Behavioral Health

303 E. Vanderbilt Way San Bernardino | (909) 388-0900
www.SBCounty.gov

02 Telehealth Not In Client's Home	**10 Telehealth in Client's Home**	**15 Mobile Unit**	**31 Skilled Nursing Facility**	**55 Residential Care/Community Treatment Facility**
03 School	**11 DBH/Contractor Site - Office**	**16 Temporary Lodging**	**33 Custodial Care Facility**	**56 Psych Res Tx Center**
04 Homeless Shelter	**12 Home**	**20 Urgent Care Facility**	**51 Inpatient Psychiatric Facility**	**57 Non-Res SA Tx Facility**
09 Jail	**14 Group Home**	**23 Emergency Room- Hospital**	**52 Psych Facility-Partial Hospitalization**	**58 Non-Res Opioid Tx Facility**
		27 Outreach Site/Street		**99 Other Place of Service**

Date		Svc type		Billing time		Place of Service	

First date of continuous service at this site?		Consumer present?	Yes ☐	No ☐

Names of staff and others present

Team deliberations, actions, and 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	☐ Currently at significant risk for self-mutilation
☐ Violence potential puts others at constant risk	☐ Capable of making significant progress next six mos
☐ Frequently harms or severely disrupts lives of others	☐ Frequently in jail
☐ Currently at significant risk for homicide attempt	☐ Causes frequent public disturbance
☐ Currently at significant risk for suicide attempt	☐ Factitious disorder with life-threatening methods
☐ Child significantly at risk of out-of-home placement (inadequate food, shelter, "gravely disabled")	
☐ 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	
☐ Other	
☐ One month termination period extension	
☐ Services, OR, ☐ Services extension not justified because:	
☐ Client does not currently meet medical 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	☐ Does not want to change
☐ Low motivation	☐ Is here to meet outside criteria-not motivated
☐ Involuntary treatment (client forced to come)	☐ Doesn't do therapeutic homework
☐ Doesn't want treatment	☐ Wants maintenance only
☐ Not concerned about symptoms or functioning	☐ Substance use makes services ineffective
☐ Difficulty establishing trust and therapeutic alliance	
☐ Fears of self-revelation and dealing with painful issues	
☐ Marginal capacities to benefit from these services	
☐ Does not want to stop services and therefore avoids/resists progress	
☐ 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	
☐ Wrong person in treatment, should be:	
☐ Other:	

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

Date Team Member Signature Team Member Printed Name

SERVICES TEAM ACTIONS	**NAME**	
SAN BERNARDINO COUNTY	**CHART NO**	
DEPARTMENT OF BEHAVIORAL HEALTH	**DOB**	
Confidential Patient Information	**PROGRAM**	
See W&I Code 5328		