

Involuntary Treatment Act for Substance Use Disorders

Secure Withdrawal Management Report

October 1, 2020 to December 31, 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 **198 individuals were served** between October 1 and December 31, 2020. In the reporting period, the **Average Daily Census (ADC)²** decreased from **27 in October** to **25 in December**. The **bed utilization rates³** varied from **41%** in October to **43%** in December.

Facility	Capacity	Clients Served: Past 3 Months	October-20		November-20		December-20	
			ADC	% Capacity	ADC	% Capacity	ADC	% Capacity
ABHS Chehalis	21	43	6.000	28.57%	9.640	45.90%	7.091	33.77%
ABHS Cozza	24	93	15.097	62.90%	9.367	39.03%	8.560	35.67%
Valley Cities	16	62	5.419	33.87%	6.700	41.88%	9.516	59.48%
All Facilities	61	198	27	43.47%	26	42.14%	25	41.26%

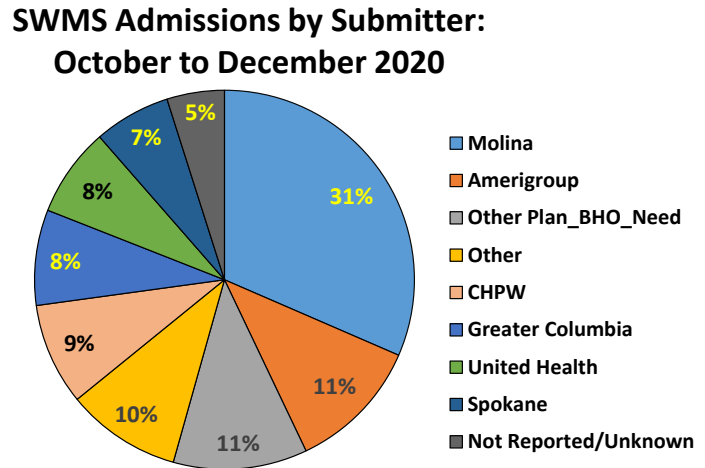
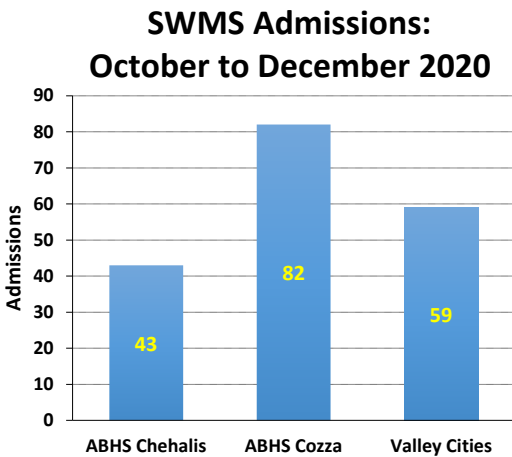
¹ **Data Sources:** SWMS Facilities, October to December 2020. Data provided by the SWMS facilities between April 2018 and December 2020 are limited, which provide for limited capacity to fully describe general service activity at each site (e.g., quarterly admissions, discharges, length of stay, average 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 The facility 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 days by facility (i.e., the number of days in a month within which one or more individuals comprised the daily census). The total monthly ADC is a rounded sum of the facility monthly ADCs.

³ 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 **184 admissions** to SWMS between October 1 and December 31, 2020. **Clients enrolled via Molina Healthcare** comprised the highest percentage admitted (**31%**) to SWMS during the reporting period.

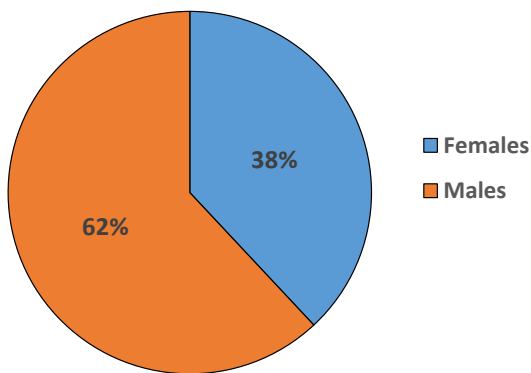


"Other Plan_BHO_Need" includes Beacon, Coordinated Care, Great Rivers BH, King County BH, North Sound, Salish, and Tricare.

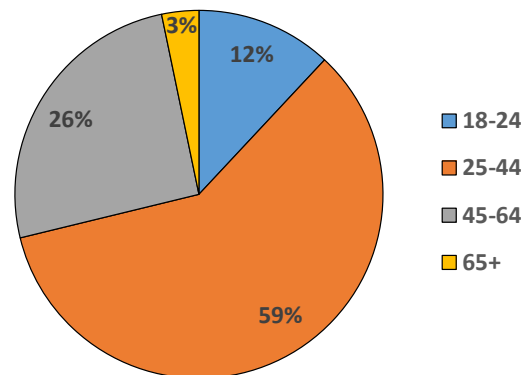
"Other" includes Inactive, Medicare, Native (American client), and No Insurance.

Admissions vary by gender⁴ and age grouping (all adults). **Males (62%)**, and **persons ages 25-44 (59%)** comprised most admissions during the reporting period.

**SWMS Admissions by Gender:
October to December 2020**



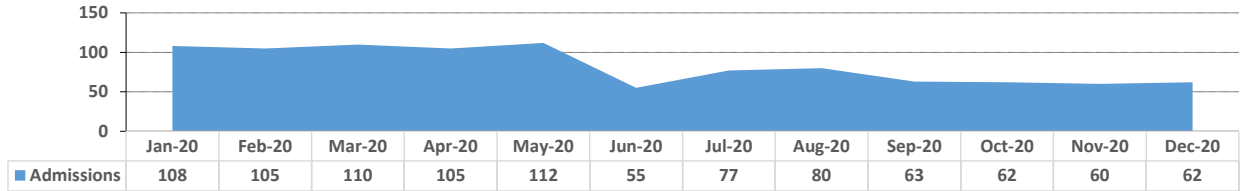
**SWMS Admissions by Age Group:
October to December 2020**



⁴ Indicates a person's self-identified gender.

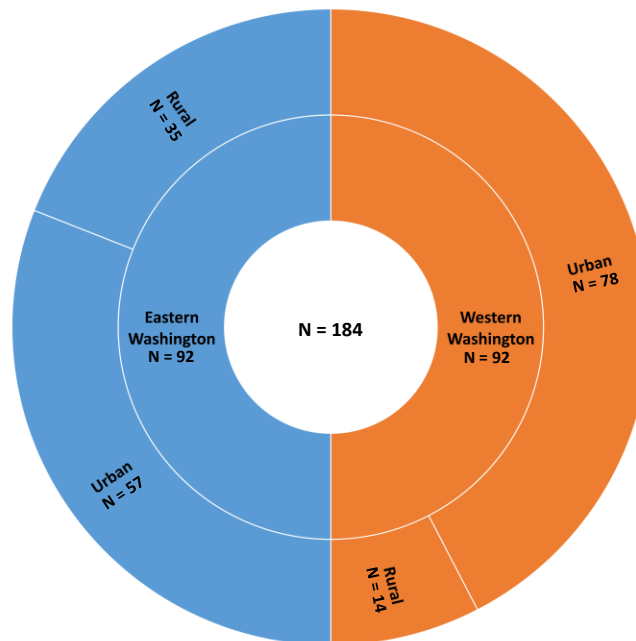
Admissions by month were relatively stable up until June 2020, when ABHS Chehalis temporarily halted SWMS operations. The average number of admissions in the last 4 months of 2020 registered at about 42% below the average admissions noted in the first 4 months of the calendar year.

SWMS Admissions: January to December 2020



Admissions to SWMS varied by rural v. urban counties of detention⁵, and equally by the geographic area (Eastern Washington, Western Washington – each at 50%). Admissions from urban counties of detention outnumbered admissions from rural counties by nearly 3 to 1 (73% [urban] v. 27% [rural]).

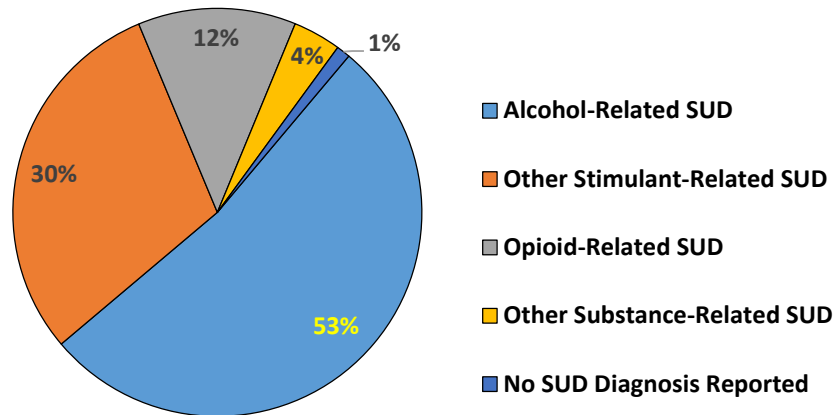
SWMS Admissions: October to December 2020
Eastern Washington and Western Washington
Urban and Rural Counties



⁵ Rural counties with admissions during the reporting period include Asotin, Chelan, Clallam, Cowlitz, Franklin, Grant, Jefferson, Kittitas, Klickitat, Lewis, Mason, Okanogan, Pend Oreille, Skagit, Stevens, Walla Walla, 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).

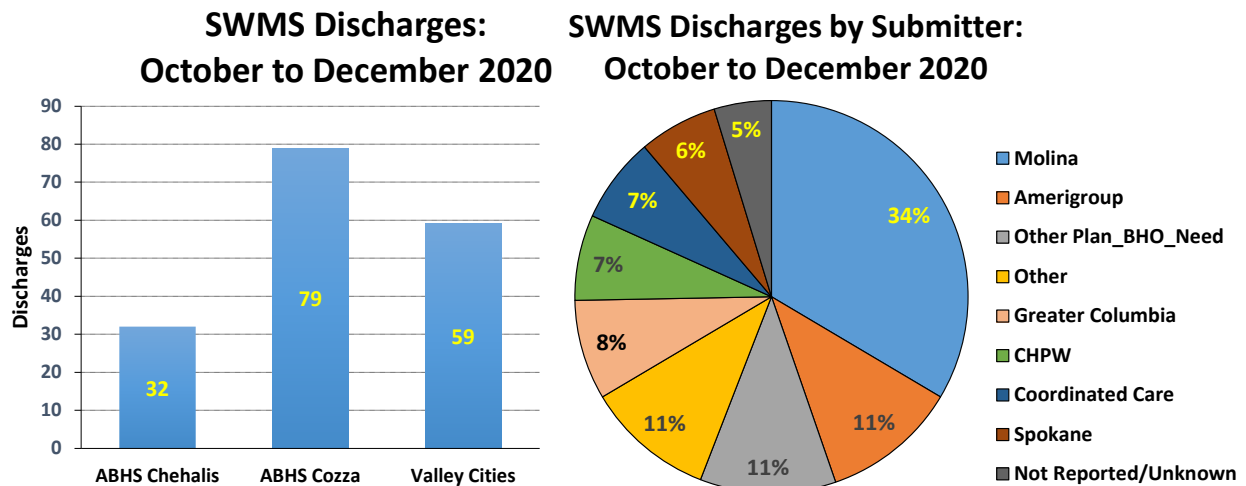
Admissions whereby clients presented with **Alcohol-Related SUD diagnoses**⁶ comprised the majority (**53%**) of SWMS admissions during the reporting period.

SWMS Admissions by SUD Diagnostic Group: October to December 2020



Discharges

There were **170 discharges** from SWMS between October 1 and December 31, 2020. **Clients enrolled via Molina Healthcare** comprised the highest percentage discharged (**34%**) from SWMS during the reporting period.



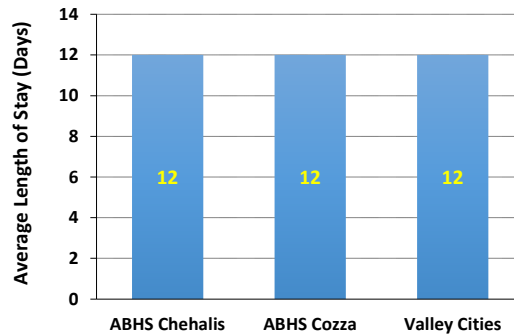
"Other Plan_BHO_Need" includes Beacon, Coordinated Care, Great Rivers BH, King County BH, North Sound, Salish, and Tricare.

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

⁶ 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, hallucinogens, other psychoactive substances, and sedatives/hypnotics/anxiolytics.

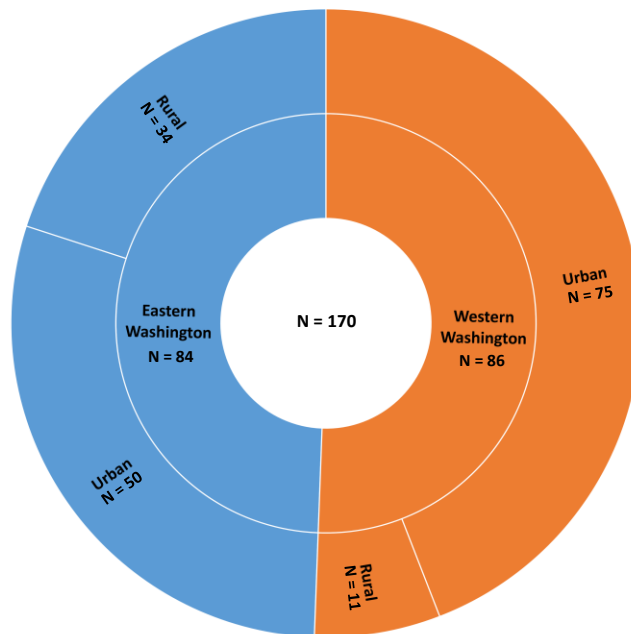
The overall **average length of stay (LOS)** was **12 days**. The LOS was constant by facility during the reporting period.

**Average LOS in SWMS:
October to December 2020**



Discharges from SWMS varied by **rural v. urban counties of detention**⁷, and by the geographic area (Eastern Washington, Western Washington). Clients whose county of detention was located in **Western Washington** comprised the majority (**51%**) of SWMS discharges during the reporting period. Discharges from **urban counties of detention outnumbered discharges from rural counties by nearly 3 to 1 (74% [urban] v. 26% [rural])**.

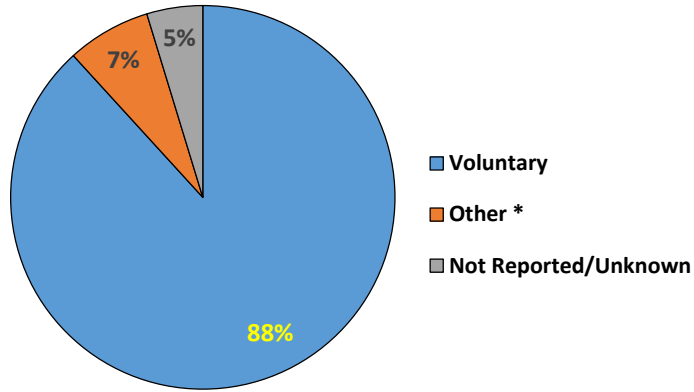
**SWMS Discharges: October to December 2020
Eastern Washington and Western Washington
Urban and Rural Counties**



⁷ Rural counties with admissions during the reporting period include Asotin, Chelan, Clallam, Cowlitz, Franklin, Grant, Jefferson, Kittitas, Klickitat, Lewis, Mason, Okanogan, Pend Oreille, Skagit, Stevens, Walla Walla, and Yakima counties. Urban counties with admissions during the reporting period include Benton, Clark, King, Kitsap, Pierce, Spokane, and Thurston counties. **Source:** Washington Department of Health, based on population data from Washington State Office of Financial Management, April 2017 (DOH 609-003).

The supermajority (88%) of SWMS discharges had “Voluntary” as the Legal Status at the point of discharge.

SWMS Discharges by Legal Status



* "Other" includes 14/90-Day LRA orders and custody transfers.