

# Involuntary Treatment Act for Substance Use Disorders

Secure Withdrawal Management and Stabilization Report  
October 1, 2023 to September 30, 2024

## 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 **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, with the current capacity at **57 beds**. A total of **889 individuals were served** between October 1, 2023 and September 30, 2024<sup>2</sup>. In the reporting period, the **Average Daily Census<sup>3</sup>** (ADC) was **32**, with an **overall capacity yield of 63%**. Facilities operated at less than 80% capacity over all months in the reporting period.

Facility	Capacity <sup>2</sup>	October 2023 - September 2024			
		N Served <sup>2</sup>	Bed Days	ADC	% Capacity
All Facilities <sup>2</sup>	57	889	11,561	32	63.42%

<sup>1</sup> **Data Source:** SWMS Facilities, October 2023 to September 2024. **Note:** Due to small numbers seen in the data points, some data have been redacted to meet the HCA Small Numbers standard.

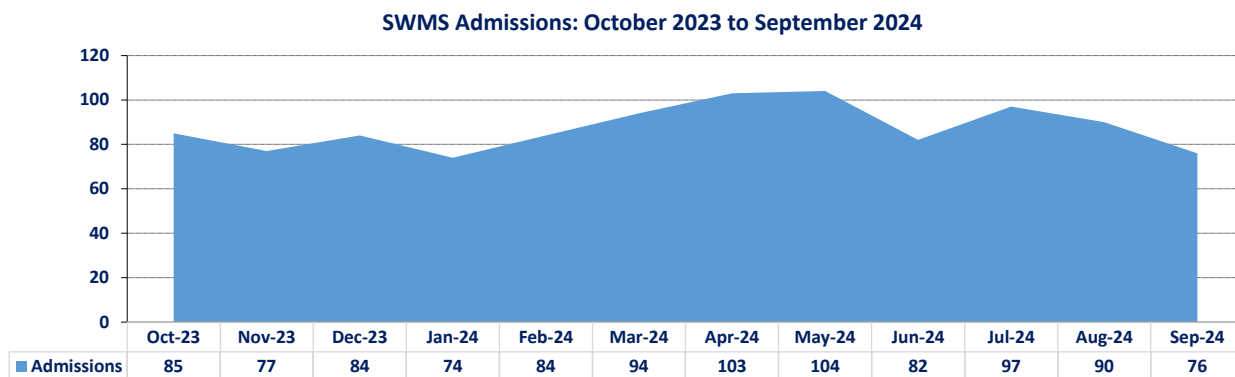
<sup>2</sup> **Capacity and ADC data points** are based on the active operations of a given SWMS facility within the reporting period. **"Operations"** means the active delivery of SWMS services to individuals at any time during the reporting period. **"Clients (or the N) Served"** include unduplicated counts of individuals served in SWMS during the reporting period. The **"All Facilities" count of "Clients Served"** is an overall unduplicated figure.

<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 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 2023, 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 2023 to September 2024  
October 31, 2024

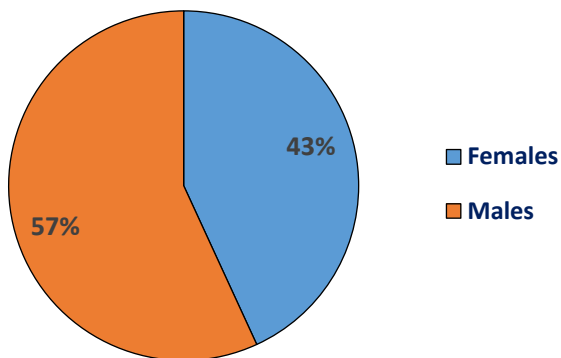
## Admissions

There were **1,050 admissions** to SWMS between October 1, 2023 and September 30, 2024, an **27.4%** increase from the previous 12-month period. Increases in admissions were seen in March, April and May 2024, with a notable decrease seen in September 2024. The average count of admissions during **July-September 2024 (87.7)** was **relatively consistent with** the average count of admissions during the preceding 9-month period (**October 2023-June 2024 [87.4]**).

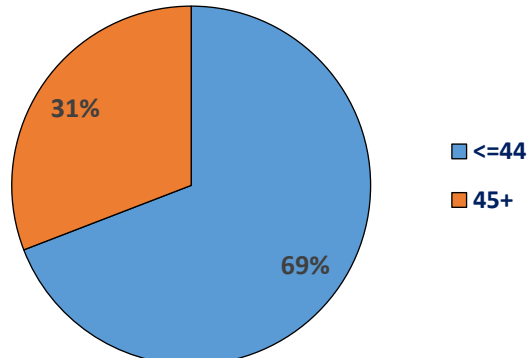


Admissions vary by gender.<sup>4</sup> **Males (57%)** comprised most admissions during the reporting period. **Persons ages 44 and Under (69%)** comprised most admissions during the reporting period.

**SMWS Admissions by Gender:  
October 2023 to September 2024**

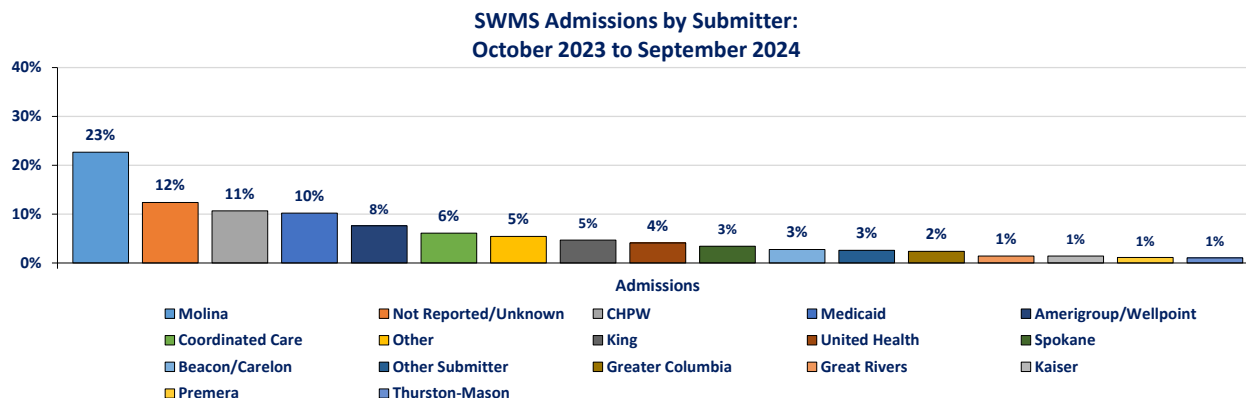


**SWMS Admissions by Age Group:  
October 2023 to September 2024**



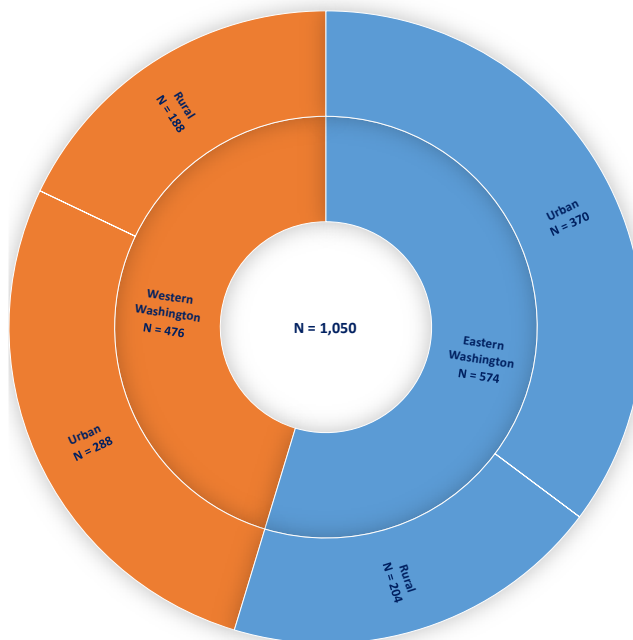
<sup>4</sup> Indicates a person's self-identified gender.

Clients enrolled via **Molina Healthcare** comprised the highest percentage of admissions (**23%**) to SWMS among submitters<sup>5</sup> during the reporting period.



Admissions to SWMS varied by **rural v. urban counties of detention**<sup>6</sup>, and by the geographic area (Eastern v. Western Washington). Clients whose county of detention was in **Eastern Washington** totaled **55%** of SWMS admissions in the reporting period. Admissions from **urban counties of detention outnumbered admissions from rural counties** (63% [urban] v. 37% [rural]).

**SWMS Admissions: October 2023 to September 2024**  
Eastern Washington and Western Washington  
**Urban and Rural Counties**

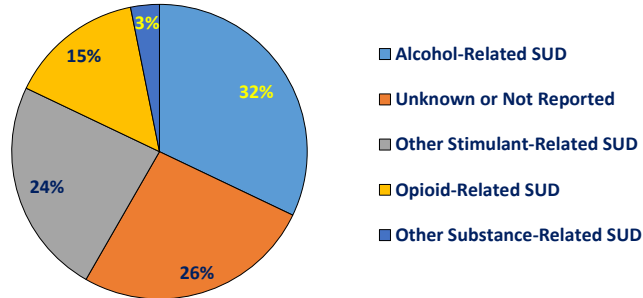


<sup>5</sup> "Other (Submitter)" includes Aetna, Ambetter, Blue Cross/Blue Shield, CIGNA, North Sound, Regence, Salish, TPSC, Tricare, the VA, and Wellcare. "Other" includes Medicare, Native (American client), and No Insurance. Percentages are rounded upward to the nearest integer. As such, figures may not sum to 100 percent.

<sup>6</sup> **Rural counties** with admissions during the reporting period include Adams, Chelan, Clallam, Cowlitz, Franklin, Grant, Grays Harbor, Island, Jefferson, Kittitas, Klickitat, Lewis, Mason, Okanogan, Pacific, 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).

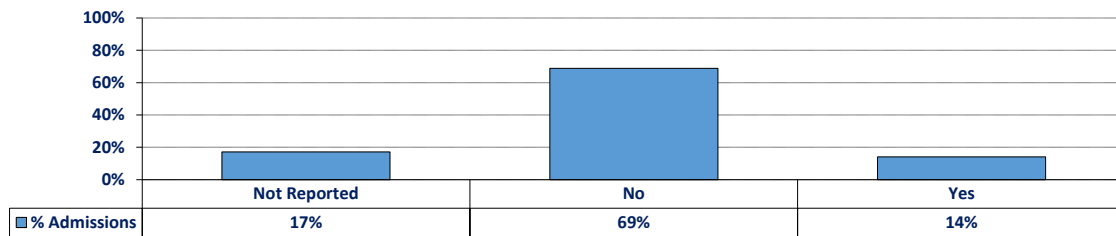
Admissions whereby clients presented with **Alcohol-Related SUD diagnoses**<sup>7</sup> comprised the greatest proportion (**32%**) of SWMS admissions during the reporting period.

**SWMS Admissions by SUD Diagnostic Group:  
October 2023 to September 2024**



Admissions of clients **not receiving, or not identified to receive Medication-Assisted Treatment for Opioid Use Disorder (MOUD)**, comprised the supermajority (**69%**) of SWMS admissions during the reporting period.

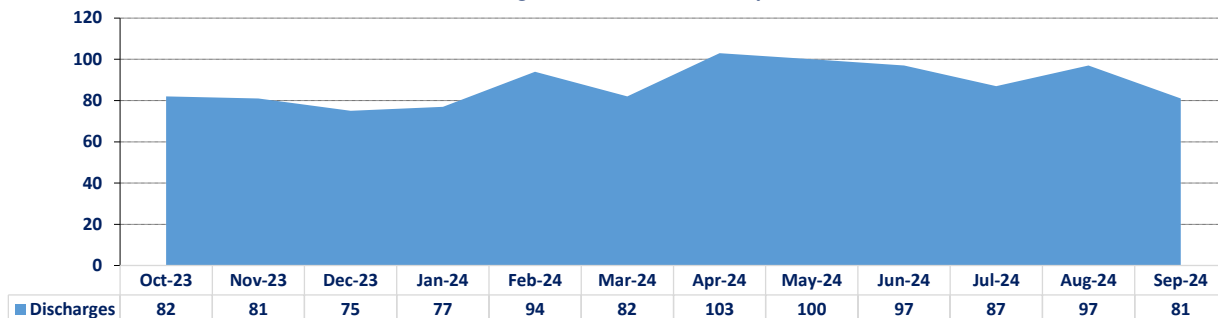
**MOUD Utilization among SWMS Admissions**



## Discharges

There were **1,056 discharges** from SWMS between October 1, 2023 and September 30, 2024. The **average length of stay was 11 days** overall (**11 days** at ABHS Chehalis; **7 days** at ABHS Parkside; **7 days** at Lifeline Connections; and **20 days** at Valley Cities).

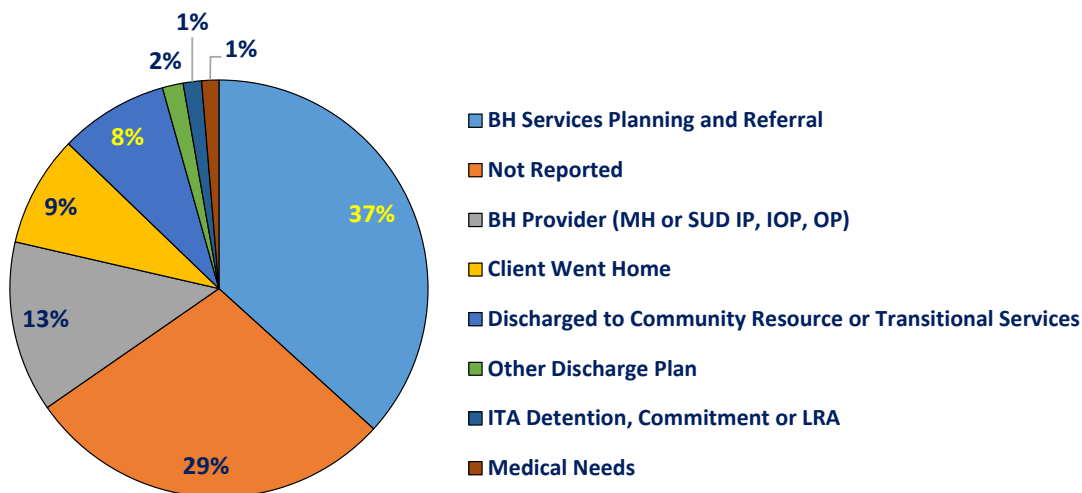
**SWMS Discharges: October 2023 to September 2024**



<sup>7</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, other psychoactive substances, or sedatives/hypnotics/anti-anxiety; records where there were reported multiple SUD diagnoses (with associated mental health diagnoses in some cases); 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. **Note:** There were no reported data on Admissions by SUD Diagnostic Group for the period of July-September 2024, as data collection on this reporting variable ceased after June 2024.

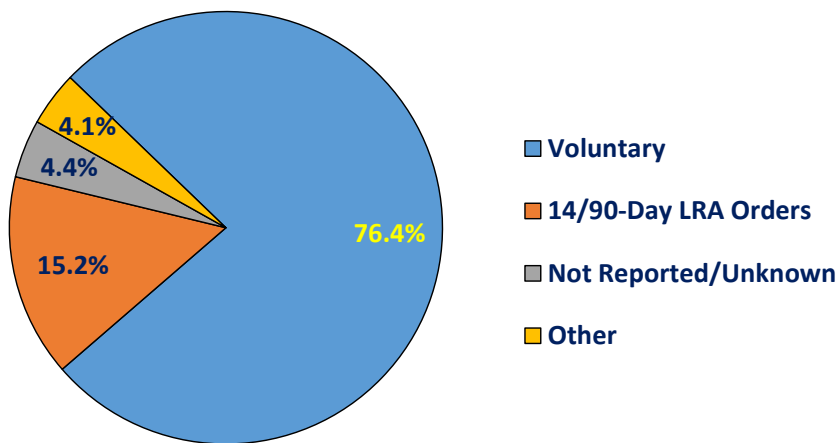
A plurality (37%) of SWMS discharges<sup>8</sup> indicated behavioral health (BH) services planning and referral at the point of discharge.

### SWMS Discharges by Discharge Plan Type



The supermajority (76.4%) of SWMS discharges had “Voluntary” as the Legal Status<sup>9</sup> at the point of discharge.

### SWMS Discharges by Legal Status



<sup>8</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 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, significant other, or guardian. "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, Adult Family Home, Hotel). "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.). "Not Reported" connotes a blank entry for the Discharge Plan data element in the SWMS data template (This data element was no longer collected after June 2024.). "Other Discharge Plan" includes the following dispositions, grouped together due to small numbers: "Client Declined Services" is self-explanatory; "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; and "Other" is a value used for discharge reasons specified by the provider (e.g., the client resolved obligations of their detainment per Chapter 71.05 RCW.).

<sup>9</sup> "Other" (Legal Status) includes 14-Day Commitment Orders, Custody Transfer(s), and 72/120-Hour Holds.