

Involuntary Treatment Act for Substance Use Disorders

Secure Withdrawal Management Report

April 1, 2022 to June 30, 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 **204 individuals were served** between April 1 and June 30, 2022. In the reporting period, the **Average Daily Census (ADC)^{2,3}** decreased from **26 in April**, to **25 in May**, and to **24 in June**. The **bed utilization rates⁴** varied from **45%** in June to **49%** in April.

Facility	Capacity	Clients Served: Past 3 Months	April-22		May-22		June-22	
			ADC	% Capacity	ADC	% Capacity	ADC	% Capacity
ABHS Chehalis	21	83	11.3667	54.13%	12.3548	58.83%	11.7000	55.71%
ABHS Parkside	16	74	6.2333	38.96%	4.4194	27.62%	5.2000	32.50%
Valley Cities	16	47	8.1333	50.83%	8.4194	52.62%	7.0667	44.17%
All Facilities	53	204	26	48.55%	25	47.54%	24	45.22%

¹ Data Sources: SWMS Facilities, April to June 2022.

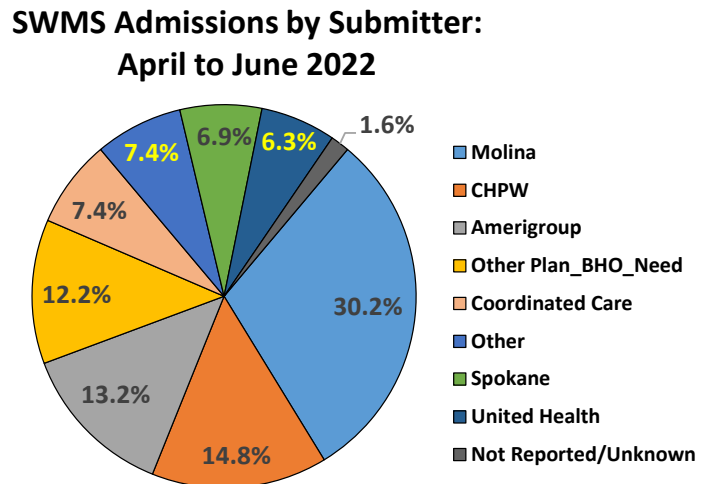
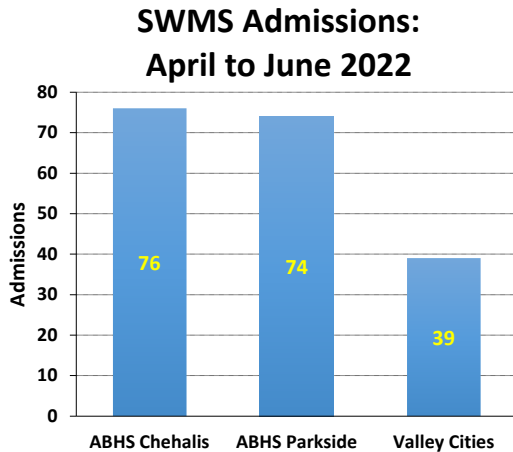
² The facility monthly ADC is calculated by dividing the number of bed days by facility (i.e., the total days in a month in which clients were occupying a bed) by the number of active days by facility (i.e., the number of days in a month within which one or more individuals comprised the daily census). The total monthly ADC is a rounded sum of the facility monthly ADCs.

³ 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 February 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 **189 admissions** to SWMS between April 1 and June 30, 2022. **Clients enrolled via Molina Healthcare** comprised the highest percentage admitted (**30%**) to SWMS during the reporting period.

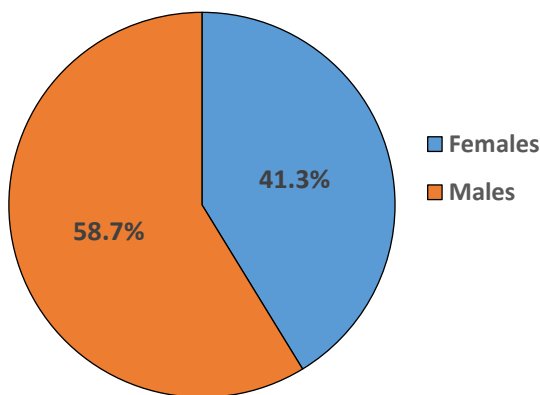


"Other Plan_BHO_Need" includes Beacon, Blue Cross/Blue Shield, Great Rivers BH, Greater Columbia, Kaiser, North Sound, Premera, Providence, Salish, and Thurston-Mason.

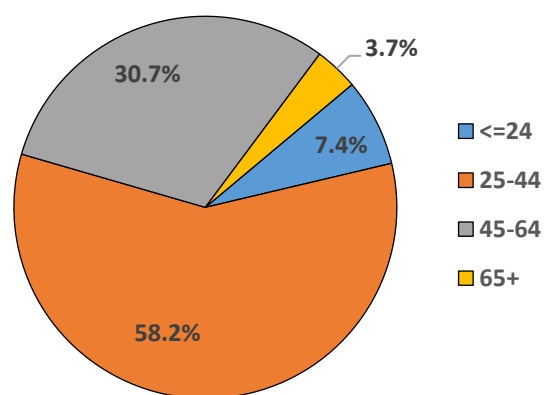
"Other" includes Inactive, Medicaid, Medicare, and Native (American client).

Admissions vary by gender⁵ and age grouping (all adults). **Males (59%)**, and **persons ages 25-44 (58%)** comprised most admissions during the reporting period.

**SWMS Admissions by Gender:
April to June 2022**



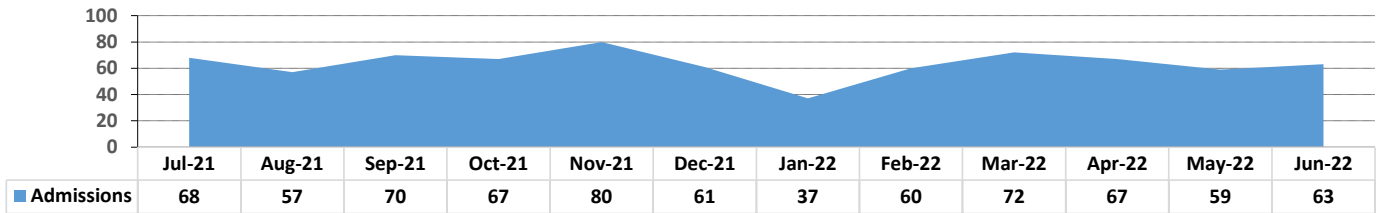
**SWMS Admissions by Age Group:
April to June 2022**



⁵ Indicates a person's self-identified gender.

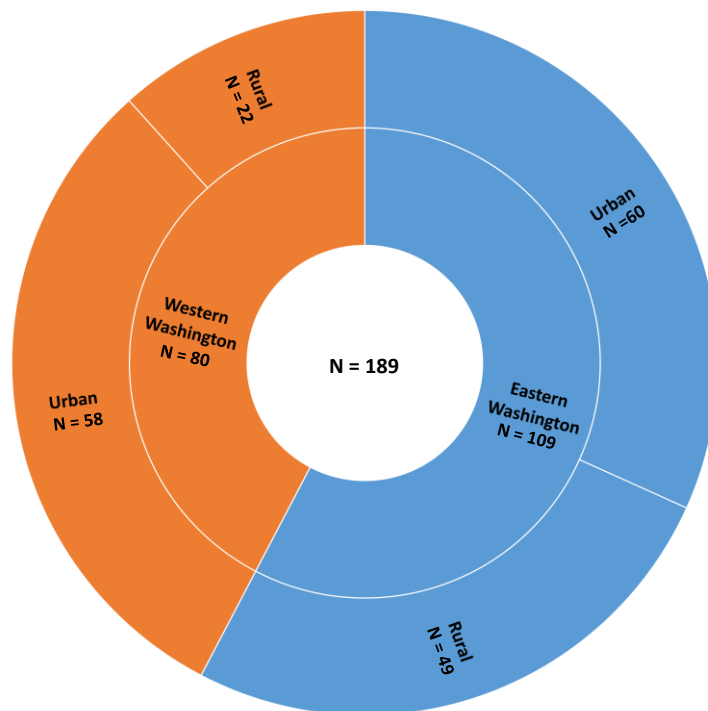
The average count of admissions during **April-June 2022 (63)** was **slightly lower** than the average count of admissions in the **preceding 9-month period (63.6)**.

SWMS Admissions: July 2021 to June 2022



Admissions to SWMS varied by **rural v. urban counties of detention⁶**, and by the geographic area (Eastern Washington at **58%**, and Western Washington at **42%**). Admissions from **urban counties of detention outnumbered admissions from rural counties (62% [urban] v. 38% [rural])**.

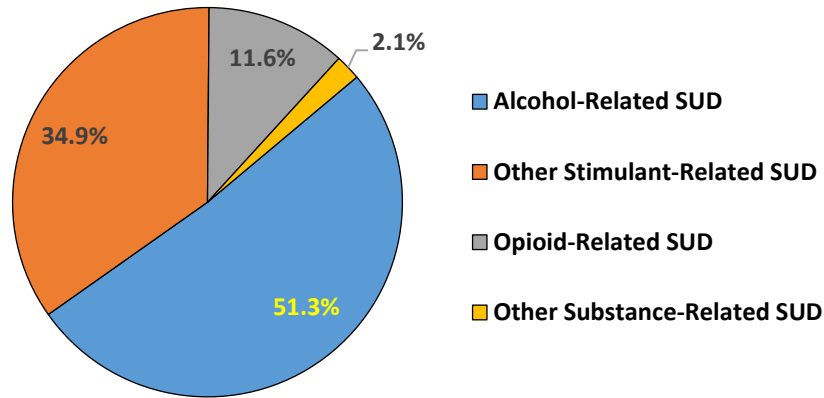
SWMS Admissions: April to June 2022
Eastern Washington and Western Washington
Urban and Rural Counties



⁶ Rural counties with admissions during the reporting period include Chelan, Clallam, Cowlitz, Franklin, Grays Harbor, Jefferson, Kittitas, Klickitat, Lewis, Mason, Okanogan, Pacific, Pend Oreille, Skagit, Stevens, Walla Walla, Whitman, and Yakima counties. Urban counties with admissions during the reporting period include Benton, Clark, King, Kitsap, Pierce, Snohomish, Spokane, and Thurston 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**⁷ comprised the majority (51%) of SWMS admissions during the reporting period.

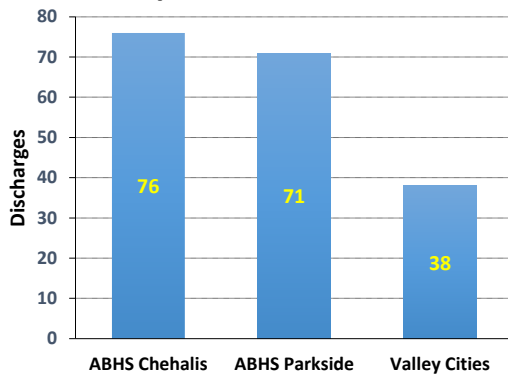
SWMS Admissions by SUD Diagnostic Group: April to June 2022



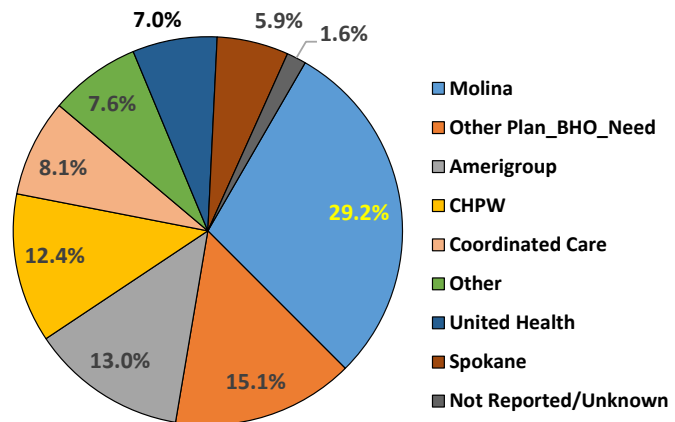
Discharges

There were **185 discharges** from SWMS between April 1 and June 30, 2022. **Clients enrolled via Molina Healthcare** comprised the highest percentage discharged (29%) from SWMS during the reporting period.

SWMS Discharges: April to June 2022



SWMS Discharges by Submitter: April to June 2022



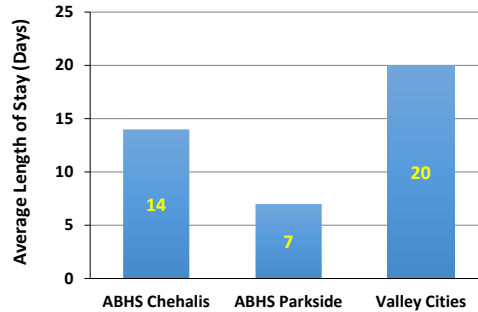
"Other Plan_BHO_Need" includes Beacon, Blue Cross/Blue Shield, Great Rivers BH, Greater Columbia, Kaiser, North Sound, Premera, Providence, Salish, and Thurston-Mason.

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

⁷ 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 cannabis, cocaine, or sedatives/hypnotics/anxiolytics.

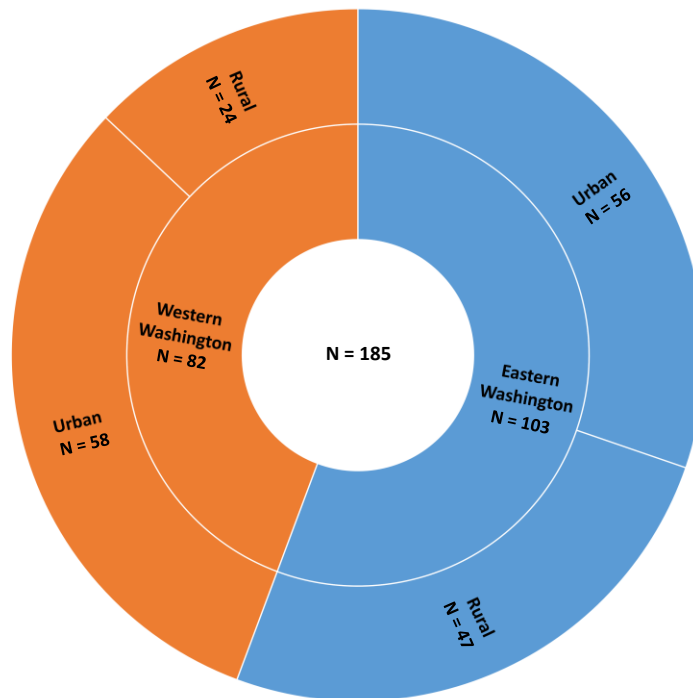
The overall **average length of stay (LOS)** was **12 days**, which has **moderated over time**. The LOS measured during the reporting period varied by facility.

**Average LOS in SWMS:
April to June 2022**



Discharges from SWMS varied by **rural v. urban counties of detention**⁸, and by the geographic area. Counties of detention located in **Eastern Washington** comprised the majority (**56%**) of SWMS discharges during the reporting period. Discharges from **urban counties of detention outnumbered admissions from rural counties (62% [urban] v. 38% [rural])**.

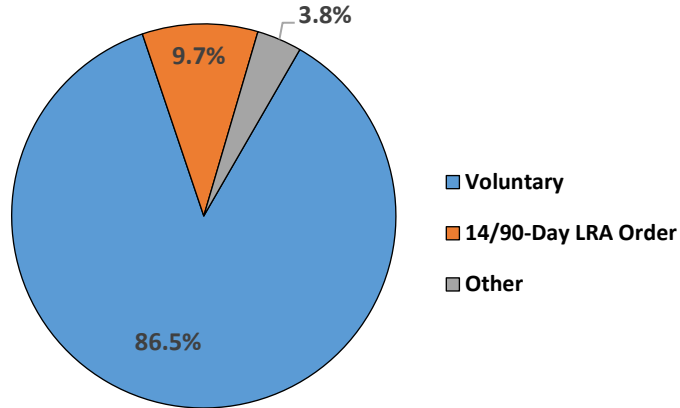
**SWMS Discharges: April to June 2022
Eastern Washington and Western Washington
Urban and Rural Counties**



⁸ Rural counties with discharges during the reporting period include Chelan, Clallam, Cowlitz, Franklin, Grant, Grays Harbor, Island, Jefferson, Kittitas, Klickitat, Lewis, Mason, Okanogan, Pacific, Pend Oreille, Skagit, Skamania, Stevens, Walla Walla, Whitman, and Yakima counties. Urban counties with discharges during the reporting period include Benton, Clark, King, Kitsap, Pierce, Snohomish, Spokane, and Thurston 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 (**86%**) of SWMS discharges had “**Voluntary**” as the **Legal Status** at the point of discharge.

SWMS Discharges by Legal Status



"Other" includes 72/120-Hour Hold, and Custody Transfer.