

Involuntary Treatment Act for Substance Use Disorders

Secure Withdrawal Management Report

January 1, 2022 to March 31, 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 **SWMS¹** services: **American Behavioral Health Services (ABHS)**, located in Chehalis; **ABHS Parkside**, located in Wenatchee; and **Valley Cities**, located in Kent.

Capacity and Average Daily Census

The SWMS bed capacity varies by facility, currently at **53 beds**. A total of **185 individuals were served** between January 1 and March 31, 2022. In the reporting period, the **Average Daily Census (ADC)²** increased uniformly, from **20 in January** to **25 in February** to **30 in March**. The **bed utilization rates³** varied from **38%** in January to **57%** in March.

Facility	Capacity	Clients Served: Past 3 Months	January-22		February-22		March-22	
			ADC	% Capacity	ADC	% Capacity	ADC	% Capacity
ABHS Chehalis	21	83	9.7500	46.43%	13.1071	62.41%	15.1935	72.35%
ABHS Parkside	16	68	5.1905	32.44%	7.3214	45.76%	9.3548	58.47%
Valley Cities	16	34	5.3871	33.67%	4.5714	28.57%	5.7419	35.89%
All Facilities	53	185	20	38.35%	25	47.17%	30	57.15%

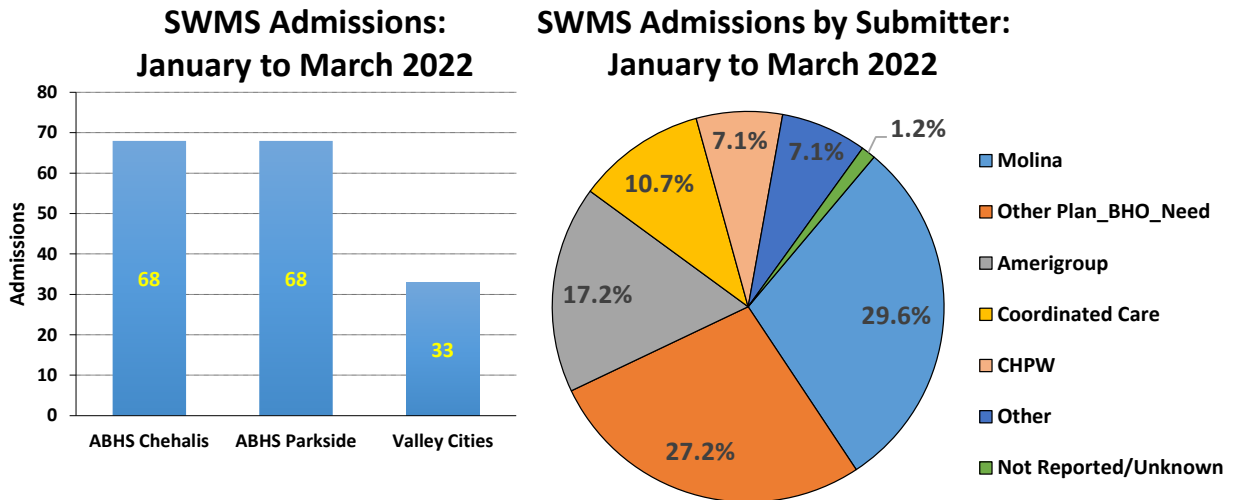
¹ Data Sources: SWMS Facilities, January to March 2022.

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.

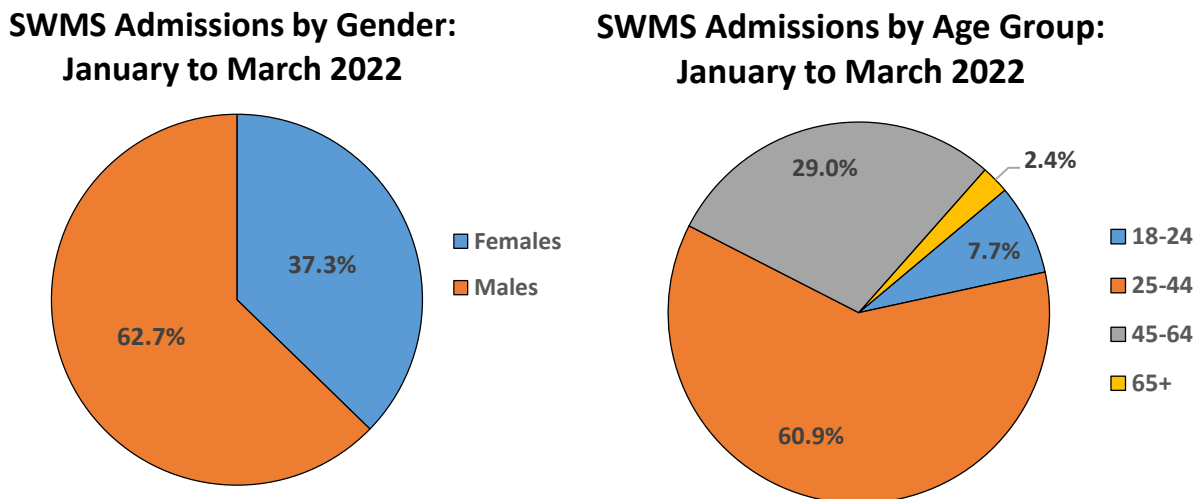
Admissions

There were **169 admissions** to SWMS between January 1 and March 31, 2022. **Clients enrolled via Molina Healthcare** comprised the highest percentage admitted (**30%**) to SWMS during the reporting period.



"Other Plan_BHO_Need" includes Aetna, Beacon, First Choice, Great Rivers BH, Greater Columbia, Kaiser, King BHASO, North Sound, Premera, Spokane, Thurston-Mason, Tricare, and United Health Care.
 "Other" includes Inactive, Medicaid, Medicare, and Native (American client).

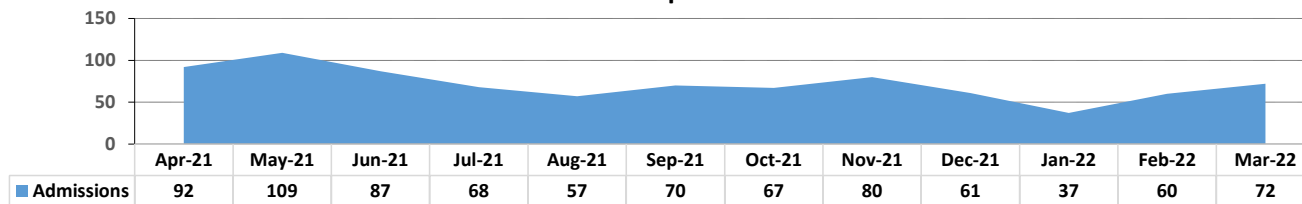
Admissions vary by gender⁴ and age grouping (all adults). **Males (63%)**, and **persons ages 25-44 (61%)** comprised most admissions during the reporting period.



⁴ Indicates a person's self-identified gender.

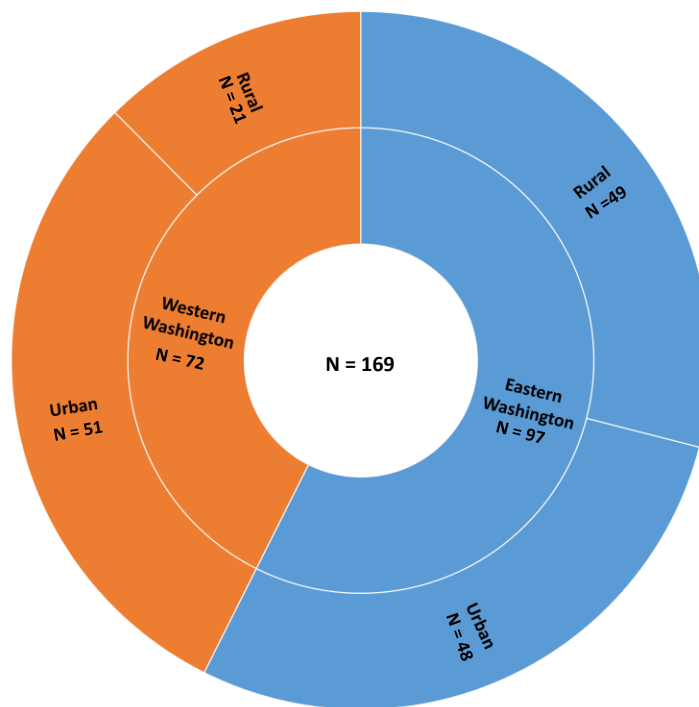
The average count of admissions during **January-March 2022 (56.3)** was **26.6 percent lower** than the average count of admissions in the **preceding 9-month period (76.8)**.

SWMS Admissions: April 2021 to March 2022



Admissions to SWMS varied by **rural v. urban counties of detention⁵**, and by the geographic area (Eastern Washington at **57%**, and Western Washington at **43%**). Admissions from **urban counties of detention outnumbered admissions from rural counties (59% [urban] v. 41% [rural])**.

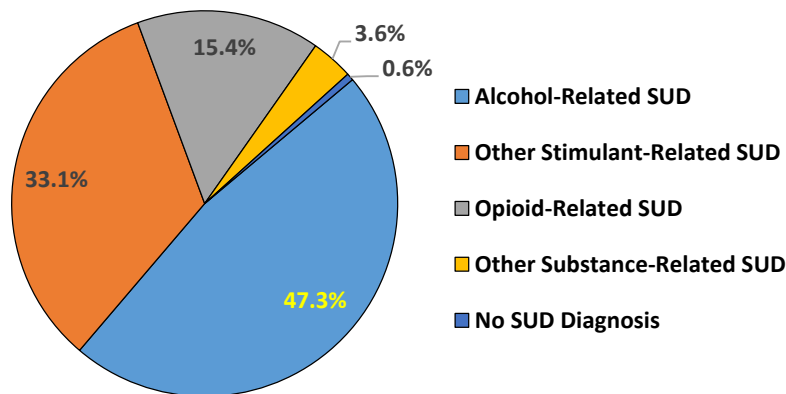
SWMS Admissions: January to March 2022
Eastern Washington and Western Washington
Urban and Rural Counties



⁵ Rural counties with admissions during the reporting period include Chelan, Clallam, Cowlitz, Franklin, Grant, Grays Harbor, Island, Jefferson, Kittitas, Lewis, Mason, Okanogan, Pacific, Pend Oreille, Skagit, Skamania, 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 (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**⁶ comprised the plurality (**47%**) of SWMS admissions during the reporting period.

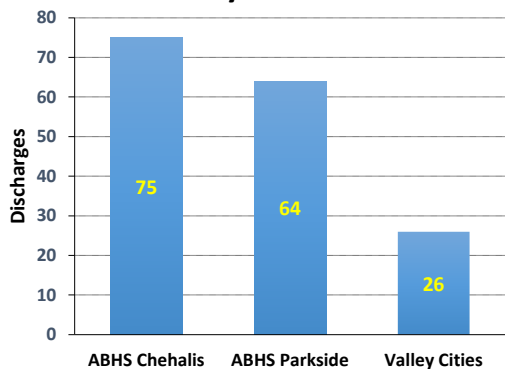
SWMS Admissions by SUD Diagnostic Group: January to March 2022



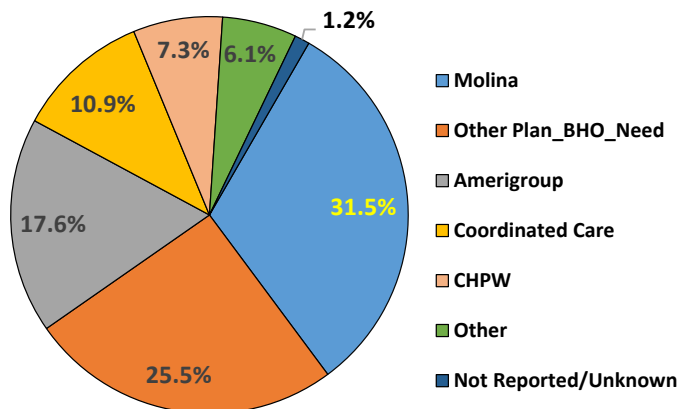
Discharges

There were **165 discharges** from SWMS between January 1 and March 31, 2022. **Clients enrolled via Molina Healthcare** comprised the highest percentage discharged (**32%**) from SWMS during the reporting period.

SWMS Discharges: January to March 2022



SWMS Discharges by Submitter: January to March 2022



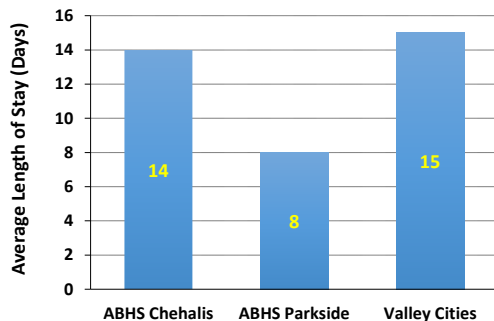
"Other Plan_BHO_Need" includes Aetna, Beacon, First Choice, Great Rivers BH, Greater Columbia, Kaiser, King BHASO, North Sound, Premera, Salish, Spokane, Thurston-Mason, Tricare, and United Health Care.

"Other" includes Inactive, Medicaid, Medicare, 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 of substance use, abuse, or dependence related to cocaine, hallucinogens, or sedatives/hypnotics/anxiolytics.

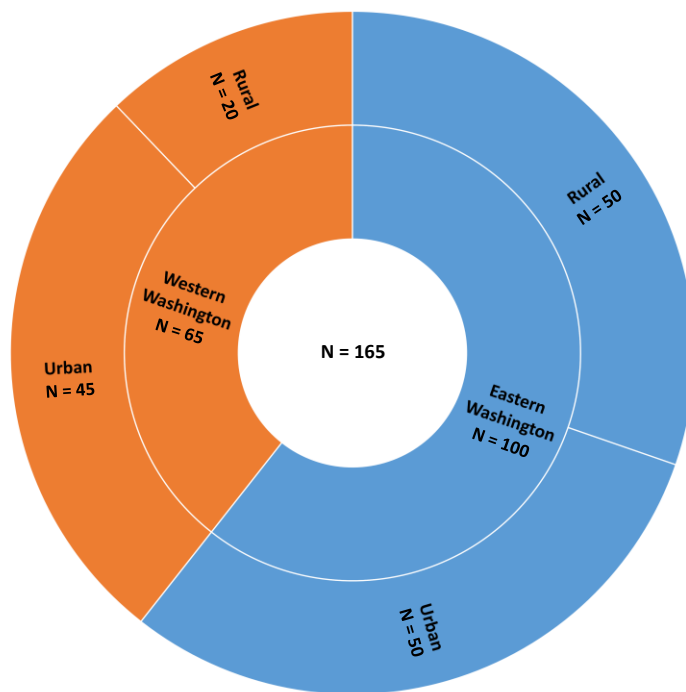
The overall **average length of stay (LOS)** was **12 days**, which has **moderated over time**. The LOS measured during the reporting period varied by facility.

**Average LOS in SWMS:
January to March 2022**



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 (**61%**) of SWMS discharges during the reporting period. Discharges from **urban counties of detention outnumbered admissions from rural counties (58% [urban] v. 42% [rural])**.

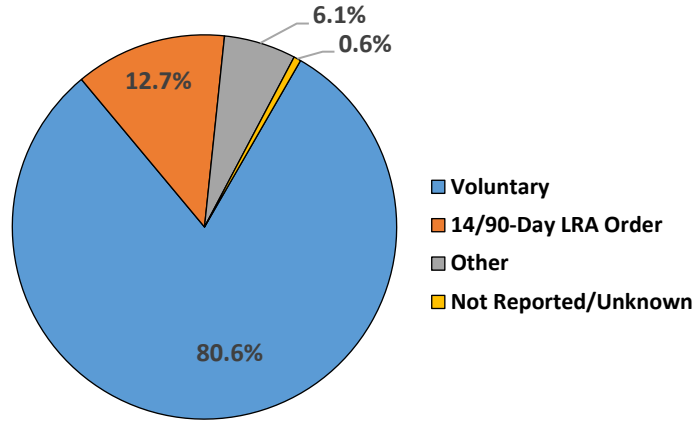
**SWMS Discharges: January to March 2022
Eastern Washington and Western Washington
Urban and Rural Counties**



⁷ Rural counties with discharges during the reporting period include Chelan, Clallam, Cowlitz, Franklin, Island, Jefferson, Kittitas, Lewis, Lincoln, Okanogan, Pacific, 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 (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 supermajority (**81%**) 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 Custody Transfer.