

Involuntary Treatment Act for Substance Use Disorders

Secure Withdrawal Management Report

October 1, 2022 to December 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 **179 individuals were served** between October 1 and December 31, 2022². In the reporting period, the **Average Daily Census (ADC)³** moderated from **26 in October, to 24 in November**, and to **31 in December**. The **bed utilization rates⁴** varied from **45%** in November to **58%** in December.

Facility	Capacity	Clients Served: Past 3 Months ²	October-22		November-22		December-22	
			ADC	% Capacity	ADC	% Capacity	ADC	% Capacity
ABHS Chehalis	21	76	11.7742	56.07%	7.4667	35.56%	13.6774	65.13%
ABHS Parkside	16	59	7.3226	45.77%	4.9333	30.83%	1.6774	10.48%
Valley Cities	16	44	7.0645	44.15%	11.2667	70.42%	15.2581	95.36%
All Facilities	53	179	26	49.36%	24	44.65%	31	57.76%

¹ Data Sources: SWMS Facilities, October to December 2022.

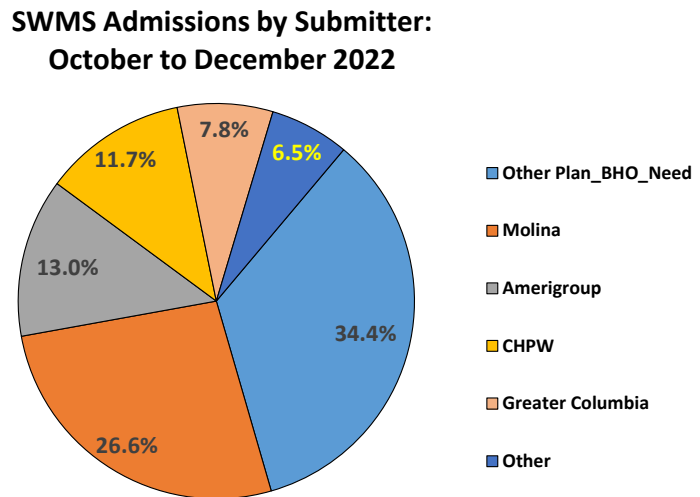
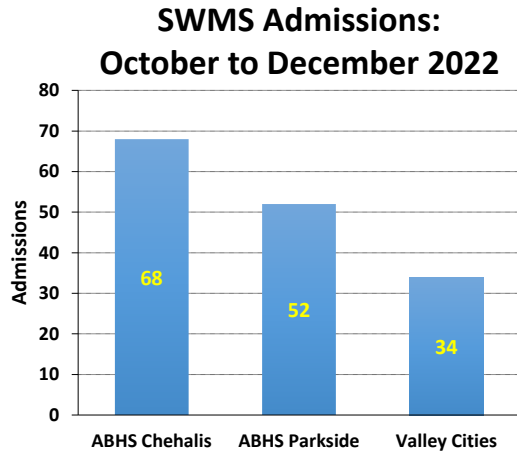
² The counts of clients served during the reporting period were unduplicated across the individual facilities. For this reason, unduplicated counts within facilities may not sum to the total unduplicated count of clients served.

³ 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. 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 **154 admissions** to SWMS between October 1 and December 31, 2022. **Clients enrolled via Molina Healthcare** comprised the single submitter with the highest percentage admitted (**27%**) to SWMS during the reporting period.

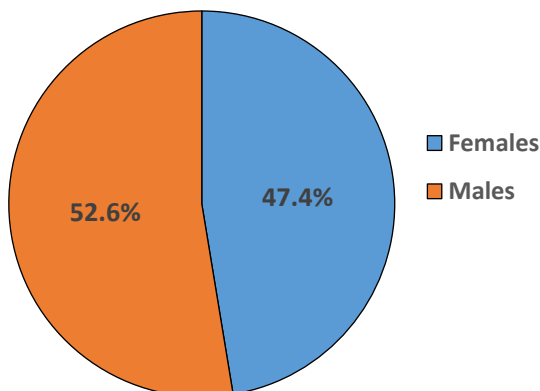


"Other Plan_BHO_Need" includes Beacon, Coordinated Care, Great Rivers BH, Kaiser, King County BH, Legacy, North Sound, Premera, Salish, Spokane, Thurston-Mason, and United Health Care.

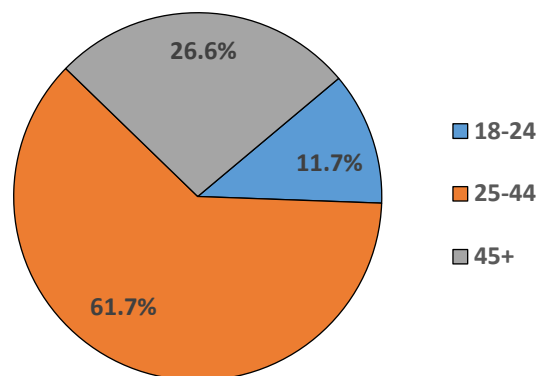
"Other" includes Inactive, and Native (American client).

Admissions vary by gender⁵ and age grouping (all adults). **Males (53%)**, and **persons ages 25-44 (62%)** comprised most admissions during the reporting period.

**SWMS Admissions by Gender:
October to December 2022**



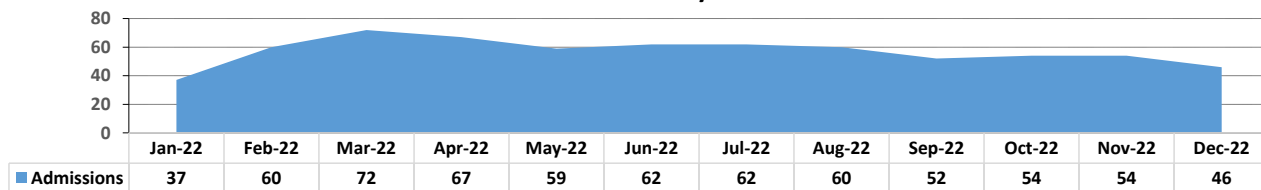
**SWMS Admissions by Age Group:
October to December 2022**



⁵ Indicates a person's self-identified gender.

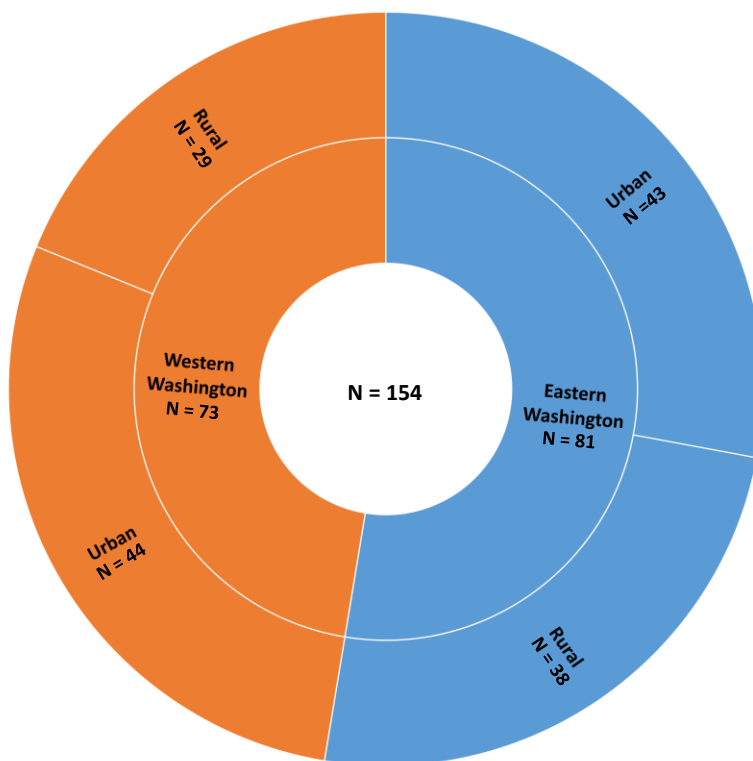
The average count of admissions during **October-December 2022 (51.3)** was a **net 13.0 percent lower** than the average count of admissions in the **preceding 9-month period (59.0)**.

SWMS Admissions: January to December 2022



Admissions to SWMS varied by **rural v. urban counties of detention⁶**, and by the geographic area (Eastern Washington at **53%**, and Western Washington at **47%**). Admissions from **urban counties of detention outnumbered admissions from rural counties (56% [urban] v. 44% [rural])**.

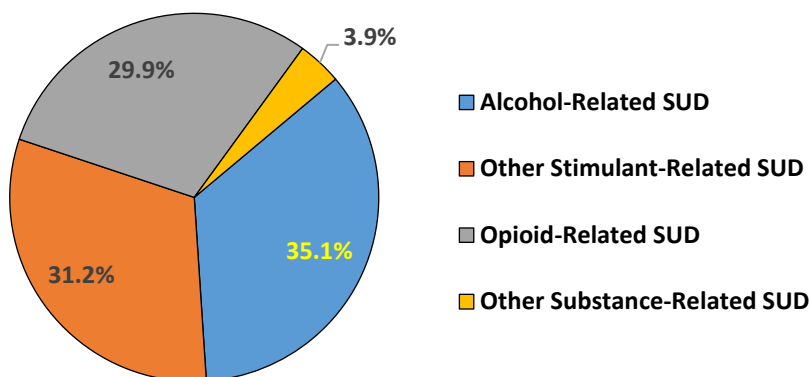
SWMS Admissions: October to December 2022
Eastern Washington and Western Washington
Urban and Rural Counties



⁶ Rural counties with admissions during the reporting period include Chelan, Clallam, Columbia, Cowlitz, Grant, Island, Jefferson, Kittitas, Klickitat, Lewis, Mason, Okanogan, San Juan, Skagit, 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. 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 (35%) of SWMS admissions during the reporting period.

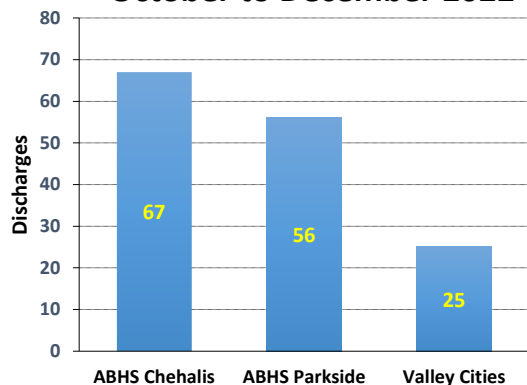
SWMS Admissions by SUD Diagnostic Group: October to December 2022



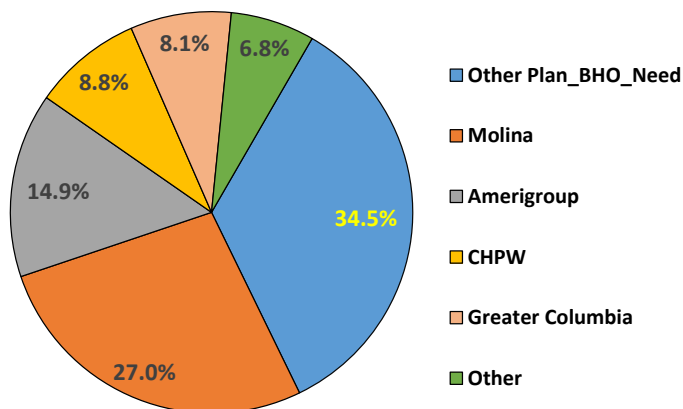
Discharges

There were **148 discharges** from SWMS between October 1 and December 31, 2022. **Clients enrolled via Molina Healthcare** comprised the single submitter with the highest percentage discharged (27%) from SWMS during the reporting period.

SWMS Discharges: October to December 2022



SWMS Discharges by Submitter: October to December 2022

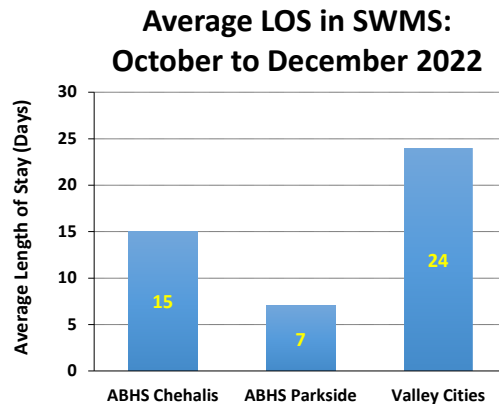


⁷ "Other Plan_BHO_Need" includes Beacon, Cigna, Coordinated Care, Great Rivers BH, Kaiser, King County BH, Legacy, North Sound, Premera, Salish, Spokane, Thurston-Mason, and United Health Care.

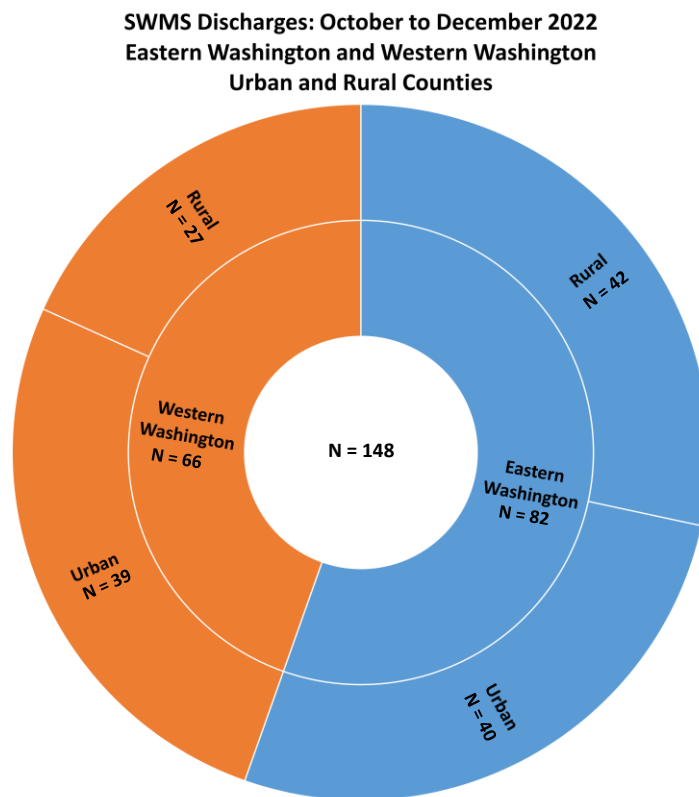
"Other" includes Medicare, and Native (American client).

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, inhalants, or to other psychoactive substances.

The overall **average length of stay (LOS)** was **13 days**, which has **moderated over time**. The LOS measured during the reporting period varied by facility.



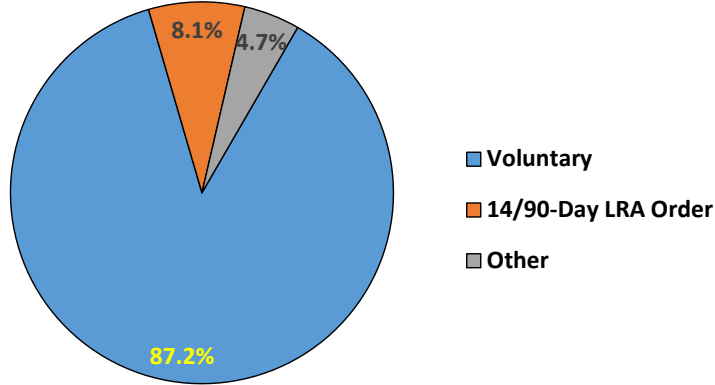
Discharges from SWMS varied by **rural v. urban counties of detention**⁸, and by the geographic area. Counties of detention located in **Eastern Washington** comprised the majority (**55%**) of SWMS discharges during the reporting period. Discharges from **urban counties of detention outnumbered admissions from rural counties** (**53%** [urban] v. **47%** [rural]).



⁸ Rural counties with discharges during the reporting period include Chelan, Clallam, Columbia, Cowlitz, Grant, Island, Jefferson, Kittitas, Klickitat, Lewis, Mason, Okanogan, Skagit, Walla Walla, 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 (87%) of SWMS discharges had “Voluntary” as the Legal Status at the point of discharge.

SWMS Discharges by Legal Status



"Other" includes Custody Transfer, and Not Reported/Unknown.