

Involuntary Treatment Act for Substance Use Disorders

Secure Withdrawal Management Report

April 1, 2024 to June 30, 2024

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 **SWMS¹** 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 **280 individuals were served** between April 1 and June 30, 2024². In the reporting period, the **Average Daily Census (ADC)³** decreased from **37 in April to 28 in June**. The **bed utilization rates⁴** varied from **49%** in June to **65%** in April.

Facility	Capacity	Cases: Past 3 Months ²	Clients Served: Past 3 Months ²	April-24		May-24		June-24	
				ADC	% Capacity	ADC	% Capacity	ADC	% Capacity
All Facilities	57	304	280	37	64.72%	35	61.18%	28	48.81%

¹ **Data Sources:** SWMS Facilities, April to June 2024. **Note:** Due to small numbers seen in the data points, some data have been suppressed to meet the HCA Small Numbers standard. As a result, the ADC data points are expressed within a summary data table.

² **“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.

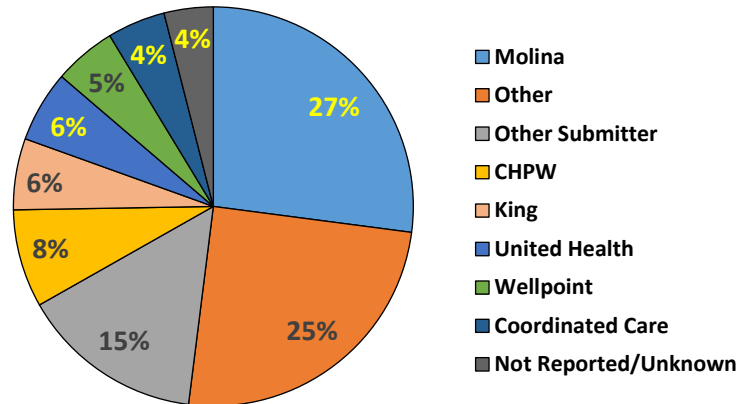
³ **Capacity and ADC data points** are based on the active operations of a given SWMS facility within the reporting period. **“Operations”** means the active delivery of SWMS services to individuals at any time during the reporting period. The **monthly ADC** is calculated by dividing the number of bed 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.

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 **277 admissions** to SWMS between April 1 and June 30, 2024. **Clients enrolled via Molina Healthcare** comprised the single submitter with the highest percentage of admissions (**27%**)⁵ to SWMS during the reporting period.

**SWMS Admissions by Submitter:
April to June 2024**

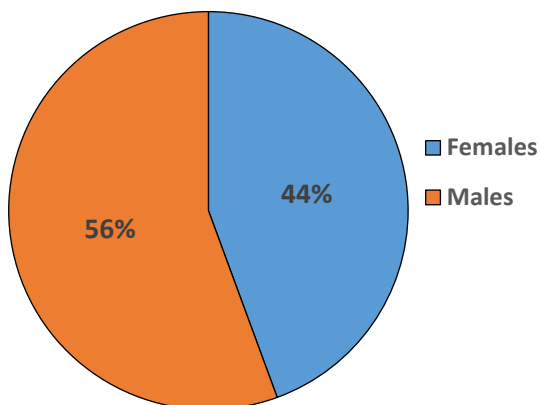


"Other Submitter" includes Aetna, Ambetter, Amerigroup/Wellpoint, Beacon/Carelon, Great Rivers BH, Greater Columbia, Kaiser, North Sound, Premera, Salish, Spokane, Thurston-Mason, and TPSC.

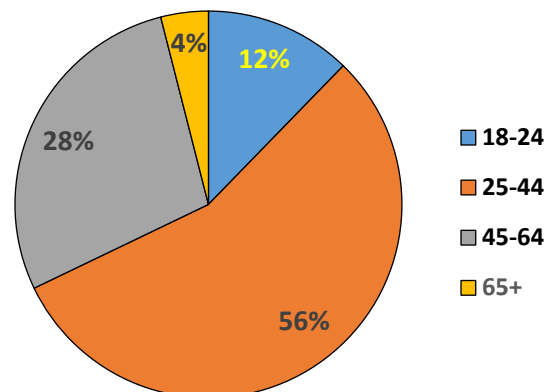
"Other" includes Medicaid, Medicare, and Native (American client).

Admissions vary by gender⁶ and age grouping (all adults). **Males (56%)**, and **persons ages 25-44 (56%)** comprised most admissions during the reporting period.

**SWMS Admissions by Gender:
April to June 2024**



**SWMS Admissions by Age Group:
April to June 2024**

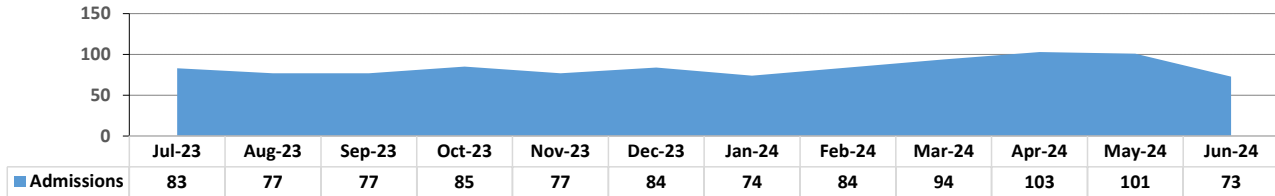


⁵ Percentages are rounded upward to the nearest integer. As such, figures may not sum to 100 percent.

⁶ Indicates a person's self-identified gender.

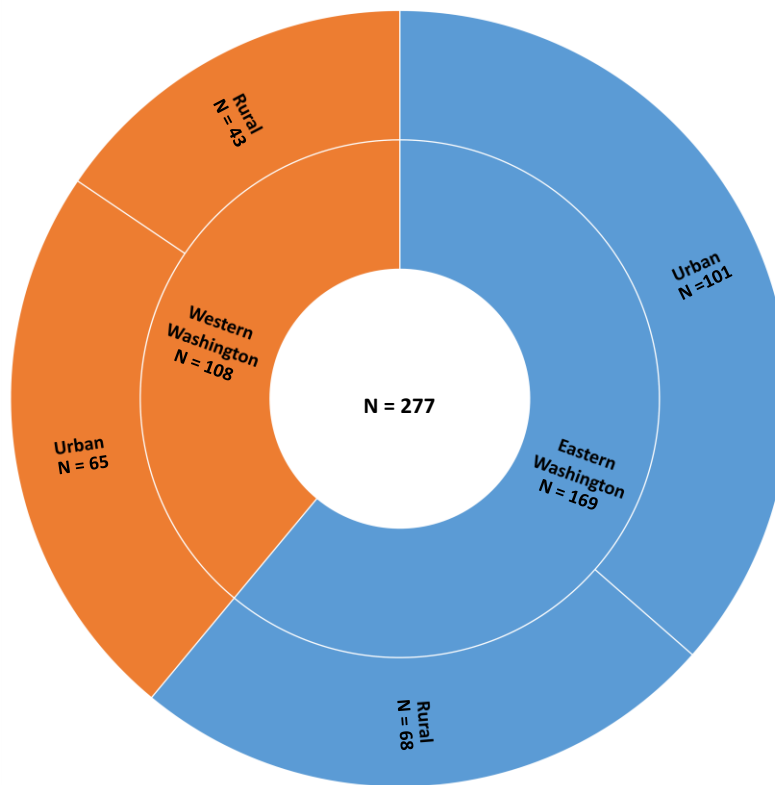
The average count of admissions during **April-June 2024 (92.3)** was a **net 13.1 percent greater** than the average count of admissions in the preceding 9-month period (**July 2023-March 2024 [81.7]**). Increases in admissions were seen in March, April and May 2024, followed by a notable decrease in June 2024.

SWMS Admissions: July 2023 to June 2024



Admissions to SWMS varied by **rural v. urban counties of detention⁷**, and by the geographic area (Eastern Washington at **61%**, and Western Washington at **39%**). Admissions from **urban counties of detention outnumbered admissions from rural counties (60% [urban] v. 40% [rural])**.

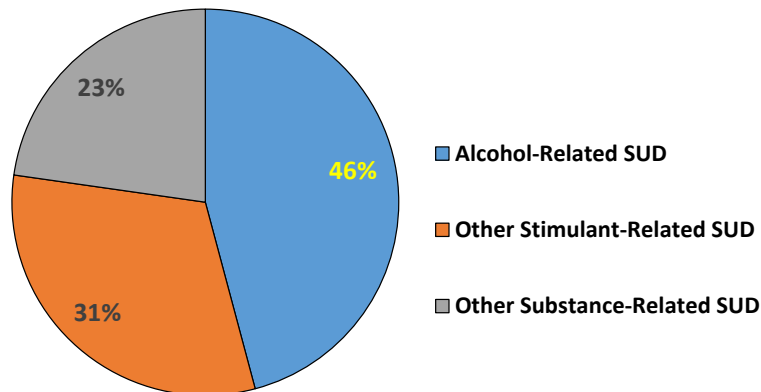
SWMS Admissions: April to June 2024
Eastern Washington and Western Washington
Urban and Rural Counties



⁷ Rural counties with admissions during the reporting period include Chelan, Clallam, Cowlitz, Franklin, Grant, Grays Harbor, Island, Jefferson, Kittitas, Lewis, Okanogan, 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).

Admissions whereby clients presented with **Alcohol-Related SUD diagnoses**⁸ comprised the greatest proportion (**46%**) of SWMS admissions during the reporting period.

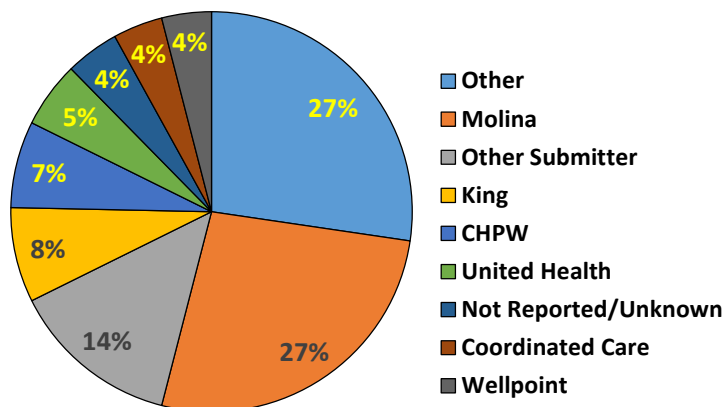
**SWMS Admissions by SUD Diagnostic Group:
April to June 2024**



Discharges

There were **300 discharges** from SWMS between April 1 and June 30, 2024. **Clients enrolled via Molina Healthcare** comprised the single submitter with the highest percentage of discharges (**27%**)⁹ from SWMS during the reporting period.

**SWMS Discharges by Submitter:
April to June 2024**

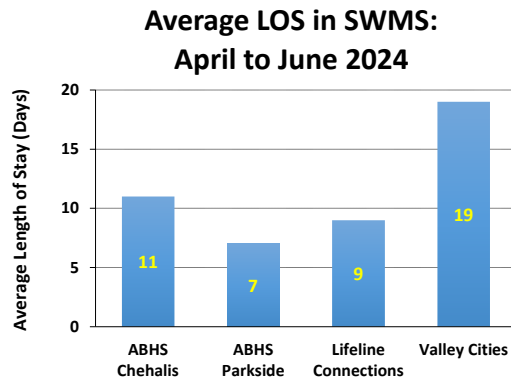


"Other Submitter" includes Aetna, Amerigroup/Wellpoint, Beacon/Carelon, Great Rivers BH, Greater Columbia, Kaiser, North Sound, Premera, Salish, Spokane, Thurston-Mason, TPSC, and Tricare.
"Other" includes Medicaid, Medicare, Native (American client), and No Insurance.

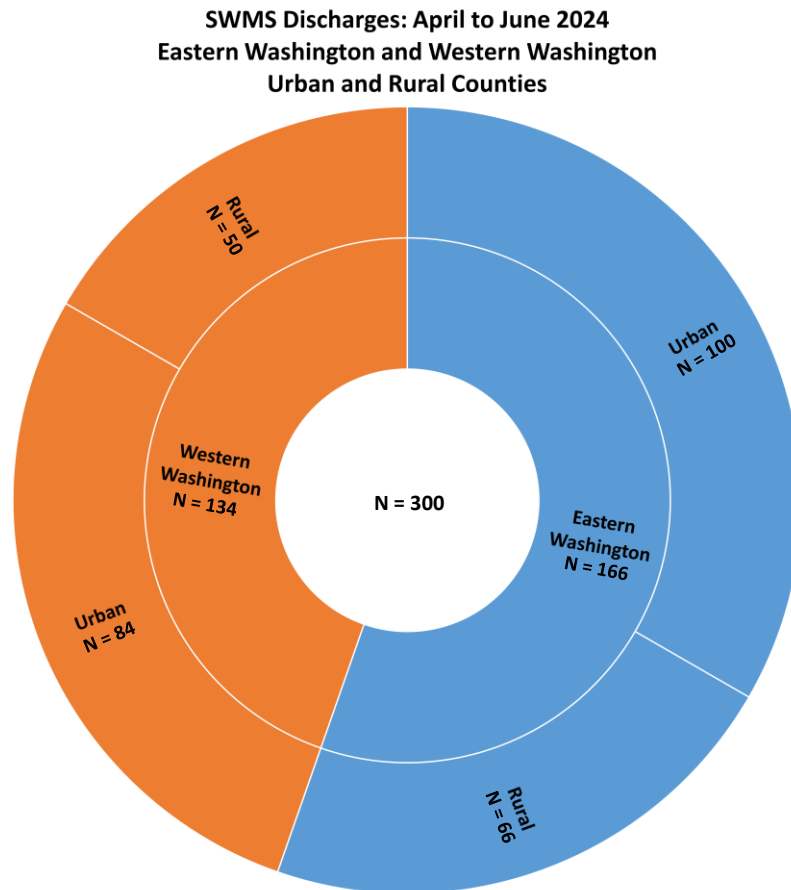
⁸ SUD Diagnostic Groups are comprised of ICD-10 diagnoses that signify substance use, abuse, or dependence. "Other Stimulant-Related SUD" is synonymous with use, abuse, or dependence of amphetamines, methamphetamine, other psychostimulants (i.e., therapeutics such as mixed amphetamine [e.g., Adderall], 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, opioids (which include heroin, analgesic opioids, and other opiates and synthetics), other psychoactive substances, and sedatives/hypnotics/anxiolytics.

⁹ Percentages are rounded upward to the nearest integer. As such, figures may not sum to 100 percent.

The overall **average length of stay (LOS)** was **11 days**, which has **moderated over time**. The LOS measured during the reporting period varied by facility.



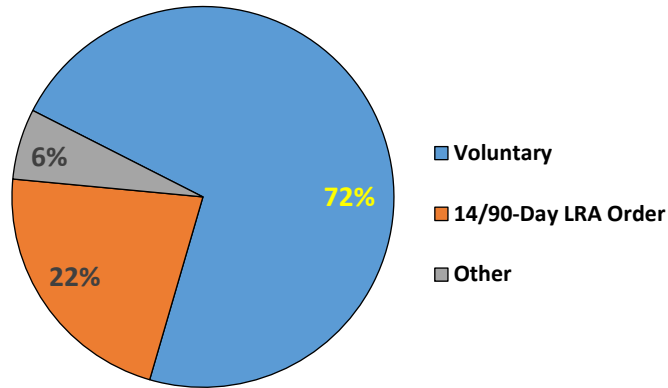
Discharges from SWMS varied by **rural v. urban counties of detention**¹⁰, and by the geographic area (Eastern Washington at **55%**, and Western Washington at **45%**). Discharges from **urban counties of detention outnumbered admissions from rural counties** (61% [urban] v. 39% [rural]).



¹⁰ Rural counties with discharges during the reporting period include Chelan, Clallam, Cowlitz, Franklin, Grant, Grays Harbor, Island, Jefferson, Kittitas, Lewis, Okanogan, Pacific, 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).

The supermajority (72%) of SWMS discharges occurring between had “Voluntary” as the Legal Status¹¹ at the point of discharge.

SWMS Discharges by Legal Status April to June 2024



¹¹ “Other” (Legal Status) includes Custody Transfer(s) and Not Reported/Unknown.