

# Unavailable Detention Facilities Report

RCW 71.05.750

County Person's current location

First name Last name MI

DOB Assigned MCO - if applicable

Gender	Danger to	Status	AI/AN (RCW 71.05.150(5))
Female	Self	Mental health	Yes; add any IHCP or Tribe the individual is or has received treatment from to the notes section
Male	Others	SUD	
Other	Property	<b>Other criteria</b>	
	Gravely disabled	Emergent	No
		Non-emergent	

No appropriate facility is available to accept this individual per RCW 71.05 or RCW 71.34. This individual has been determined to be dangerous to self, others, property, or gravely disabled, but no facility with specialized capabilities or facilities and capacity to treat this patient will admit or accept a transfer.

**Denial is in part due to (mark all that apply):**

COVID - include reason in notes	Facility unable to meet behavioral needs
Transportation	Facility unable to meet medical needs
Facility beds full	Other - include in notes
Staffing shortages	

**Notes** (if more space is needed, include additional notes on a separate sheet):

DCR name Phone

Time of determination of criteria met and no bed available Date of determination

DCR signature

Fax completed form to (360) 763-4708 or send via secured email to: [hcabhsia.bedrpt@hca.wa.gov](mailto:hcabhsia.bedrpt@hca.wa.gov)