate (ADC/Capacity).

<sup>5</sup> Indicates a person's self-identified gender.

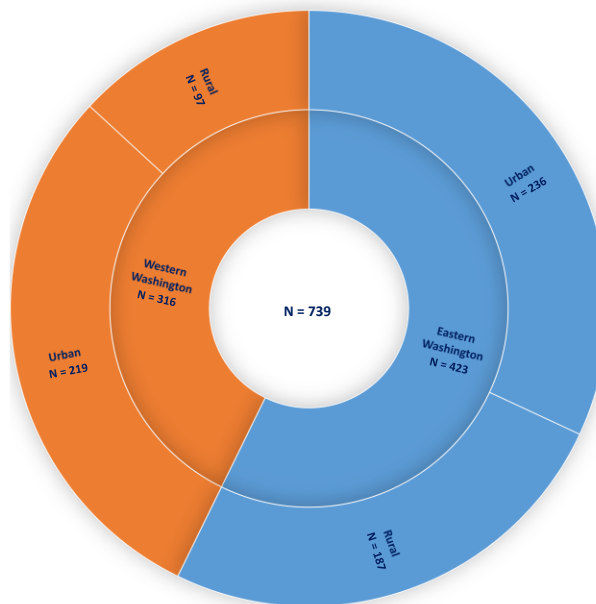
Clients enrolled via Molina Healthcare comprised the highest percentage admitted (30%) to SWMS among submitters<sup>6</sup> during the reporting period.

**SWMS Admissions by Submitter:  
October 2021 to September 2022**



Admissions to SWMS varied by rural v. urban counties of detention<sup>7</sup>, and by the geographic area (Eastern v. Western Washington). Clients whose county of detention was located in Eastern Washington totaled 57% of SWMS admissions in the reporting period. Admissions from urban counties outnumbered admissions from rural counties by more than 3 to 2 (62% [urban] v. 38% [rural]).

**SWMS Admissions: October 2021 to September 2022  
Eastern Washington and Western Washington  
Urban and Rural Counties**

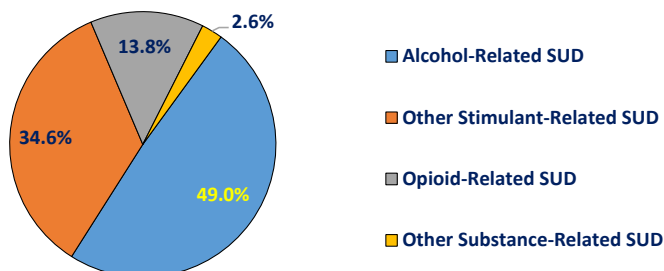


<sup>6</sup> "Other Plan\_BHO\_Need" includes Aetna, Blue Cross/Blue Shield, Cigna, First Choice, King, North Sound, Providence, Regence/Blue Shield, Salish, Thurston-Mason, Tricare, and UMR. "Other" includes Inactive, Medicaid, Medicare, No Insurance, and Not Reported/Unknown.

<sup>7</sup> Rural counties with admissions during the reporting period include Adams, Chelan, Clallam, Cowlitz, Franklin, Grant, Grays Harbor, Island, Jefferson, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, San Juan, Skagit, Skamania, 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).

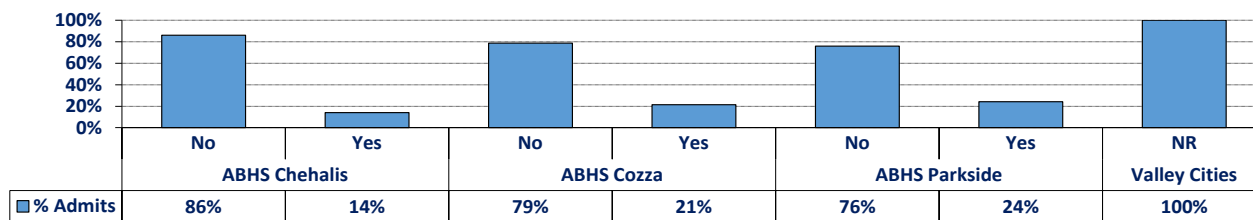
Admissions whereby clients presented with **Alcohol-Related SUD diagnoses**<sup>8</sup> comprised the greatest proportion (**49%**) of SWMS admissions during the reporting period.

**SWMS Admissions by SUD Diagnostic Group:  
October 2021 to September 2022**



Admissions of clients not receiving, or not identified to receive **Medication-Assisted Treatment for Opioid Use Disorder (MOUD)**<sup>9</sup>, comprised the supermajority (**67%**) of SWMS admissions during the reporting period.

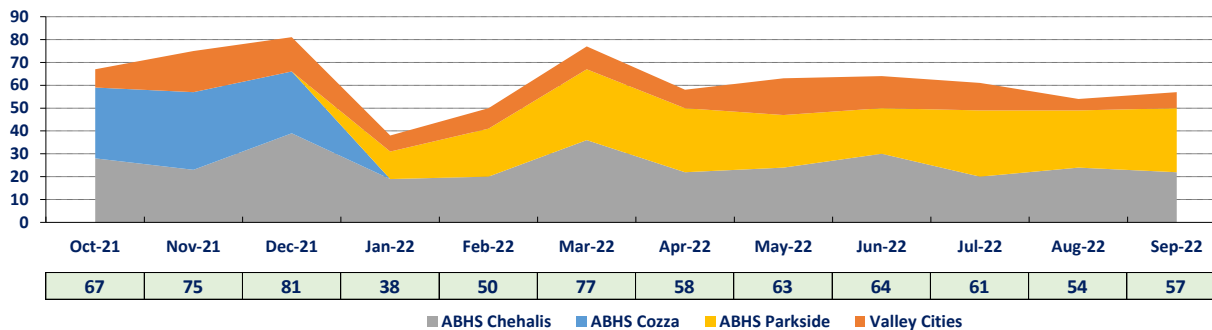
**MOUD Utilization among SWMS Admissions**



**Discharges**

There were **745 discharges** from SWMS between October 1, 2021 and September 30, 2022. The **average length of stay was 13 days** overall (**14 days** at ABHS Chehalis; **15 days** at ABHS Cozza; **7 days** at ABHS Parkside; and **19 days** at Valley Cities).

**SWMS Discharges: October 2021 to September 2022**

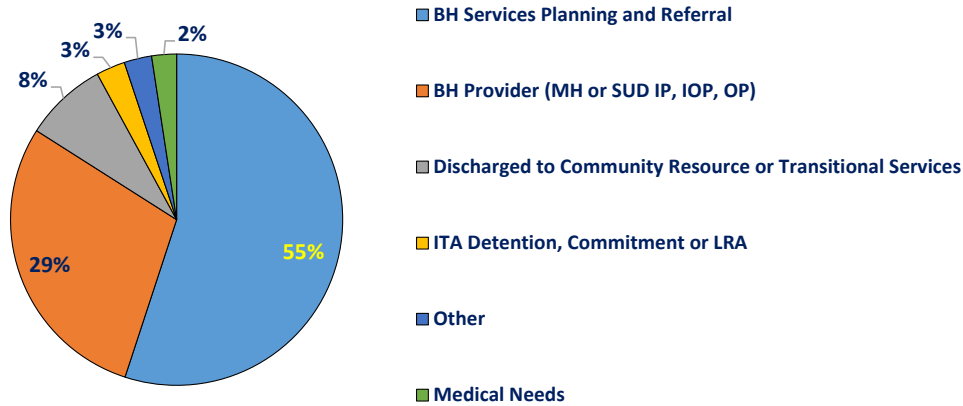


<sup>8</sup> SUD Diagnostic Groups are comprised of ICD-10 diagnoses that signify substance use, abuse, or dependence. "Other Stimulant-Related SUD" is synonymous with use, abuse, or dependence of amphetamines, methamphetamine, other psychostimulants (i.e., therapeutics such as mixed amphetamine [e.g., Adderall], methylphenidate [e.g., Ritalin], or modafinil [e.g., Provigil]), and caffeine. "Other Substance-Related SUD" includes diagnoses related to cannabis, cocaine, hallucinogens, sedatives/hypnotics/anxiolytics, and where the substance is "Unknown or Not Reported" (which includes no Substance Use Disorder diagnosis, and where the diagnosis is unknown or not reported in the source data).

<sup>9</sup> NR = Not Reported.

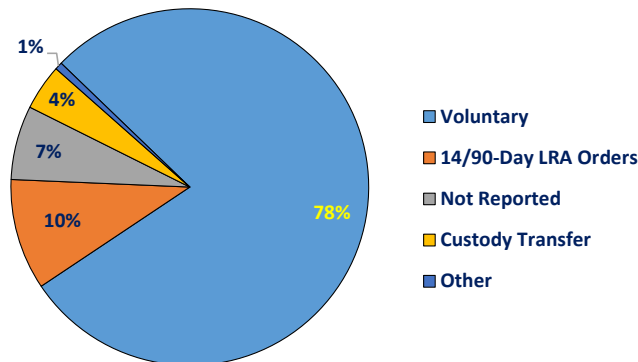
The majority (55%) of SWMS discharges<sup>10</sup> indicated continued behavioral health (BH) services (i.e., service planning/service referrals) at the point of discharge.

### SWMS Discharges by Discharge Plan Type



The supermajority (78%) of SWMS discharges had “Voluntary” as the Legal Status at the point of discharge.

### SWMS Discharges by Legal Status



"Other" includes 14-Day Commitment Order, 72/120-Hour Hold, and Conditional Release.

<sup>10</sup> "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 IP services; referred to COD IIP or IIP Services; (placed on a) waitlist for treatment (IP); or went home with recommendations for referral for treatment or resources. "Discharged to Community Resource or Transitional Services" means the client was discharged and received the following: 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" includes the following dispositions, grouped together due to small numbers: "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; "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; and "Not Reported" connotes a blank entry for the Discharge Plan data element in the SWMS data template.