

## *Involuntary Treatment Act for Substance Use Disorders*

# Transforming Lives

### Audience

Hospitals, Emergency Departments

### What is changing in the Involuntary Treatment Act:

On April 1, 2018, designated crisis responders will be able to detain to a secure withdrawal management and stabilization facility, individuals who present at risk of harm to themselves, harm to others, harm to other's property, or of physical harm due to being gravely disabled as a result of a substance use disorder.

### What is Involuntary Treatment for Substance Use Disorders?

Involuntary treatment for substance use disorders had been historically a planned admission process with a court order. As of April 1, 2018, designated crisis responders will be able to immediately detain a person who meets the criteria for involuntary treatment due to a substance use disorder to a secure withdrawal management and stabilization facility, if there is space available.

This change came about with the passage in 2016 of House Bill 1713 that directs the DSHS Division of Behavioral Health and Recovery to do two things:

1. Provide training to current designated mental health professionals (DMHPs) so they may become certified as designated crisis responders (DCRs). DCRs will be able to respond to requests for investigation and evaluations of individuals in both

mental health and/or addiction crises and provide crisis interventions including detention for involuntary treatment, if needed.

2. Ensure that at least one 16-bed secure detox facility is operational by April 1, 2018, and a second facility is operational by April 1, 2019. Funds permitting, nine secure withdrawal management and stabilization facilities will be developed in the state by 2026; seven for adults and two for minors.

### Designated Crisis Responders Training

The Division of Behavioral Health Recovery, in consultation with community stakeholders, developed a 16-hour training for current DMHPs and is currently providing that training statewide. DBHR has trained nearly 500 DMHPs across the state to become DCRs on April 1, 2018.

Training components include:

- Review of criteria for diagnosing substance use disorders.
- Review of the American Society of Addiction Medicine's assessment criteria.
- Review of our Washington State Substance Use Disorder Treatment System.
- Risk assessment in association with the presence of a substance use disorder.
- Clinical practice discussions and legal petition writing.

DBHR will continue to provide trainings on a quarterly basis for new hires after April 1, 2018.



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### Creating Secure Withdrawal Management and Stabilization Facilities

Secure withdrawal management and stabilization facilities will have many similarities to the evaluation and treatment facilities we use to provide involuntary evaluation and mental health treatment. Secure withdrawal management and stabilization facilities will have the ability to manage treatment of individuals with acute negative behavioral presentations. Secure withdrawal management and stabilization facilities will include the availability of:

- Seclusion and restraint
- 24 hour access to medications
- 24-hour nursing staff
- 24-hour access to a prescriber
- Availability of treatment as tolerated
- Referrals to community resources, including longer-term substance use disorder treatment

### Three Facilities are Scheduled to be Operational by April 1, 2018

- American Behavioral Health Services (ABHS)  
500 SE Washington Ave, Chehalis, WA  
(Lewis County) Contact #: (360) 740-2500
- American Behavioral Health Services (ABHS)  
44 East Cozza Drive, Spokane, WA  
(Spokane County) Contact#: (509) 232-5766
- Daybreak Adolescent Services  
11910 NE 154<sup>th</sup> St, Brush Prairie, WA  
(Clark County) Contact#: (360)750-9588

DBHR expects to have facility capacity options available within the timelines established in HB 1713.

### Criteria for Substance Use Disorder Detentions

The criteria for detentions for both mental health and substance use disorder will be the same:

- Legal criteria are risk of: danger to self, danger to others, danger to property, and physical danger due to being gravely disabled.
- Evidence of a substance use disorder.
- Evidence that there is a nexus between the risk and the substance use disorder.

### Guidance for Hospitals and Emergency Departments

- Intoxication, in and of itself, is not criteria for detention.
- Individuals who are detained will be required to be medically cleared prior to acceptance by a secured withdrawal management and stabilization facility.
  - It is likely that the level of medical clearance will be similar to the medical clearance currently being required by evaluation and treatment facilities.
  - Transportation will be by ambulance from the emergency department to the secure withdrawal management and stabilization facility.
- Secure withdrawal management and stabilizations facilities will have limited capacity to manage medical issues related to complex withdrawal issues.

Please contact Robert Pellet at [peller2@dshs.wa.gov](mailto:peller2@dshs.wa.gov) with any questions or concerns.

