

Unavailable Detention Facilities Report Data Dictionary

DMHP BHO – The Behavioral Health Organization that the DMHP is designated in, not the BHO of responsibility or residency.

GC BHO- Greater Columbia Behavioral Health Organization

NS BHP- North Sound Behavioral Health Organization

SW BH ASO- Southwest Fully Integrated Managed Care

GR BHO- Great Rivers Behavioral Health Organization

OP BHO – Optum Pierce Behavioral Health Organization

TM BHO – Thurston Mason Behavioral Health Organization

KC BHO – King County Behavioral Health Organization

Sa BHO – Salish Behavioral Health Organization

NC BHO - North Central Behavioral Health Organization

SC BHO – Spokane County Region Behavioral Health Organization

Investigation County – The County in which the involuntary detention evaluation is taking place.

IP's Current Location – Investigated Person's location; such as Othello Community Hospital Emergency Department or Bed # 425 at St Clare Hospital do not use HMC.

Investigated Person – Name of the person being evaluated by the DMHP using the 'first, last, MI' convention

DOB – The date of birth of the Investigated Person

Gender – M is male, F is female and Other is for transgender. Gender is by self-report.

Criteria – Emergent Box means imminent likelihood of serious harm or grave disability, being likely to occur at any moment or near at hand, rather than distant or remote.

Non-Emergent Box means likelihood of serious harm or grave disability and has a history of one or more violent acts (there is no time frame suggested by the term Non-Emergent such as 'distant or remote').

Danger to Self Box means the threats or acts of harm to self

Others Box means threats or acts of harm to other people

Property Box means behavior which has caused substantial loss or damage to the property of others.

Gravely Disabled Box means a condition in which a person, as a result of a mental disorder: (a) Is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety; or (b) manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety.

Facilities – list of Hospitals, Evaluation and Treatment facilities who will accept an admission. Facilities in **Bold** were funded by the State and therefore accept from across the State.

County – The County where said Facility is located.

Person Issuing Refusal/Reason – This is the area for the DMHP to note the name of the person refusing acceptance of the potentially detained person.

Reason for refusal – this is the shorthand way of giving a reason for refusal.

Capacity box - means no beds available or beds closed due to insufficient staff.

Psych Acuity box – means the person's level of agitation or acuity of symptom is too much for the unit to handle at this time.

Med Acuity box – means the person's medical care needs are beyond the unit to provide. DMHP would note the medical issue of concern.

Other box – means any other reason such as sex offender status, date of court hearing, do not admit list etc... DMHP would note this in the Person issuing refusal/Reason space.

N/A box – means the unit is a Geriatric or Youth unit and your person is an adult or the unit is a voluntary unit and does not accept Single Bed Certifications.

Notes – place for DMHP to further describe obstacles to admission. It is helpful to note anything that might be an obstacle to admission.

DMHP Name – Print the name of the DMHP filling out this form in the First Last convention

Phone – Phone number for the DMHP office the DMHP is working from at the time of completing this form

Date of Determination – the date today (not initial date if this is a subsequent evaluation) when the DMHP made the determination that the investigated person met criteria for an ITA detention

Time of Determination – the time of day today (not initial time if this is a subsequent evaluation) the DMHP made the determination that the investigated person met criteria for ITA detention but there were no beds.

Signature – the DMHP signs their name.

Fax form to 360-725-3480 within 24 hours of your decision to not detain. Your BHO may require you to fax a copy to them as well.