1 – Office	4 – Home	8 - Correctional Facility	11 - Faith-based	14 - Client's Job Site	17 - Non-Traditional	20 - Telehealth
2 – Field	5 – School	9 - Inpatient	12 - Health Care	15 - Adult Residential	18 - Other	21 - Unknown
3 – Phone	6 - Satellite Clinic	10 - Homeless	13 - Age-Specific	16 - Mobile Service	19 - Childrens Residential	

Date: _____ Service Type: _____ Billing Time ___:___ Location: _____

First Date of Current Continuous Service at This Site: _____ Consumer Present?: ☐ Yes ☐ No

STAFF AND OTHERS PRESENT _____

_____

TEAM DELIBERATIONS, ACTIONS, & ORDERS (e.g., changes in modality, frequency, provider, etc.) (required)

_____

_____

_____

_____

☐ SERVICES **OR** ☐ FURTHER SERVICES are justified because (check all that apply)

- ☐ Not taking adequate basic care of self
- ☐ Violence potential puts others at constant risk
- ☐ Frequently harms or severely disrupts the lives of others
- ☐ Currently at significant risk for homicide attempt
- ☐ Currently at significant risk for suicide attempt
- ☐ Currently at significant risk for self-mutilation behavior
- ☐ Capable of making significant progress in next six months
- ☐ Other _____
- ☐ Child significantly at risk of out-of-home placement (inadequate food, shelter, "gravely disabled")
- ☐ Frequently in jail
- ☐ Causes frequent public disturbance
- ☐ Currently at risk of losing housing/unable to sustain adequate housing
- ☐ Currently risking serious danger to self by not getting available med. treatment when needed
- ☐ Factitious disorder with life-threatening methods

☐ ONE-MONTH TERMINATION PERIOD EXTENSION

☐ SERVICES **OR** ☐ SERVICES EXTENSION NOT JUSTIFIED because:

- ☐ Client does not currently meet care necessity criteria.
- ☐ Client has achieved services goals (met termination criteria)
- ☐ Client is not expected to benefit or has reached maximum benefit from current services (check all that apply)
  - ☐ Low attendance
  - ☐ Involuntary treatment (client forced to come)
  - ☐ Not concerned about symptoms or functioning
  - ☐ Is here to meet outside criteria--not motivated
  - ☐ Wants maintenance only
  - ☐ Difficulty establishing trust and therapeutic alliance
  - ☐ Fears of self-revelation and dealing with painful issues
  - ☐ Low motivation
  - ☐ Doesn't want treatment
  - ☐ Does not want to change
  - ☐ Doesn't do therapeutic homework
  - ☐ Wrong person in tx _____
  - ☐ Does not want to stop services and therefore avoids/resists progress
  - ☐ Marginal capacities to benefit from these services
  - ☐ Substance use makes services ineffective
  - ☐ Great difficulty taking in support, emotional communications, and information from therapist/counselor
  - ☐ Results of previous services received indicate that further services would not be effective
  - ☐ Other
- ☐ Other _____

_____ _____ _____

Date Team Member Signature Printed Name

(Team discussions may also be recorded in an interdisciplinary note.)

SERVICES TEAM ACTIONS
San Bernardino County
DEPARTMENT OF BEHAVIORAL HEALTH
Confidential Patient Information
See W&I Code 5328

NAME:

CHART NO:

DOB:

PROGRAM: