

Involuntary Treatment Act for Substance Use Disorders

Secure Withdrawal Management Report

January 1, 2021 to March 31, 2021

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 **307 individuals were served** between January 1 and March 31, 2021. In the reporting period, the **Average Daily Census (ADC)²** increased from **34 in January** to **45 in March**. The **bed utilization rates³** varied from **55%** in January to **75%** in March.

Facility	Capacity	Clients Served: Past 3 Months	January-21		February-21		March-21	
			ADC	% Capacity	ADC	% Capacity	ADC	% Capacity
ABHS Chehalis	21	130	15.839	75.42%	19.393	92.35%	18.677	88.94%
ABHS Cozza	24	137	15.452	64.38%	16.571	69.05%	19.581	81.59%
Valley Cities	16	40	2.452	15.32%	4.429	27.68%	7.194	44.96%
All Facilities	61	307	34	55.31%	40	66.22%	45	74.51%

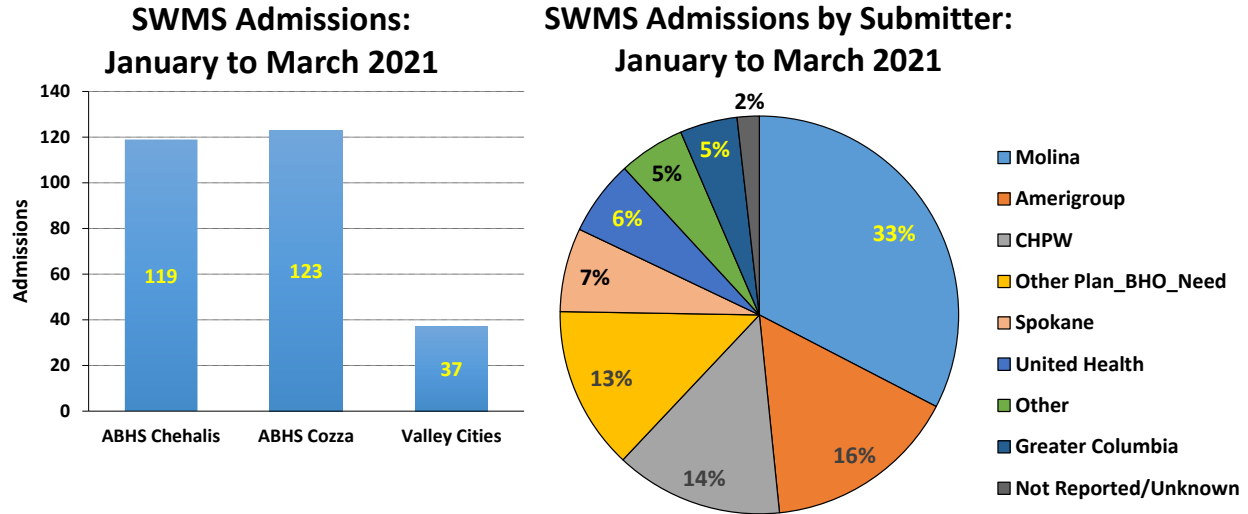
¹ **Data Sources:** SWMS Facilities, January to March 2021. Data provided by the SWMS facilities between April 2018 and March 2021 are varied, which provide for limited capacity to fully describe general service activity at each site (e.g., quarterly admissions, discharges, length of stay, average daily census). Moreover, some data elements were either partially or largely unreported over the initial course of data reporting on the SWMS program (e.g., Legal Status at Discharge). It is anticipated that the completeness of data reporting (i.e., of experiences of patients served in Secure Withdrawal Management and Stabilization services) will continue to improve over time, resulting in a mitigation of these reporting limitations.

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.

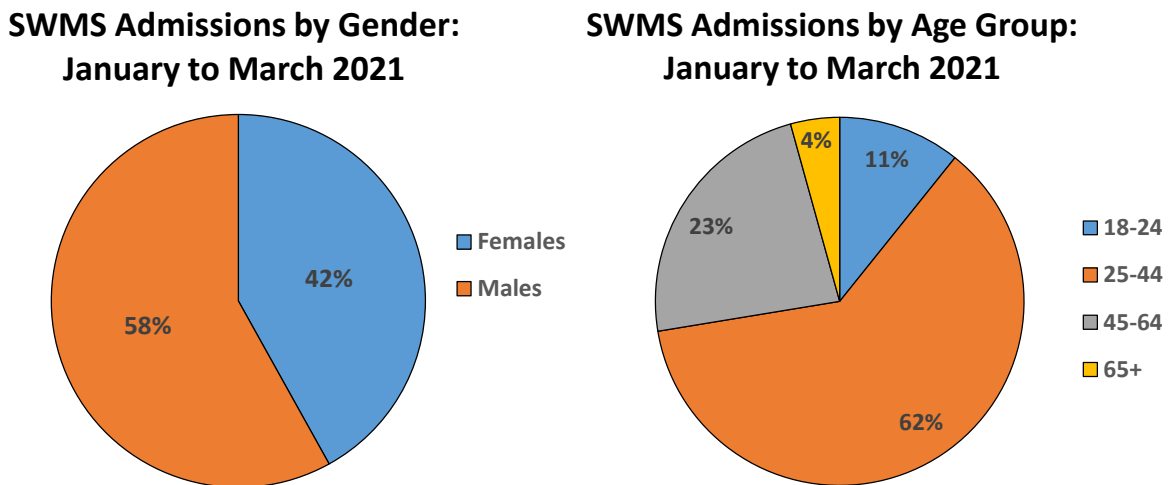
³ The bed utilization rate (expressed as "% Capacity") is calculated by dividing the facility monthly ADC by each facility's capacity; and by dividing the total monthly ADC by the composite total capacity of all participating facilities.

Admissions

There were **279 admissions** to SWMS between January 1 and March 31, 2021. **Clients enrolled via Molina Healthcare** comprised the highest percentage admitted (**33%**) to SWMS during the reporting period.



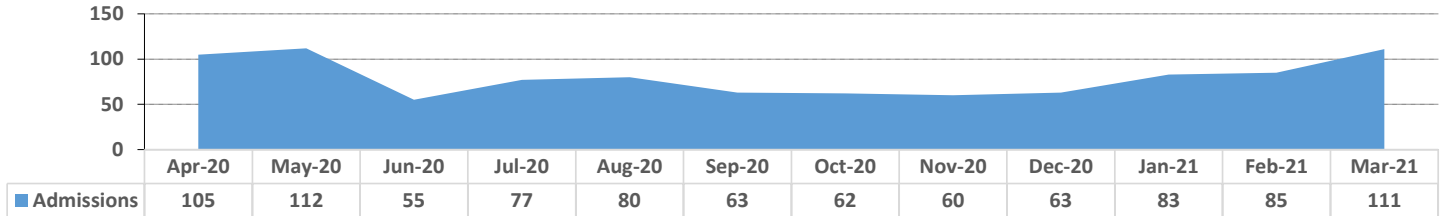
Admissions vary by gender⁴ and age grouping (all adults). **Males (58%)**, and **persons ages 25-44 (62%)** comprised most admissions during the reporting period.



⁴ Indicates a person's self-identified gender.

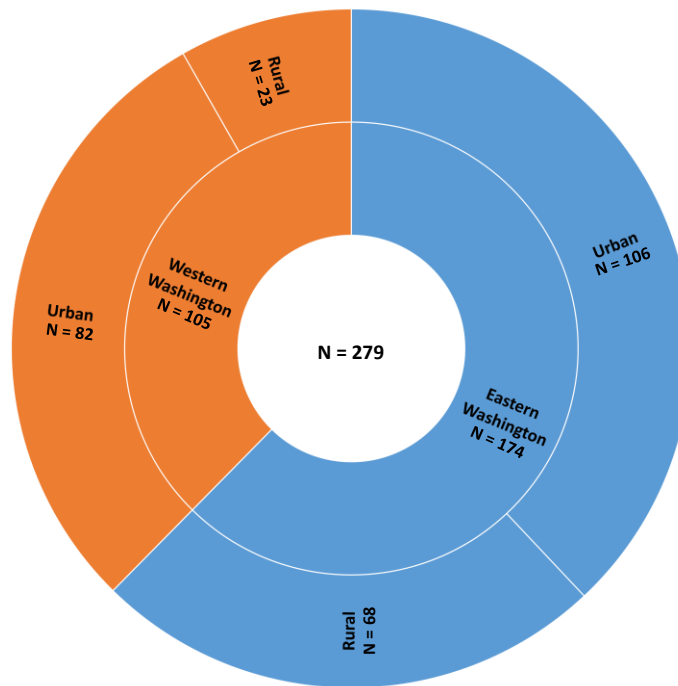
Admissions by month were relatively stable up until June 2020, when ABHS Chehalis temporarily halted SWMS operations. The count of admissions in March 2021 approximated counts last seen in April and May 2020.

SWMS Admissions: April 2020 to March 2021



Admissions to SWMS varied by **rural v. urban counties of detention**⁵, and by the geographic area (Eastern Washington at **62%**, and Western Washington at **38%**). Admissions from **urban counties of detention outnumbered admissions from rural counties by more than 2 to 1 (67% [urban] v. 33% [rural])**.

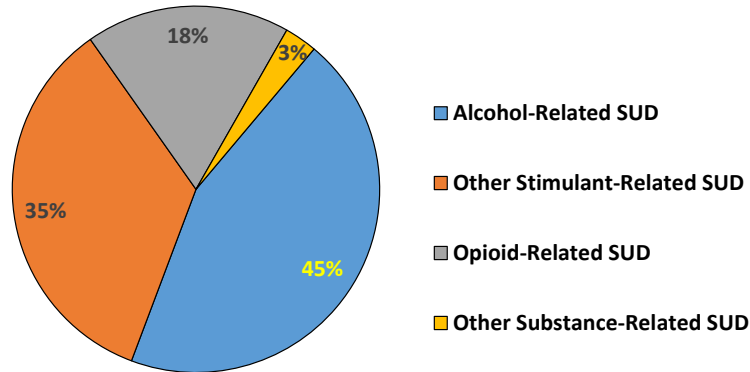
SWMS Admissions: January to March 2021
Eastern Washington and Western Washington
Urban and Rural Counties



⁵ Rural counties with admissions during the reporting period include Chelan, Clallam, Cowlitz, Franklin, Grant, Grays Harbor, Island, Kittitas, Klickitat, Lewis, Pend Oreille, Skagit, Stevens, Walla Walla, Whitman, and Yakima counties. Urban counties with admissions during the reporting period include Benton, Clark, King, Pierce, Snohomish, Spokane, Thurston, and Whatcom counties. Records where the County of Detention is "Unknown" were attributed to the facility county in which the SWMS event occurred. **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 (**45%**) of SWMS admissions during the reporting period.

**SWMS Admissions by SUD Diagnostic Group*:
January to March 2021**

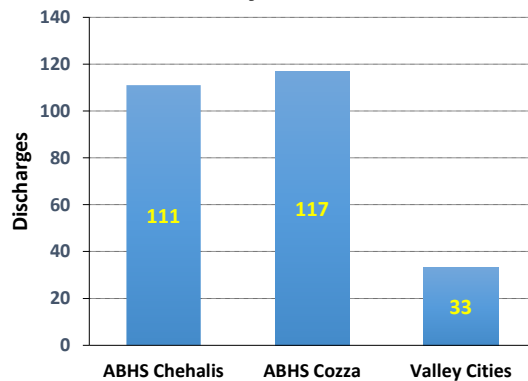


* Excludes records where no SUD diagnosis was recorded.

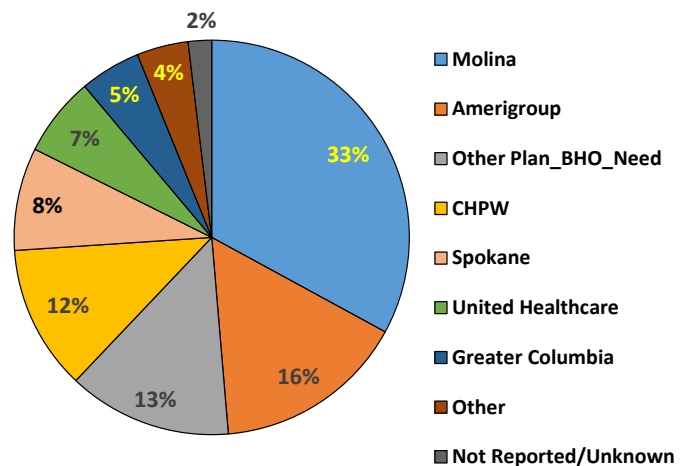
Discharges

There were **261 discharges** from SWMS between January 1 and March 31, 2021. **Clients enrolled via Molina Healthcare** comprised the highest percentage discharged (**33%**) from SWMS during the reporting period.

**SWMS Discharges:
January to March 2021**



**SWMS Discharges by Submitter:
January to March 2021**



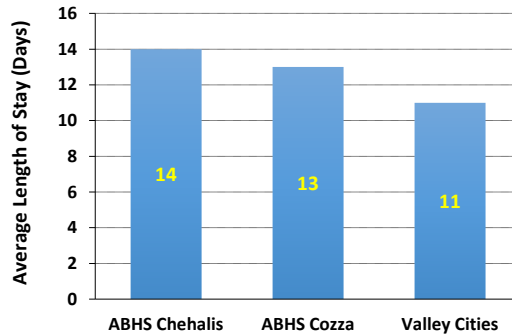
"Other Plan_BHO_Need" includes Beacon, Coordinated Care, Great Rivers BH, Humana, Kaiser, King County BH, North Sound, Thurston-Mason, Tricare, and Veteran's Administration.

"Other" includes Inactive, Medicare/Medicaid, and Native (American client).

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, multiple substances, and sedatives/hypnotics/anxiolytics. Excludes records where there was no stated SUD-specific diagnosis at the date of admission to SWMS services.

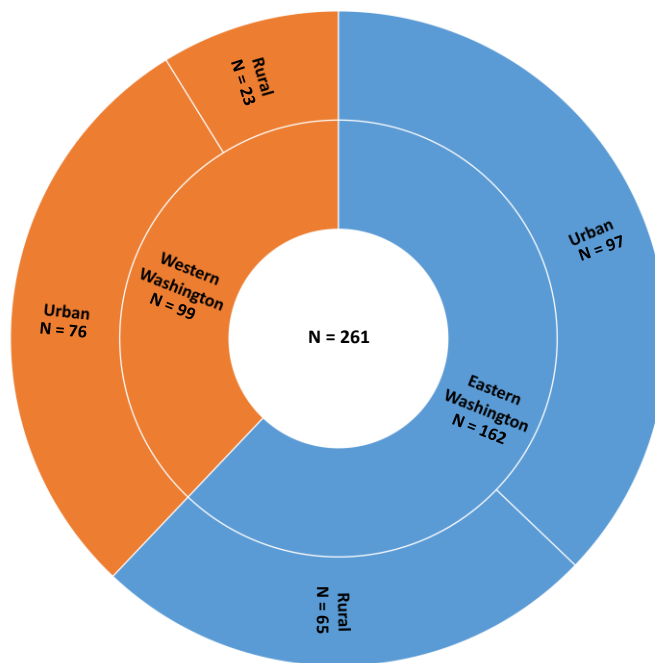
The overall **average length of stay (LOS)** was **13 days**. The LOS measured during the reporting period varied by facility.

**Average LOS in SWMS:
January to March 2021**



Discharges from SWMS varied by **rural v. urban counties of detention**⁷, and by the geographic area. Counties of detention located in **Eastern Washington** comprised the majority (**62%**) of SWMS discharges during the reporting period. Discharges from **urban counties of detention outnumbered discharges from rural counties** by nearly **2 to 1 (66% [urban] v. 34% [rural])**.

**SWMS Discharges: January to March 2021
Eastern Washington and Western Washington
Urban and Rural Counties**



⁷ Rural counties with discharges during the reporting period include Clallam, Cowlitz, Franklin, Grant, Grays Harbor, Island, Kittitas, Klickitat, Lewis, Pend Oreille, Skagit, Stevens, Walla Walla, Whitman, and Yakima counties. Urban counties with discharges during the reporting period include Benton, Clark, King, Pierce, Snohomish, Spokane, Thurston, and Whatcom counties. Records where the County of Detention is "Unknown" were attributed to the facility county in which the SWMS event occurred. **Source:** Washington Department of Health, based on population data from Washington State Office of Financial Management, April 2017 (DOH 609-003).

The supermajority (90%) of SWMS discharges had “Voluntary” as the Legal Status at the point of discharge.

SWMS Discharges by Legal Status

