

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	Other criteria
Female	Self	Mental health	Emergent
Male	Others	SUD	Non-emergent
Other	Property		
	Gravely disabled		

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

Notes:

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**