

Involuntary Treatment Act for Substance Use Disorders

Secure Withdrawal Management Report

April 1, 2025 to June 30, 2025

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.

As of June 30, 2025, there are **three facilities** that provide **SWMS¹** services: **American Behavioral Health Services (ABHS)**, located in Chehalis; **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 **45 beds**. A total of **211 individuals were served** between April 1 and June 30, 2025². In the reporting period, the **Average Daily Census (ADC)³** was relatively stable, ranging between **30 (in May) and 32 (in April)**. The **bed utilization rates⁴** varied from **67% in May to 71% in April**.

Facility	Capacity*	Cases: Past 3 Months ²	Clients Served: Past 3 Months ²	April-25		May-25		June-25	
				ADC	% Capacity	ADC	% Capacity	ADC	% Capacity
All Facilities	45	228	211	32	71.26%	30	66.67%	31	68.52%

¹ **Data Sources:** SWMS Facilities, April to June 2025. **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.

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 of individuals served in SWMS in the reporting period.

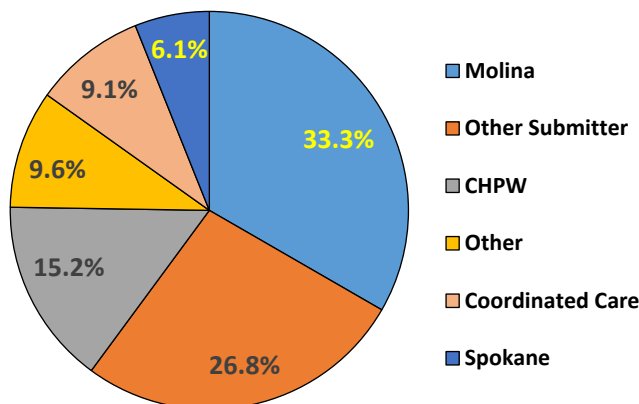
³ **Capacity and ADC data points** are based on the active operations of a given SWMS facility within the reporting period. **"Operations"** means the active delivery of SWMS services to individuals at any time during the reporting period. The **monthly ADC** is calculated by dividing the number of bed 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 May 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.

⁴ 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 **198 admissions** to SWMS between April 1 and June 30, 2025. **Clients enrolled via Molina Healthcare** comprised the single submitter with the highest percentage of admissions (**33%**)⁵ to SWMS during the reporting period.

**SWMS Admissions by Submitter:
April to June 2025**

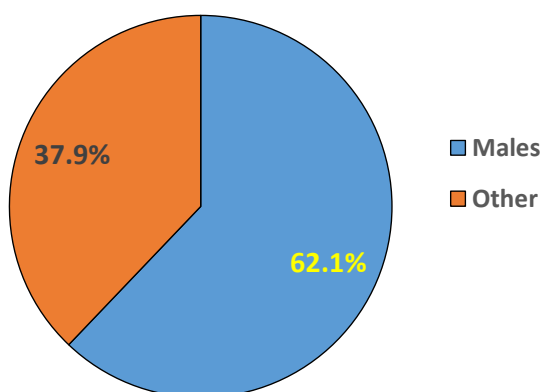


"Other Submitter" includes Aetna, Amerigroup, Carelon, Great Rivers BH, Greater Columbia, Kaiser, King County BH, North Sound, Other Commercial (Insurance), Premera, Regence, Salish, United Health Care, the VA, and Wellpoint.

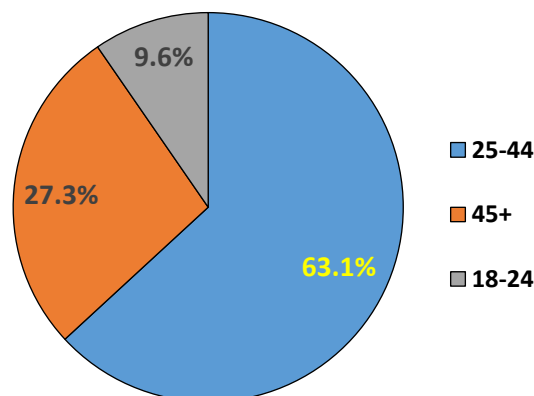
"Other" includes Inactive, Medicaid, Medicare, Native (American client), and No Insurance.

Admissions vary by gender⁶ and age group (all adults). **Males (62%)**, and **persons ages 25-44 (63%)** comprised most admissions during the reporting period.

**SWMS Admissions by Gender:
April to June 2025**



**SWMS Admissions by Age Group:
April to June 2025**

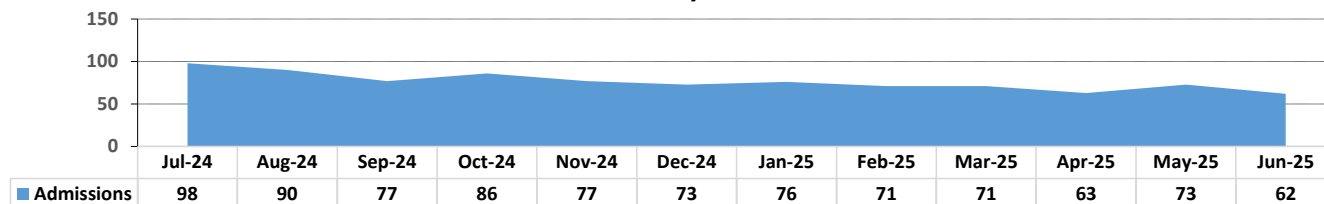


⁵ Percentages are rounded upward to the nearest tenth. As such, figures may not sum to 100 percent.

⁶ Indicates a person's self-identified gender. "Other" includes records of individuals who identify as female or as non-binary.

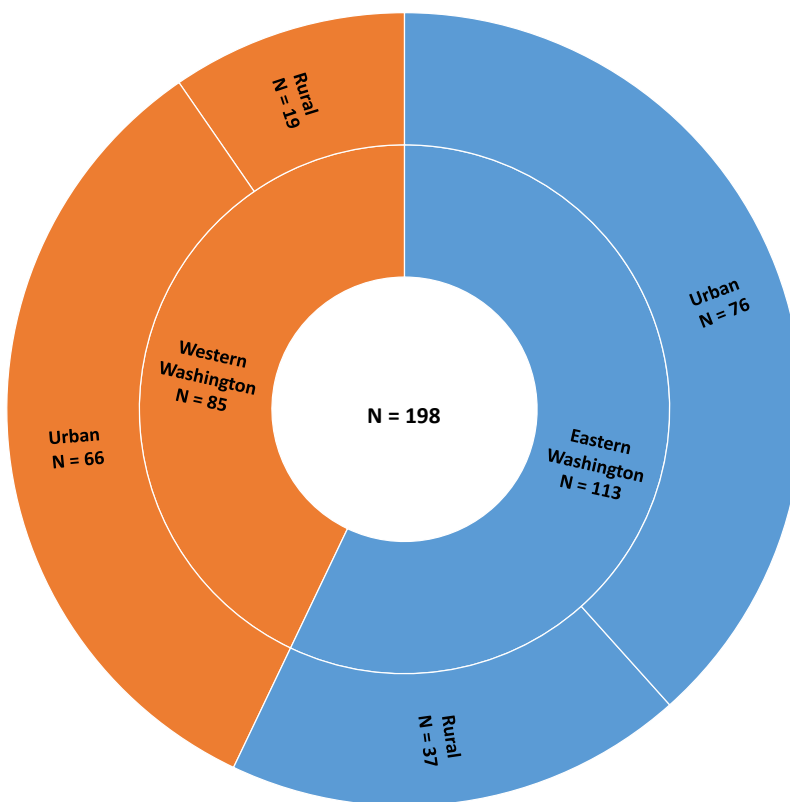
The average count of admissions during **April-June 2025 (66.0)** was a **net 17.4 percent lower** than the average count of admissions in the preceding 9-month period (**July 2024-March 2025 [79.9]**). A gradual decline in admissions was seen over the 12-month period.

SWMS Admissions: July 2024 to June 2025



Admissions to SWMS varied by **rural v. urban counties of detention⁷**, and by the geographic area (Eastern Washington at **57%**, and Western Washington at **43%**). Admissions from **urban counties were more than double the admissions from rural counties (72% [urban] v. 28% [rural])**.

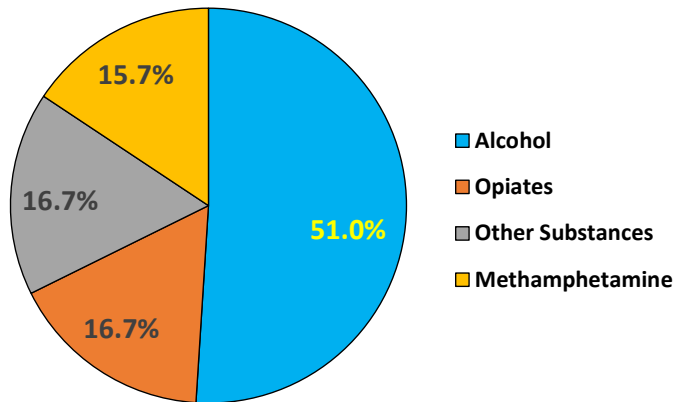
SWMS Admissions: April to June 2025
Eastern Washington and Western Washington
Urban and Rural Counties



⁷ Rural counties with admissions during the reporting period include Adams, Asotin, Chelan, Clallam, Cowlitz, Franklin, Grant, Grays Harbor, Island, Jefferson, Kittitas, Klickitat, 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).

The majority (**51%**) of SWMS admissions during the reporting period had Alcohol as the reported primary substance of use⁸.

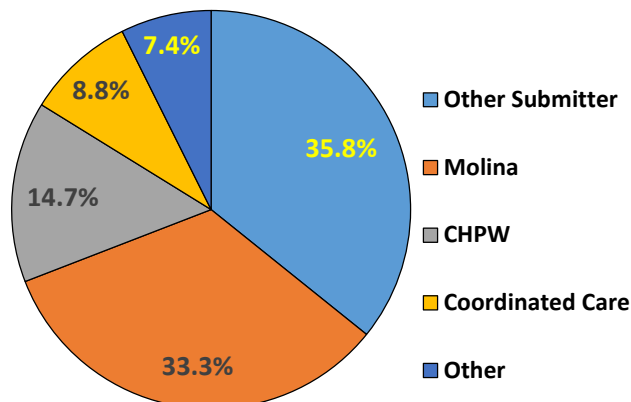
Admissions by Primary Substance: April to June 2025



Discharges

There were **204 discharges** from SWMS between April 1 and June 30, 2025. **Clients enrolled via Molina Healthcare** comprised the single submitter with the highest percentage of discharges (**33%**)⁹ from SWMS during the reporting period.

SWMS Discharges by Submitter: April to June 2025



"Other Submitter" includes Aetna, Amerigroup, Caelon, Great Rivers BH, Greater Columbia, Kaiser, King County BH, North Central, North Sound, Other Commercial Insurance, Premera, Regence, Salish, Spokane, United Health Care, the VA, and Wellpoint.

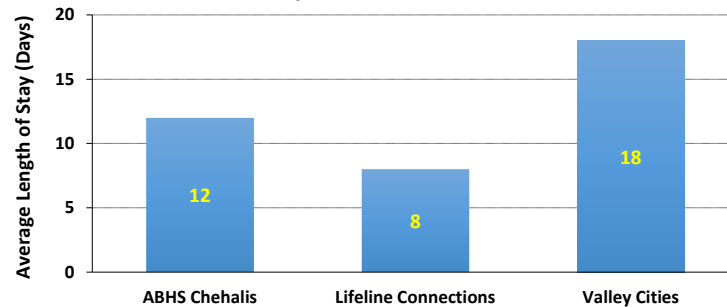
"Other" includes Inactive, Medicaid, Medicare, Native (American client), and No Insurance.

⁸ 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 each tally fewer than 11 admissions during the reporting period. For the July 2025 SWMS report, these substances include Cannabis, Inhalants, MDMA, Other Non-Barbiturate Sedatives or Hypnotics, and Other Stimulants. "Other Stimulants" include methylphenidate [e.g., Ritalin] and any other stimulants. For the July 2025 SWMS report, "Opiates" include Fentanyl, (generically reported) Opioids, and Other Opiates and Synthetics.

⁹ Percentages are rounded upward to the nearest tenth. As such, figures may not sum to 100 percent.

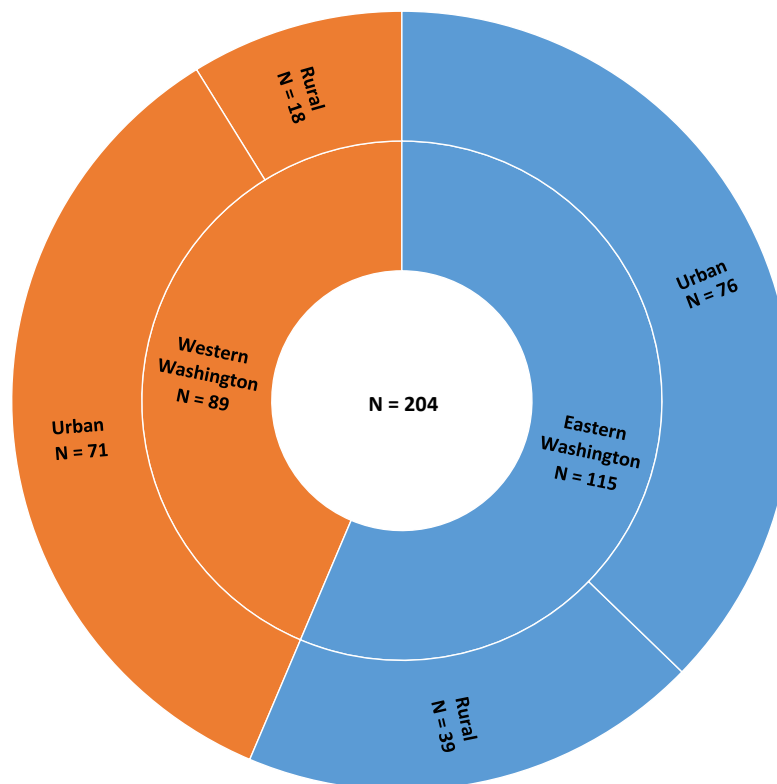
The overall average length of stay (LOS) was **14 days**, which has moderated over time. The LOS measured during the reporting period varied by facility.

Average LOS in SWMS: April to June 2025



Discharges from SWMS varied by **rural v. urban counties of detention**¹⁰, and by the geographic area (Eastern Washington at **56%**, and Western Washington at **44%**). Discharges from **urban counties were more than double the discharges from rural counties (72% [urban] v. 28% [rural])**.

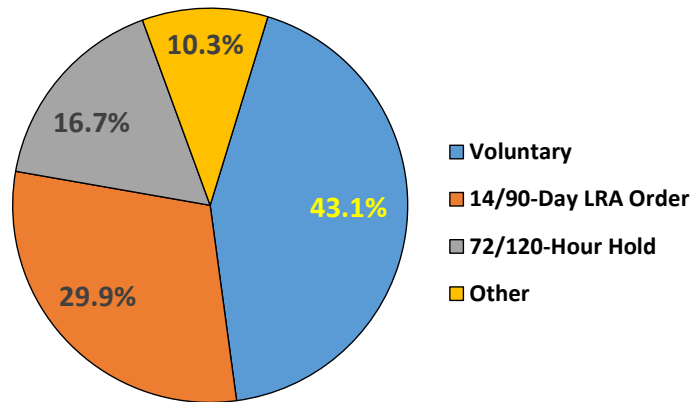
SWMS Discharges: April to June 2025 Eastern Washington and Western Washington Urban and Rural Counties



¹⁰ Rural counties with discharges during the reporting period include Adams, Asotin, Chelan, Clallam, Cowlitz, Franklin, Island, Jefferson, Kittitas, Klickitat, 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).

A plurality (**43%**)¹¹ of SWMS discharges occurring between had “**Voluntary**” as the **Legal Status**¹² at the point of discharge.

SWMS Discharges by Legal Status April to June 2025



¹¹ Percentages are rounded upward to the nearest tenth. As such, figures may not sum to 100 percent.

¹² "Other" (Legal Status) includes 14-Day Commitment Orders, Custody Transfers, and Not Reported.