

Involuntary Treatment Act for Substance Use Disorders

Secure Withdrawal Management Report

January 1, 2025 to March 31, 2025

Background

On October 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.

As of March 31, 2025, there are **three facilities** that provide **SWMS¹** services: **American Behavioral Health Services (ABHS)**, located in Chehalis; **Lifeline Connections**, located in Vancouver; and **Valley Cities (Recovery Place: Kent)**, located in Kent. **ABHS Parkside***, located in Wenatchee, ceased SWMS operations in February 2025.

Capacity and Average Daily Census

The SWMS bed capacity varies by facility, ranging from **55 beds in January and February 2025, to 45 in March 2025.**² A total of **228 individuals were served** between January 1 and March 31, 2025³. In the reporting period, the **Average Daily Census (ADC)**⁴ varied from **31 in March to 37 in February**. The **bed utilization rates**⁵ were relatively stable, ranging from **65.5% in January to 68.5% in March**.

Facility	Capacity*	Cases: Past 3 Months ²	Clients Served: Past 3 Months ²	January-25		February-25		March-25	
				ADC	% Capacity	ADC	% Capacity	ADC	% Capacity*
All Facilities	45-55	246	228	36	65.50%	37	67.21%	31	68.53%

¹ **Data Sources:** SWMS Facilities, January to March 2025. **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 **The overall bed capacity at SWMS facilities** was reduced from **55 to 45** in March 2025. ABHS Parkside reduced its bed capacity from 12 to 10 on January 1, 2025.

*ABHS Parkside ceased SWMS operations in February 2025.

³ **"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.

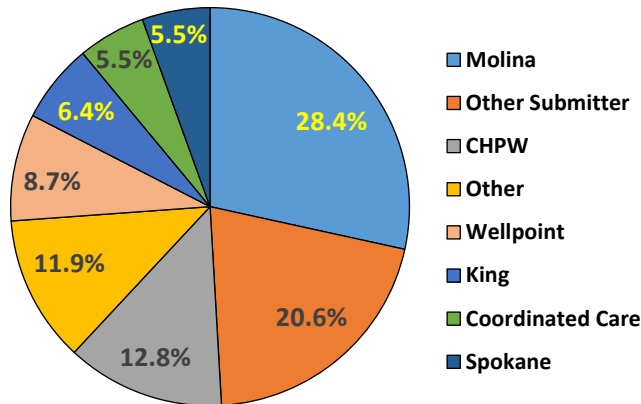
⁴ **Capacity and ADC data points** are based on the active operations of a given SWMS facility within the reporting period. **"Operations"** means the active delivery of SWMS services to individuals at any time during the reporting period. The **monthly ADC** is calculated by dividing the number of bed 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.

⁵ 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 **218 admissions** to SWMS between January 1 and March 31, 2025. **Clients enrolled via Molina Healthcare** comprised the single submitter with the highest percentage of admissions (**28%**)⁶ to SWMS during the reporting period.

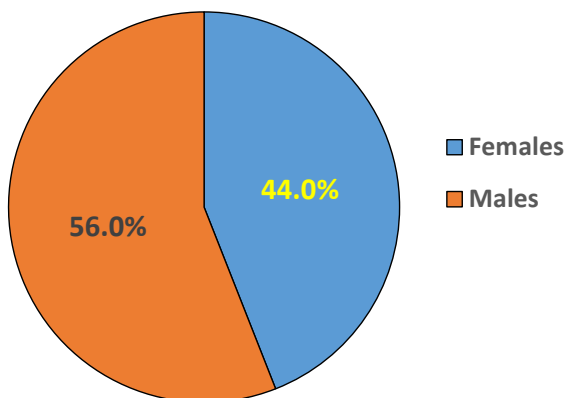
**SWMS Admissions by Submitter:
January to March 2025**



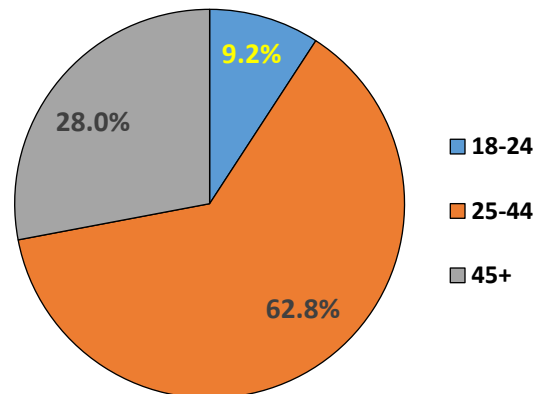
"Other Submitter" includes Aetna, Amerigroup, Caelon, CIGNA, Great Rivers BH, Greater Columbia, Kaiser, Lifewise, North Central, North Sound, Premera, Private Insurance, Regence, Regence of Oregon, Thurston-Mason, Tricare West Region, United Health Care, and the VA.
"Other" includes Medicaid, Medicare, and Native (American client).

Admissions vary by gender⁷ and age group (all adults). **Males (56%)**, and **persons ages 25-44 (63%)** comprised most admissions during the reporting period.

**SWMS Admissions by Gender:
January to March 2025**



**SWMS Admissions by Age Group:
January to March 2025**

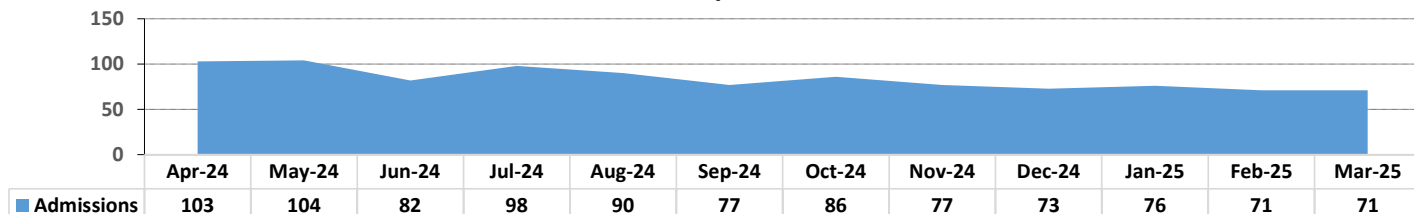


⁶ Percentages are rounded upward to the nearest tenth. As such, figures may not sum to 100 percent.

⁷ Indicates a person's self-identified gender.

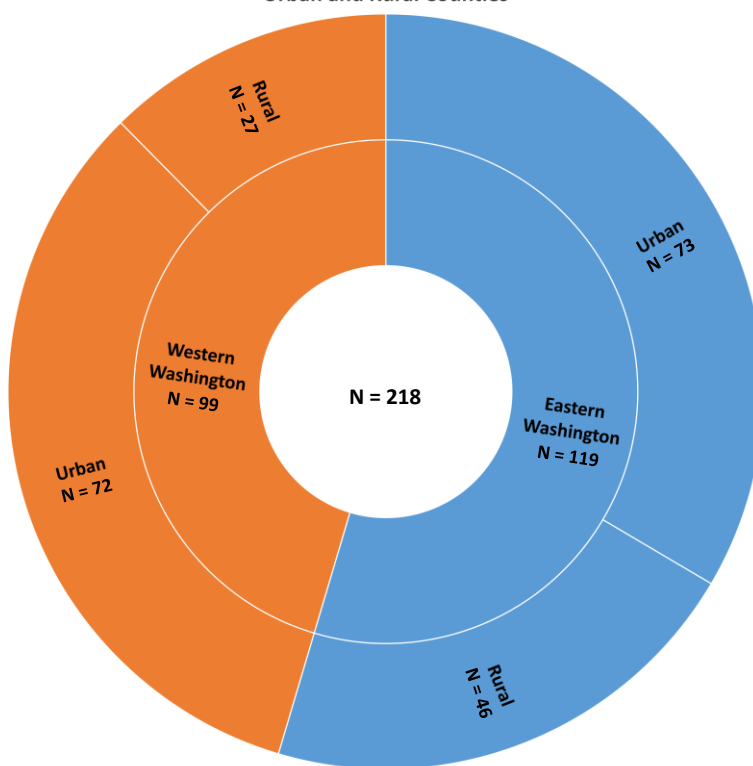
The average count of admissions during **January-March 2025 (72.7)** was a **net 17.2 percent lower** than the average count of admissions in the preceding 9-month period (**April-December 2024 [87.8]**). A gradual decline in admissions was seen over the 12-month period.

SWMS Admissions: April 2024 to March 2025



Admissions to SWMS varied by **rural v. urban counties of detention**⁸, and by the geographic area (Eastern Washington at **55%**, and Western Washington at **45%**). Admissions from **urban counties of detention doubled the admissions from rural counties (67% [urban] v. 33% [rural])**.

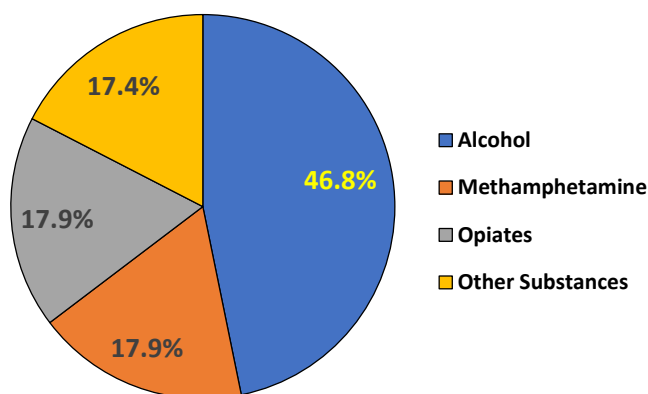
SWMS Admissions: January to March 2025 Eastern Washington and Western Washington Urban and Rural Counties



⁸ Rural counties with admissions during the reporting period include Adams, Chelan, Clallam, Cowlitz, Franklin, Grant, Grays Harbor, Jefferson, Kittitas, Lewis, Mason, Okanogan, Pacific, 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).

A plurality (**47%**) of SWMS admissions during the reporting period had Alcohol as the reported primary substance of use⁹.

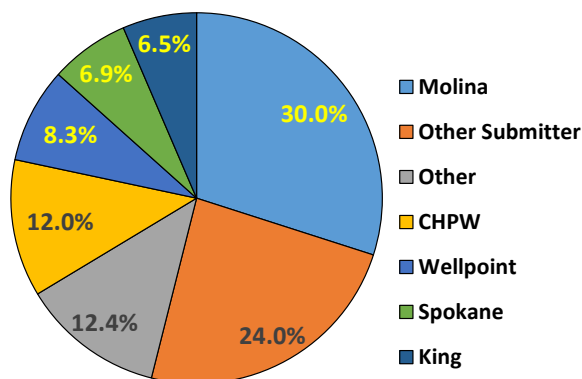
Admissions by Primary Substance: January to March 2025



Discharges

There were **217 discharges** from SWMS between January 1 and March 31, 2025. **Clients enrolled via Molina Healthcare** comprised the single submitter with the highest percentage of discharges (**30%**)¹⁰ from SWMS during the reporting period.

SWMS Discharges by Submitter: January to March 2025



"Other Submitter" includes Aetna, Amerigroup, Caelon, CIGNA, Coordinated Care, Great Rivers BH, Greater Columbia, Humana, Kaiser, Lifewise, North Sound, Premera, Private Insurance, Regence, Regence of Oregon, Thurston-Mason, Tricare West Region, United Health Care, and the VA.

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

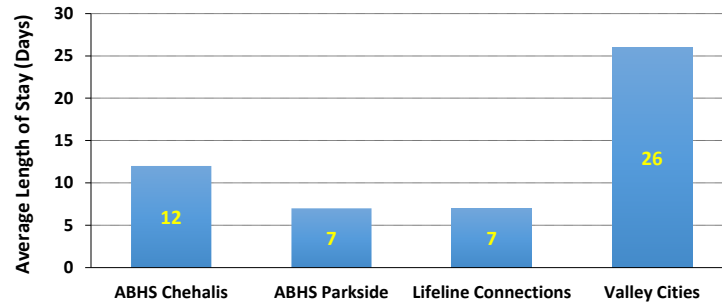
⁹The "Primary Substance (of Use)" is the first-ranked specific substance or substance category for which the client is being seen. "Other Substances" comprise a grouping of primary substances whereby one or more specific substances may each tally fewer than 11 admissions during the reporting period. For the April 2025 SWMS report, these substances include Benzodiazepines, Not Applicable** and Other Stimulants. "Other Stimulants" include methylphenidate [e.g., Ritalin] and any other stimulants. For the April 2025 SWMS report, "Opiates" include Fentanyl, Heroin, (generically reported) Opioids, and Other Opiates and Synthetics.

** The value "Not Applicable" is present due to SWMS admissions converted (i.e., same-day transfer) to E&T admissions; as such, no substances were reported on these admissions. To avert data suppression, the counts (i.e., number of admissions) specific to this value were included in the "Other Substances" group.

¹⁰ Percentages are rounded upward to the nearest tenth. As such, figures may not sum to 100 percent.

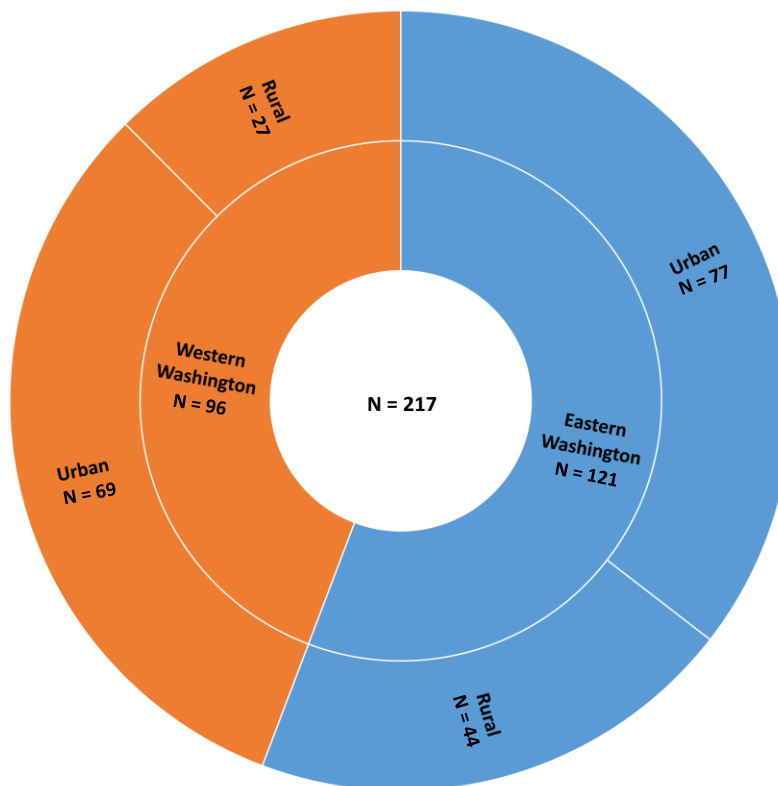
The overall average length of stay (LOS) was **15 days**, which has moderated over time. The LOS measured during the reporting period varied by facility.

Average LOS in SWMS: January to March 2025



Discharges from SWMS varied by **rural v. urban counties of detention**¹¹, and by the geographic area (Eastern Washington at **56%**, and Western Washington at **44%**). Discharges from **urban counties of detention doubled the discharges from rural counties (67% [urban] v. 33% [rural])**.

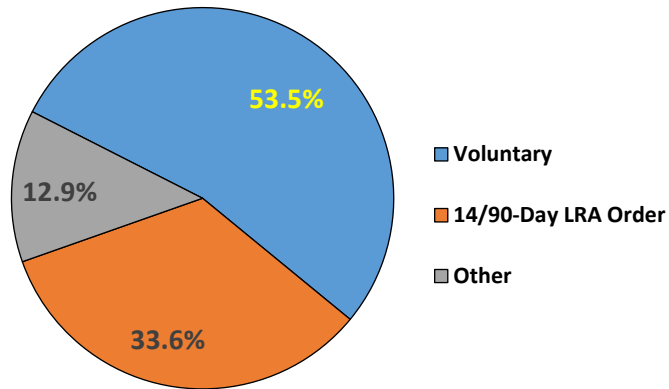
SWMS Discharges: January to March 2025 Eastern Washington and Western Washington Urban and Rural Counties



¹¹ Rural counties with discharges during the reporting period include Adams, Chelan, Clallam, Cowlitz, Franklin, Grant, Grays Harbor, Jefferson, Kittitas, Lewis, Mason, 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 majority (53%)¹² of SWMS discharges occurring between had “**Voluntary**” as the **Legal Status**¹³ at the point of discharge.

SWMS Discharges by Legal Status January to March 2025



¹² Percentages are rounded upward to the nearest tenth. As such, figures may not sum to 100 percent.

¹³ "Other" (Legal Status) includes 14-Day Commitment Orders, 72/120-Hour Holds, Custody Transfers, and Not Applicable.