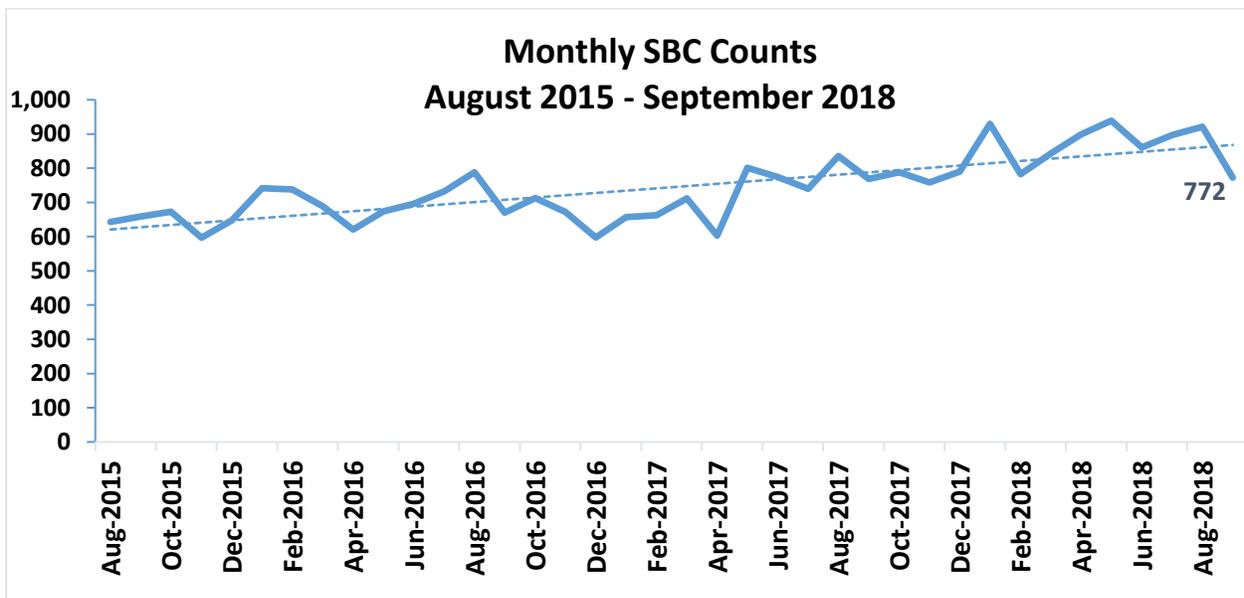


Single Bed Certification Quarterly Update

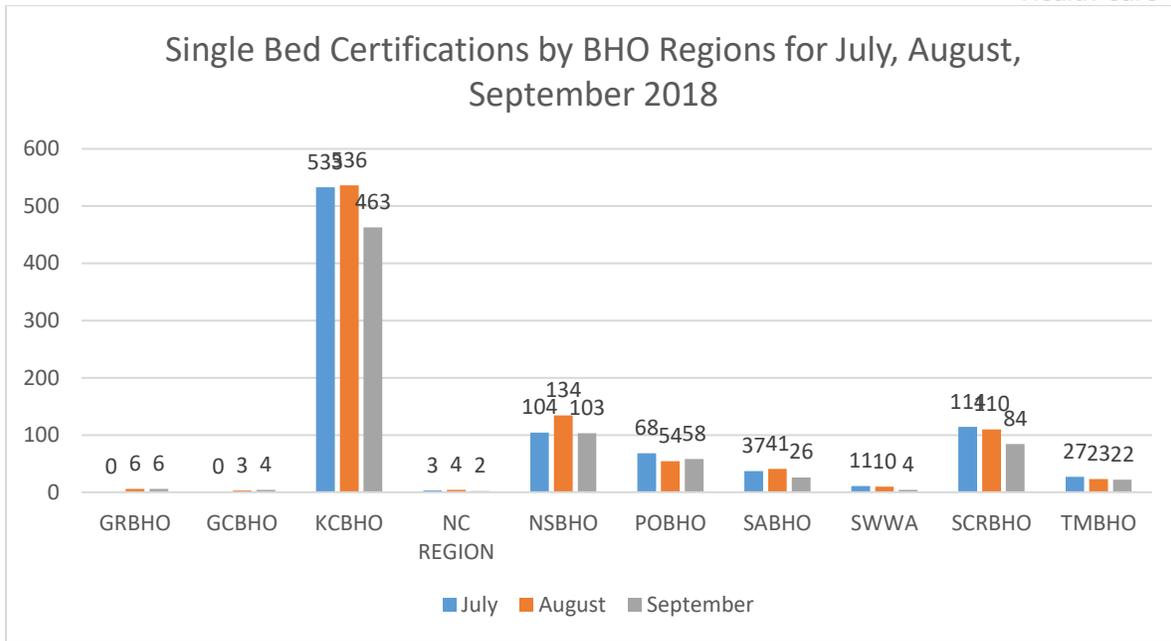
October 2018

General

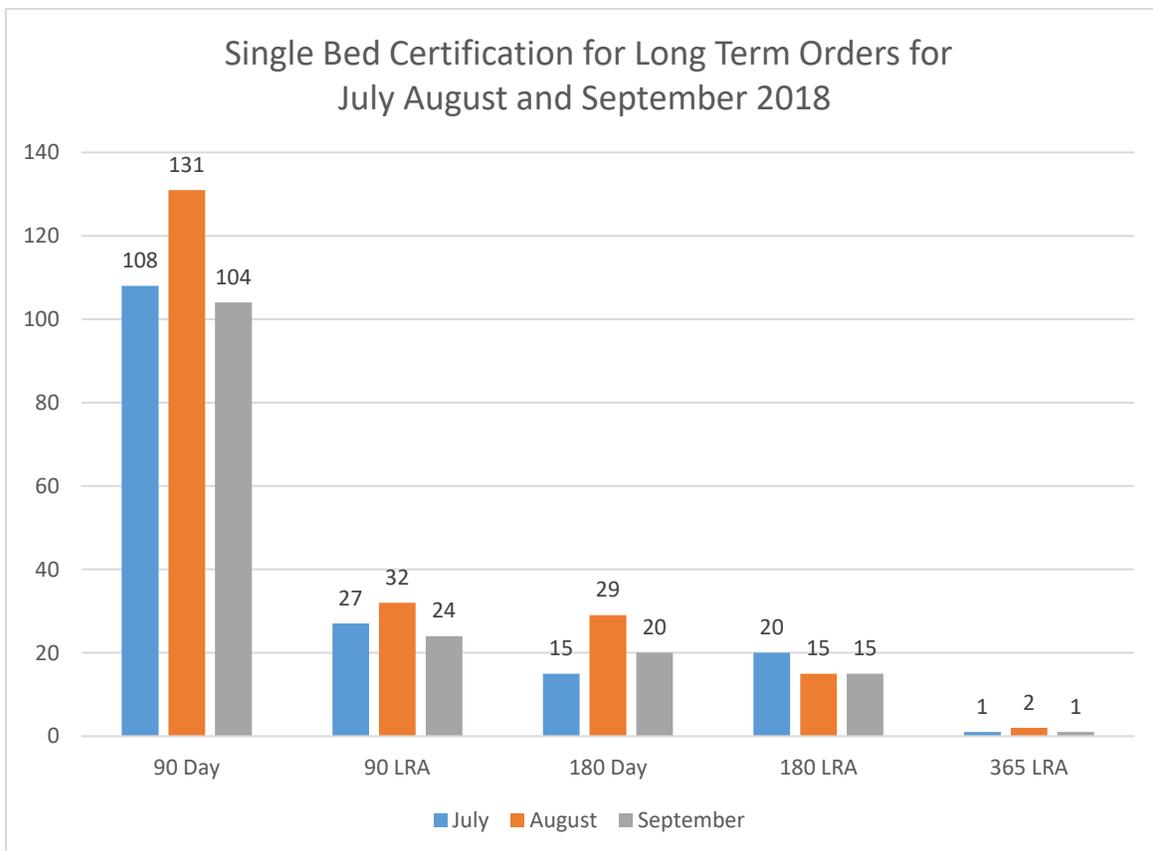
A Single Bed Certification (SBC) allows a person to be detained under the mental health criteria of the Involuntary Treatment Act when there are no available certified Evaluation and Treatment (E&T) facility beds. The detained person is able to temporarily receive involuntary inpatient mental health treatment services from a licensed facility that is not currently certified as an Evaluation and Treatment facility for up to 30 days, under WAC 388-865-0500. The Behavioral Health Organization (BHO), Behavioral Health Administrative Support Organization (BHASO) or its designee (Designated Crisis Responder) must submit a written request for the SBC to the local State Hospital. The SBC rule requires the facility named in the SBC be willing and able to provide timely and appropriate mental health treatment in order to not be considered boarding; which was found to be a violation of a person’s civil liberties in the Supreme Court decision, In re detention DW et al.



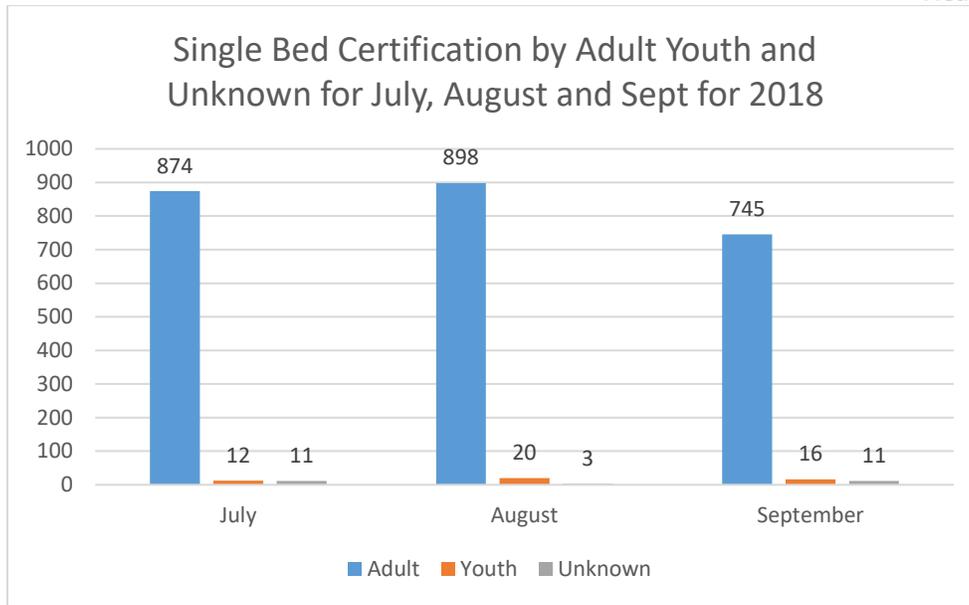
Despite the decline in September 2018 there is still an overall upward trend in the use of Single Bed Certifications since August 2015.



As a direct result of the practice in King Co of using a Single Bed Certification for all detentions, King Co BHO uses about 300 or more SBC than any other region.



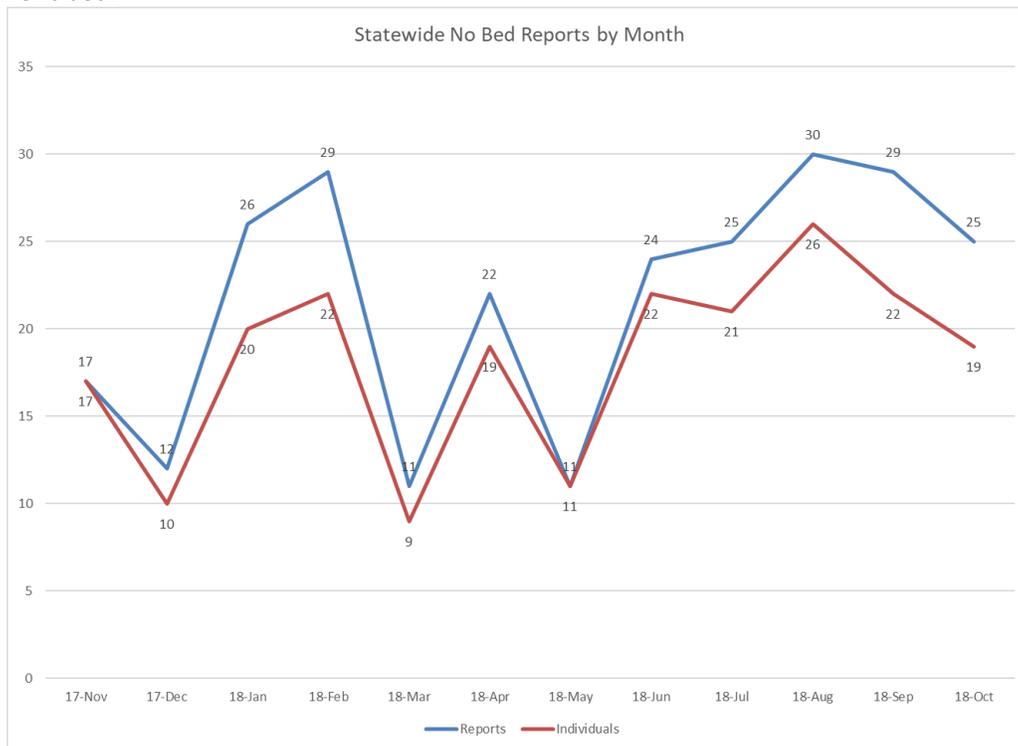
Single Bed Certifications are also used when an evaluation and treatment facility is unable to transfer their patient with an order for 90 or 180 days more restrictive involuntary treatment to one of the state hospitals. The SBC allows the E&T facility to provide long term involuntary treatment temporarily. As proportionally consistent most of the SBC are for 90 more restrictive involuntary inpatient treatment.



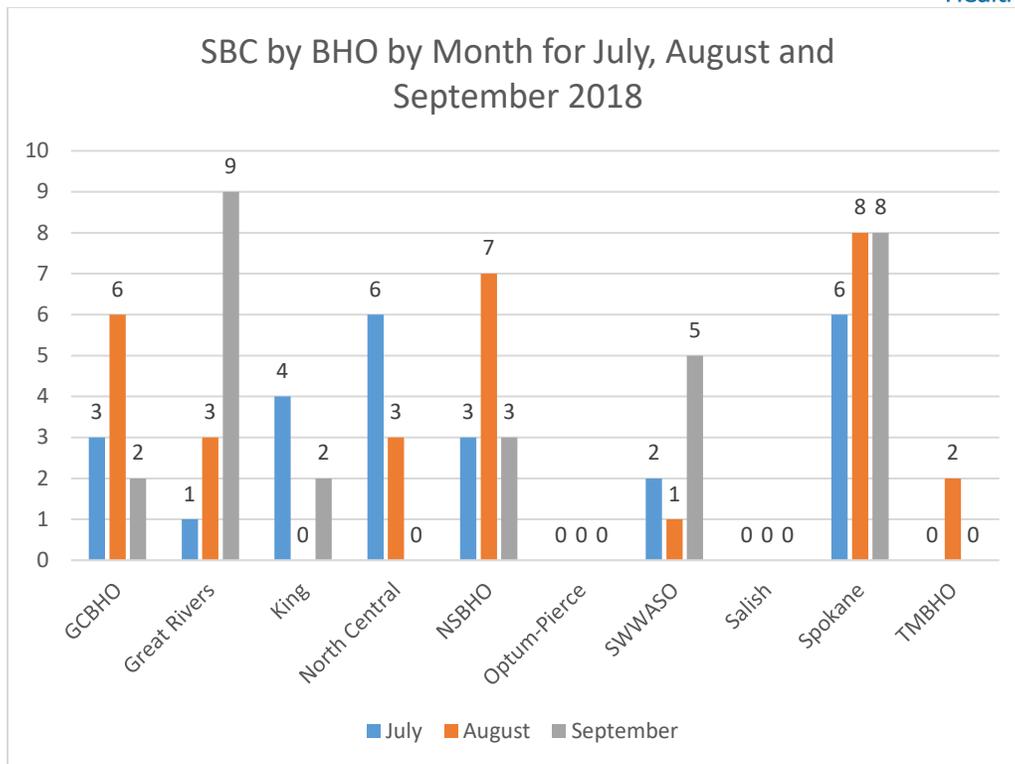
During this quarter the percentage of youth to adult use of SBC is 1.9%, which is below the historical average percentage of 3.5%. Surprisingly the “unknown” category represents 0.9% of the total. This creates some cause for concern, as it indicates that DCRs or the staff at the State Hospitals are not identifying youth versus adults on the form or in data entry.

Unavailable Detention Facilities Reports (No Bed Reports)

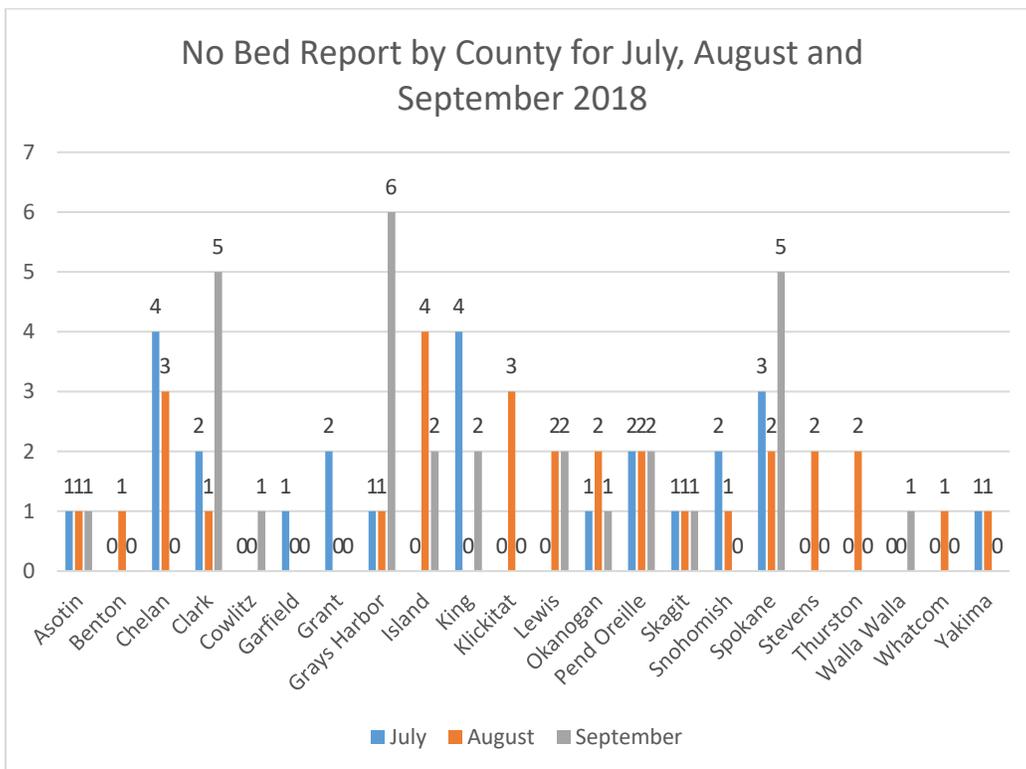
When a Designated Crisis Responder determines a person meets criteria for involuntary inpatient treatment due to a mental disorder or a substance use disorder, but is unable to detain the person at risk due to the lack of an available bed at an E&T facility or a Secure Withdrawal Management and Stabilization facility, and the person cannot be served by the use of a Single Bed Certification, the Designated Crisis Responder is required to make a report to the Authority within 24 hours stating that they were unable to detain the person due to the lack of a certified involuntary inpatient treatment bed.



Although for the past couple of months the number of “No Bed Reports” has decreased, the month of August represents a high point for this past quarter, which was due in part to the lack of involuntary treatment beds for substance use disorders.



Spokane CRBHO had the most “No Bed Reports” with 24 reports for the past 3 months, while Great Rivers and NSBHO presented the next highest numbers by both having 13 “No Bed Reports” for the past 3 months.



Spokane DCRs submitted the most “No Bed Reports” with 10 reports. Grays Harbor and Clark County DCRs presented the next highest numbers by both counties submitting 8 reports.

For information regarding this report, contact Robby Pellett at peller2@hca.wa.gov or Taylor Linke taylor.linke@hca.wa.gov