

Effective Date: 8/28/2015; 7/31/2008; 7/13/2005  
Revised Date: 7/23/2015  
Review Date: 8/26/2015

## North Sound Mental Health Administration

### Section 1700 – Clinical: Single Bed Certification (SBC)/Inpatient Resource Availability

Authorizing Source: WAC 388-865-0526, Community Psychiatric Inpatient Instructions and Requirements

Cancels: Renumbering 1534.00 and putting into appropriate crisis section

See Also:

Providers must comply with this policy and may develop individualized implementation guidelines as needed

Approved by: Executive Director

Date: 8/28/2015

Responsible Staff: Deputy Director

Signature:

## POLICY #1728.00

### SUBJECT: SINGLE BED CERTIFICATION (SBC)/INPATIENT RESOURCE AVAILABILITY

#### PURPOSE

The availability of a certified Evaluation and Treatment (E&T) bed will not be a factor in determining whether or not to conduct an involuntary investigation. Nor shall it influence the determination if an individual meets detention criteria.

The purpose of this policy is to outline the process for requesting an SBC from Western State Hospital (WSH) delegate for the Division of Behavioral Health and Recovery (DBHR) when there is a need for an individual to be detained to a facility not certified under WAC 388-865-0500 to provide treatment to an adult.

The SBC request is also used when there is a need for a community facility to provide treatment to an adult on a 90- or 180-day inpatient involuntary commitment order for a maximum of 30 days; or to a facility not certified under WAC 388-865-0500 to treat an involuntarily detained or committed child until the child's discharge from that setting to the community or until he or she transfers to a Children's Long-term Inpatient Program (CLIP).

The purpose is also to define and provide direction to Designated Mental Health Professional (DMHP) staff in our region when they are unable to find an appropriate placement in a certified E&T facility.

#### DEFINITIONS

**Single bed certification (SBC)** refers to the process or result of a DBHR designee request for a one-time waiver allowing involuntary treatment to occur in a facility not currently certified under WAC 388-865-0500.

**Attestation means** the facility confirmed it is willing and able to provide adequate treatment services and will provisionally accept placement upon receipt of the approved SBC. By signing the form, the DMHP is documenting the facility confirmed it is willing and able to provide adequate treatment services and will provisionally accept placement upon receipt of the approved SBC.

#### POLICY

SBCs must meet all requirements as outlined in this policy:

1. The facility that is the site of the proposed SBC confirms it is willing and able to provide directly or by direct arrangement with other public or private agencies, timely and appropriate mental health treatment and the request describes why the individual meets at least one of the following criteria:

- a. Individual requires medical services not available at a facility certified under this chapter or a state psychiatric hospital. SBCs requested for this reason must document the specific medical need that cannot be met at a certified E&T facility or state hospital.
  - b. Individual is expected to be ready for discharge from inpatient services within the next 30 days and being at a community facility would facilitate continuity of care.
  - c. Individual can receive appropriate evaluation and treatment in a residential treatment facility or individual can receive appropriate mental health treatment in a hospital with a psychiatric unit, a hospital that is willing to and able to provide timely and appropriate mental health treatment (attesting), or a psychiatric hospital and the SBC will apply only to that facility.
2. If the DMHP cannot find a hospital which is willing to accept a SBC, the DMHP will follow the procedural guidelines described below.
  3. A request for a SBC for a child may need to be submitted in writing directly to DBHR if WSH indicates they are not able to process the request.

## **PROCEDURE**

1. When conducting an Involuntary Treatment Act (ITA) investigation in circumstances which suggest an E&T bed may not be readily available to meet the treatment needs of an individual, the DMHP will proceed as follows:
  - a. DMHP determines whether or not the person meets detention criteria, observing legally required timeframes, following all applicable Washington State laws for the ITA or Less Restrictive Alternative (LRA) process.
  - b. When the DMHP determines the individual meets emergent detention criteria, the DMHP shall contact Volunteers or America (VOA) Placement Coordinator through the bed census phone number at 844-282-8666 [option #1 – the greeting will be “For Bed Census Information, press 1] to check on these resources. VOA has the responsibility for updating bed availability throughout the state.
  - c. The Placement Coordinator will advise the DMHP to any psychiatric potential inpatient availability in the region/state.
  - d. Based on (c), the DMHP will then attempt to locate an E&T bed, secure provisional acceptance from that facility, and complete the detention.
2. If there is no E&T bed located and the DMHP makes a determination that the individual’s treatment needs can be met via attestation with a SBC (defined above), the DMHP will complete the detention.
  - a. The DMHP will complete and fax the SBC form to WSH.
  - b. The DMHP/DMHP offices will ensure the attesting facility has a copy of the approved SBC.
  - c. The DMHP will call in the disposition in to the VOA Triage line, voicemail is acceptable.
  - d. The DMHP/DMHP office shall send a copy of the SBC to NSMHA by the next business day (encrypted email or fax to 360-416-7017).

3. If an E&T bed has not been located and the hospital cannot attest to being able to meeting the individual's treatment needs, the DMHP will notify the hospital of inability to detain. The patient is now referred back to the hospital's care. The DMHP is expected to do the following:
  - a. Will document that the individual has met detention criteria (RCW 71.05.150, 71.05.153, 71.34.700, or 71.34.710), but there are not any appropriate beds available and will leave documentation to that effect. The DMHP will also leave "the hospital call list" which includes the number for the VOA Placement Coordinator for further follow up and possible placement.
  - b. Will send the "DMHP report of a Person Meeting Detention Criteria and no available E&T beds or LRAs" (DMHP no bed report) to DBHR, attention **Carrie Huie-Pascua at (360) 725 3799**.
  - c. Shall then re-contact the VOA Placement Coordinator (or triage clinician), in person, with the disposition. VOA will need name, location, date and time the investigation was completed, what facilities were contacted, what the hospital has advised they are going to do with the patient.
  - d. The DMHP/DMHP offices shall also send copy of the DMHP report to NSMHA, via fax by the next business day.
  - e. VOA will, the next business day, re-contact the Emergency Department (ED)/hospital, through the Placement Coordinator to find out about the case and status.
  - e. DBHR will be sharing the (DMHP no bed) report with NSMHA to monitor those cases closely.
  - f. NSMHA will continue to attempt to engage the person for appropriate services for which the person is eligible and report back those attempts to DBHR within seven (7) days.
  - g. Placement Coordinator will work with the Care Crisis Triage clinicians, if needed, to provide clinical follow-up to the ED and the individual, if clinically warranted.
  - h. Placement Coordinators/VOA Triage will continue to track the individual and may re-dispatch.

## ATTACHMENTS

None