

### **Involuntary Treatment Act for Substance Use Disorders**

#### Secure Withdrawal Management Report

July 1, 2023 to September 30, 2023

### 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**, located in Kent.

# **Capacity and Average Daily Census**

The SWMS bed capacity varies by facility, currently at **57 beds**. A total of **242 individuals were served** between July 1 and September 30, 2023<sup>2</sup>. In the reporting period, the **Average Daily Census** (ADC)<sup>3</sup> decreased from **34 in August to 26 in September**. The **bed utilization rates**<sup>4</sup> varied from **45%** in September to **59%** in August.

Facility	Capacity	Cases: Past 3 Months 2	Clients Served: Past 3 Months 2	July-23		August-23		September-23	
				ADC	% Capacity	ADC	% Capacity	ADC	% Capacity
All Facilities	57	257	242	31	54.51%	34	58.93%	26	44.90%

<sup>&</sup>lt;sup>1</sup> Data Sources: SWMS Facilities, July to September 2023. Note: Due to small numbers seen in the data points, some data have been redacted to meet the HCA Small Numbers standard.

<sup>4</sup> 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.

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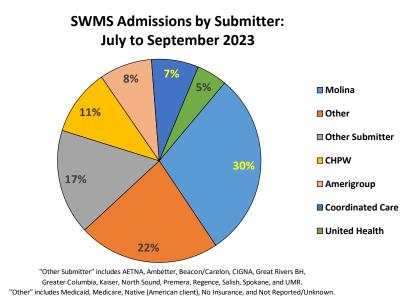
<sup>&</sup>lt;sup>2</sup> "Cases" include service counts in the reporting period of SWMS events tied to admissions, open active cases, and discharges. "Clients Served" include unduplicated counts of individuals served in SWMS in the reporting period.

<sup>&</sup>lt;sup>3</sup> Capacity and ADC data points are based on the active operations of a given SWMS facility within the reporting period. Lifeline Connections initiated operations in July 2023, with the periods of active operations by month ranging from 17 to 23 days. "Operations" means the active delivery of SWMS services to individuals at any time during the reporting period. The 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 operation days by facility (i.e., the number of days in a month within which one or more individuals comprised the daily census), and summing each facility's ADC, rounded to the next integer. 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.

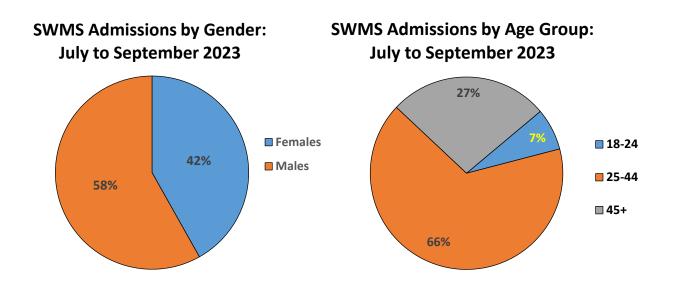


## Admissions

There were **227** admissions to SWMS between July 1 and September 30, 2023. Clients enrolled via **Molina Healthcare** comprised the single submitter with the highest percentage of admissions (**30%**)<sup>5</sup> to SWMS during the reporting period.



Admissions vary by gender<sup>6</sup> and age grouping (all adults). **Males (58%)**, and **persons ages 25-44 (66%)** comprised most admissions during the reporting period.



<sup>5</sup> Percentages are rounded upward to the nearest integer. As such, figures may not sum to 100 percent. **Note**: Due to small numbers seen in the data points, some data have either been redacted or suppressed to meet the HCA Small Numbers standard.

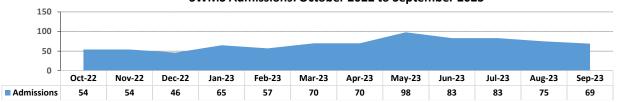
<sup>6</sup> Indicates a person's self-identified gender.

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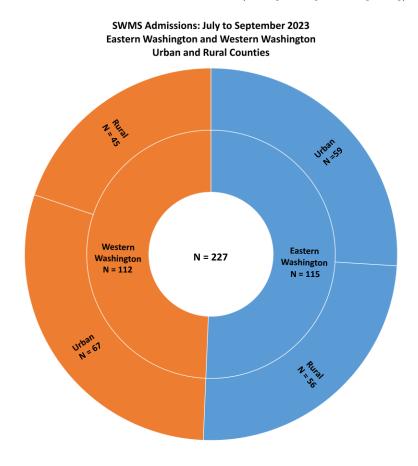
#### Washington State Health Care Authority

The average count of admissions during July-September 2023 (75.7) was a net 14 percent greater than the average count of admissions during the preceding 9-month period (October 2022-June 2023 [66.3]). Admissions gradually increased between December 2022 and May 2023, and moderated downward between June and September 2023.



SWMS Admissions: October 2022 to September 2023

Admissions to SWMS varied by rural v. urban counties of detention<sup>7</sup>, and by the geographic area (Eastern Washington at 51%, and Western Washington at 49%). Admissions from urban counties of detention outnumbered admissions from rural counties (56% [urban] v. 44% [rural]).



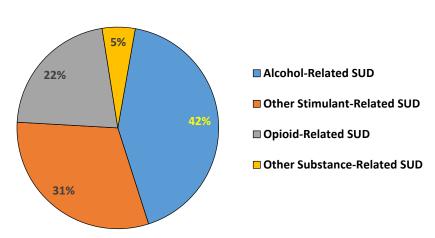
<sup>7</sup> Rural counties with admissions during the reporting period include Asotin, Chelan, Clallam, Columbia, Cowlitz, Franklin, Grant, Grays Harbor, Island, Jefferson, Kittitas, Lewis, Lincoln, Okanogan, Pend Oreille, Skagit, Stevens, Walla Walla, and Yakima counties. Urban counties with admissions during the reporting period include Benton, Clark, King, Kitsap, Pierce, Snohomish, Spokane, Thurston, and Whatcom counties. Source (Rural/Urban County Flags): Washington Department of Health, based on population data from Washington State Office of Financial Management, April 2017 (DOH 609-003).

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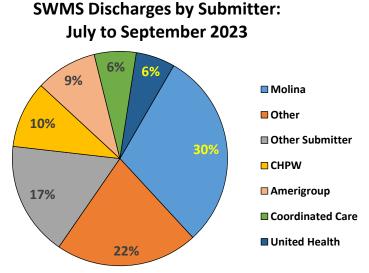
Admissions whereby clients presented with **Alcohol-Related SUD diagnoses**<sup>8</sup> comprised the greatest proportion (**42%**) of SWMS admissions during the reporting period.



### SWMS Admissions by SUD Diagnostic Group: July to September 2023

### Discharges

There were **238 discharges** from SWMS between July 1 and September 30, 2023. **Clients enrolled via Molina Healthcare** comprised the single submitter with the highest percentage of discharges (**30%**)<sup>9</sup> from SWMS during the reporting period.



"Other Submitter" includes Aetna, Ambetter, Beacon/Carelon, CIGNA, Great Rivers BH, Greater Columbia, Kaiser, North Sound, Premera, Regence, Salish, Spokane, and UMR. "Other" includes Medicaid, Native (American client), No Insurance, and Not Reported/Unknown.

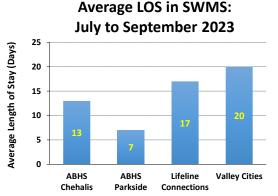
<sup>8</sup> SUD Diagnostic Groups are comprised of ICD-10 diagnoses that signify substance use, abuse, or dependence. "Other Stimulant-Related SUD" is synonymous with use, abuse, or dependence of amphetamines, methamphetamine, other psychostimulants (i.e., therapeutics such as mixed amphetamine [e.g., Adderall], methylphenidate [e.g., Ritalin], or modafinil [e.g., Provigil]), and caffeine. "Other Substance-Related SUD" includes diagnoses of substance use, abuse, or dependence related to cannabis, cocaine, other psychoactive substances, or sedatives/hypnotics/anxiolytics; 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. <sup>9</sup> Percentages are rounded upward to the nearest integer. As such, figures may not sum to 100 percent.

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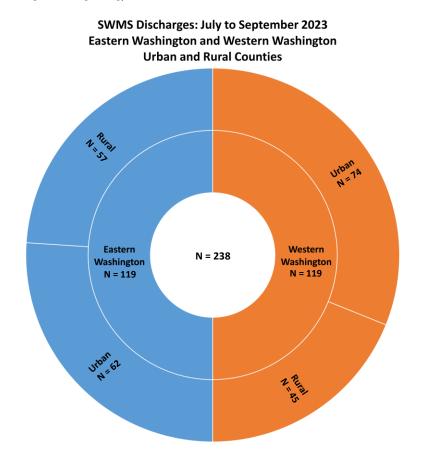
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The overall **average length of stay** (LOS) was **12 days**, which has **moderated over time**. The LOS measured during the reporting period varied by facility.



Discharges from SWMS varied by **rural v. urban counties of detention**<sup>10</sup>, and by the geographic area. SWMS discharges were evenly distributed across both Eastern and Western Washington during the reporting period. Discharges from **urban counties of detention outnumbered admissions from rural counties (57%** [urban] v. **43%** [rural]).



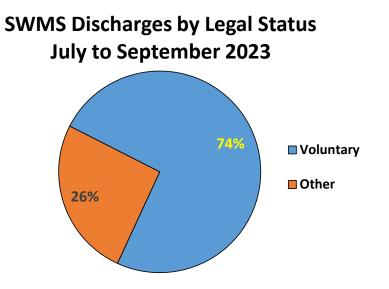
<sup>10</sup> Rural counties with discharges during the reporting period include Asotin, Chelan, Clallam, Columbia, Cowlitz, Franklin, Grant, Grays Harbor, Island, Jefferson, Kittitas, Klickitat, Lewis, Lincoln, Okanogan, Pend Oreille, Skagit, Stevens, Walla Walla, and Yakima counties. Urban counties with discharges 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).

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The supermajority (74%) of SWMS discharges occurring between had "Voluntary" as the Legal Status<sup>11</sup> at the point of discharge.



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<sup>11 &</sup>quot;Other" (Legal Status) includes 14-90 Day LRA Order(s), Custody Transfer(s), Not Applicable, and Not Reported/Unknown.