

## Single Bed Certification Data Dictionary

**Requesting BHO** – Indicate the BHO which the DMHP or facility is located within. (Not the BHO of client’s residence).

**Initial Request** – This is the first SBC for this person in this episode. Generally this is what the DMHP will use. This is also used when a person transfers facilities within the 72 hour detention. Facilities will use this for the first SBC for long-term involuntary treatment if there was no previous SBC used for this episode.

**Extension Request** – This is for the person on a 90- or 180-order and the facility has requested a previous SBC but the person continues to need involuntary inpatient care and has not yet been admitted to the State Hospitals.

**Name and Title of Requestor** – The DMHP’s name and title (Jane Doe, DMHP) or in the case of a child, the facility’s name (Sacred Heart Medical Center) who is requesting the SBC.

**Requester Fax #** - a working fax number for the department (Western or Eastern State Hospital) to fax back the approved SBC. (Best practice is that the facility receives a copy of the approved SBC and the DMHP keep a copy with the individual’s clinical record).

**Requester Phone #** - a phone number the DMHP or facility staff requesting the SBC can be reached directly. (State hospitals often have to call the requester to clarify spelling of names or other critical information in order to approve the request. If the hospital cannot reach the requester, the SBC request will be denied).

**Date Requested** – Date the DMHP or facility is faxing the form.

**Time Requested** – the time the DMHP or facility is faxing the form. Form must be faxed to the State Hospital within an hour of Time Requested.

**Facility** – Name of facility written out not just initials (Western State Hospital not WSH) including location (Western State Hospital, Lakewood).

**Accepted by** – the name and title of the person who is agreeing on behalf of the facility, that the facility can meet the needs of the consumer under the SBC WAC 388-865-0526. For the DMHP, it is generally an ER doctor or ER manager. Do not submit an SBC if the facility does not accept.

**Acceptor’s Phone #** - a phone number the accepting staff can be reached at if needed by the state hospital.

**Patient’s Name** – the name of the person who is being detained or is under a court order for involuntary treatment using the – first, last, MI convention.

**DOB** – the person’s date of birth using the – month/day/year convention.

**SSN** – the person’s Social Security Number (if available). This helps with client identification for data monitoring.

**CID** – the person’s client identification number, which could be their ProviderOne number or their CIS number (if available). Again this helps in client identification in data monitoring.

**Gender** – M is male, F is female, Other is for transgendered. Gender is based on self-report.

**Legal Status at the time of the request** – DMHPs will use the “72 Hour Hold” and “LRA Revocation” boxes only. Facilities will use the “14 Day Commitment”, “90 Day Commitment”, or “180 Day Commitment. (For those few facilities that move the detained person on an SBC from one facility to another during the 72 hours will note it under the 72 hour hold or the LRA Revocation hold). For facilities treating a person who has an order of revocation, please indicate the original order (i.e., 90 Rev or 180 Rev or 365 Rev).

**Criteria for Request** – Only facilities may use Box 1 as only they can make a prognosis the consumer will be ready for discharge within 30 days and will not need to go to a State Hospital. If there is a plan to send the person to the State Hospital, this is not the proper box.

The DMHP or the E&T facility may use Box 2 when an Evaluation and Treatment facility is willing to accept the Respondent on an SBC, such as, Kitsap Adult Inpatient Unit, Bremerton, or Foothills E&T, Spokane. This is rarely used except for long-term involuntary treatment (90-180 day orders) by the E&T.

The DMHP or facility will use Box 3 when the Respondent will receive appropriate mental health treatment in one of the following, checking the appropriate box. Facility will use this box if they are treating the person on a 14-, or 90-, or 180-, or 365-day order.

Examples would be:

Hospital with a psychiatric unit – St. Joseph Peace Health, Bellingham, Sacred Heart Medical Center, Spokane

Hospital that can provide timely and appropriate mental health treatment – St. Clare Hospital, Lakewood or Holy Family Hospital Spokane

A psychiatric hospital – Fairfax, Kirkland or NAVOS, Seattle

The DMHP or facility, may use Box 4 for the occasional person with medical treatment needs not generally available in an E&T or at the State Hospitals, but to do so the DMHP or facility staff must “adequately describe” why the person requires the medical services. Best practice is for the DMHP to consult with the ER doctor and WSH staff regarding this criterion. (Current medical concerns are such that they would generally require admission for medical treatment at a medical hospital).

**If consumer is under 18 years of age, is this request for certification on an adult unit Yes/No** – this is to be filled out by the facility requesting for a child under 18 years of age.

**Write clearly and legible.**

**Incomplete or illegible forms will be denied.**

**Use the Fax number at the top of the form to send the form to the State Hospital.**