

**Snohomish County****Human Services**

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MEMORANDUM

Date: April 25, 2025

To: Lacey Harper, Executive Director

From: Mary Jane Brell Vujovic, Director of Human Services

Re: Secure Withdrawal Management and Stabilization (SWMS) Facilities

As we have discussed, at the request of Council, the Human Services Department Office of Housing and Community Development released a Notice of Funding Opportunity (NOFO) on February 11, 2025 which included a set-aside of \$3,000,000 for entities to propose to develop a Secure Withdrawal Management and Stabilization (SWMS) facility in Snohomish County. The link to the NOFO is provided here: [Behavioral Health Facilities | Snohomish County, WA - Official Website](#). No proposals were received in response to this NOFO. Outlined below is information about the current SWMS landscape in Washington State and the Puget Sound Region as well as challenges to developing and operating a SWMS facility that may be impacting providers' consideration of creating a new facility in Snohomish County.

Current Facilities, Data, and Barriers

- Currently, there are three (3) facilities with SWMS beds in Washington State: ABHS in Chehalis (21 beds), Lifeline Connections in Vancouver (16), and Valley Cities in Kent (16). There was a fourth but ABHS Parkside closed their SWMS beds (4) in February, primarily due to lack of census and other factors such as medical clearance issues. Per an email from the Washington State Health Care Authority last July, two additional facilities with SWMS beds were opening, one in Benton County and one by the Lummi Tribe, but they do not appear to be open currently.
- The utilization rate for these beds varies between 50-60%. Admissions were down 12% for the fourth quarter of 2024. [View the last quarter HCA report](#).
- Alcohol was the primary substance at time of admission, followed by methamphetamines, "other substances" (including polysubstances), and then opiates, including opioids. From a treatment perspective, alcohol as the primary substance makes sense considering detoxification from alcohol can be deadly and an individual's potential inability to safely detox from alcohol *may* support meeting criteria for involuntary treatment.
 - The majority of individuals are dual diagnosis/co-occurring (both mental health and substance use disorder) and finding a facility/bed that can accommodate both is difficult. For example, a facility with SWMS beds and no mental health services may opt to decline an individual if their mental health symptoms are too acute and facilities have declined individuals if they are on a medicated assisted treatment such as Suboxone.

- Facilities that have both Evaluation & Treatment (E&T) beds for mental health Involuntary Treatment Assessments (ITAs) *and* SWMS beds are the most accessible. Valley Cities in Kent has both.

SWMS Admission

- Involuntary detention (civil commitment) in any facility is governed by RCW 71.05 for Behavioral Health Disorders (Ricky's Law) for adults or RCW 71.34 for minors ages 13 through 17, inclusive, under which an individual cannot be involuntarily detained to a SWMS bed for substance use alone: they must be detained through one of the following three pathways, each of which involves an assessment and determination by a Designated Crisis Responder. The [ITA fact sheet](#) provides additional information.
 - Pathway 1: An individual is detained by a Designated Crisis Responder as meeting the criteria for involuntary detention in a SWMS bed, that is, substance use disorder is the primary reason for detention *and* they are determined to be an imminent danger to self or others, other's property, or they demonstrate a grave disability. In this instance, a judge may order the individual to an available SWMS bed for an initial detention of up to 120 hours. A court hearing is required for an individual to remain in a SWMS bed for more than 120 hours, excluding weekends and holidays.
 - Pathway 2: An individual is evaluated but not detained by the Designated Crisis Responder but the individual's family/guardian/conservator issues a petition for detention under Joel's Law. In this instance, a judge may order the individual to an available SWMS bed for an initial detention of up to 120 hours. A detailed description is provide here: [How to file a petition for initial involuntary detention of a family member \(Joel's Law fact sheet\)](#).
 - Pathway 3: An individual is not immediately detained by a Designated Crisis Responder who has determined that the individual still poses a likelihood of serious harm to themselves or others. In this instance, a judge may issue a court order for the individual to appear within 24 hours. The judge may then determine if an initial detention of up to 120 hours is warranted.
- While a judge may order an individual to go to a particular form of behavioral health treatment without going through one of these pathways, the judge cannot order the individual be involuntarily detained in a SWMS facility unless one of these pathways is followed.

Case examples

- Here are some examples of specific situations in which Designated Crisis Responders have had to conduct an assessment and make a determination if an individual meets the criteria for involuntary detention in a SWMS facility.
 - A Designated Crisis Responder responds to a situation in which an individual has been drinking heavily, not accepting help/treatment, not eating or drinking other fluids, driving under the influence, making suicidal statements, living in unhealthy conditions, and becoming aggressive with family when they try to intervene.
 - A Designated Crisis Responder responds to a situation in which an individual has had numerous Emergency Department visits, recent accidental or intentional overdoses, is not able to care for their health and

safety due to substance use, cannot safety plan, and either has rejected voluntary options or lacked follow through.

As may be seen from the above discussion, there is no single or rapid route to detention in a SWMS bed and there are clear procedural steps which may impact a judge's ability to order detention. While legislation which added opioid overdose reversals to RCW 71.05 governing involuntary detention might have changed the landscape, implementation might also have resulted in an overcorrection depending on final language. Further, passing of such legislation would not have removed the fact that an individual would still have had to be detained in a SWMS bed through one of the three pathways above. The proposed legislation, as written, would not have addressed these systemic restrictions.

While the above assessment outlines the challenges associated with filling SWMS beds, the Human Services Department Office of Housing and Community Development has continued to reserve the \$3,000,000 set aside by Council for a SMWS facility and plans to issue a second round Behavioral Health Facility NOFO later this year to again include a \$3,000,000 set aside for the development of a SWMS facility.

Please do not hesitate to contact me at 425-355-7204 or maryjane.brell@snoco.org with any questions or concerns about the above information.

Thank you!

cc: Amanda Franke, Division Manager Behavioral Health and Veterans Services