Date: Billing Time: Location: Service Type: Interviewed: ☐ Child / Youth
Date: Billing Time: Location: Service Type: ☐ Caregiver ☐ Social Worker

I. CHILD BEHAVIORAL / EMOTIONAL NEEDS - CURRENT PRESENTATION AND REASON FOR REFERRAL: ***(include onset, duration, severity of symptoms)***

KEY: 0 = no evidence to believe item requires any action. 1 = needs watchful waiting, monitoring or possibly preventive action.
2 = needs action. Strategy needed to address problem/need. 3 = needs immediate / intensive action. Immediate safety concern / priority for intervention.

	0	1	2	3		0	1	2	3		0	1	2	3
Psychosis (Thought D/O)	☐	☐	☐	☐	Oppositional	☐	☐	☐	☐	Eating Disturbances	☐	☐	☐	☐
Impulsivity / Hyperactivity	☐	☐	☐	☐	Conduct	☐	☐	☐	☐	Emotional/Physical Dysregulation	☐	☐	☐	☐
Depression	☐	☐	☐	☐	Adjustment to Trauma	☐	☐	☐	☐	Behavioral Regressions	☐	☐	☐	☐
Anxiety	☐	☐	☐	☐	Attachment Difficulties	☐	☐	☐	☐	Substance Use	☐	☐	☐	☐
Mania	☐	☐	☐	☐	Anger Control	☐	☐	☐	☐	Somatization	☐	☐	☐	☐

II. NATURE OF TRAUMA PROMPTING CFS INVOLVEMENT: ***(include details needed for future mental health providers)***

☐ All incidents recorded were previously reported as required by a mandated reporter. No duplicative reports submitted.

KEY: No [——Yes——]	0	1	2	3		0	1	2	3		0	1	2	3
Sexual Abuse	☐	☐	☐	☐	Medical Trauma	☐	☐	☐	☐	Witness/Victim – Criminal Acts	☐	☐	☐	☐
Physical Abuse	☐	☐	☐	☐	Natural Disaster	☐	☐	☐	☐	Marital/Partner Violence	☐	☐	☐	☐
Emotional Abuse	☐	☐	☐	☐	Witness to Fam. Violence	☐	☐	☐	☐					
Neglect	☐	☐	☐	☐	Witness to Comm. Violence	☐	☐	☐	☐					

HEALTHY HOMES SCREENING/ASSESSMENT
County of San Bernardino
DEPARTMENT OF BEHAVIORAL HEALTH
Confidential Patient Information
See W&I Code 5328

Name:
Chart No:
DOB:
PROGRAM:

III. AREAS OF IMMEDIATE CONCERN / RISK BEHAVIORS: ***(include date of onset and level of impairment [e.g., school suspension, law enforcement/ incarceration, crisis services, and hospitalization])***

	0	1	2	3		0	1	2	3		0	1	2	3
Suicide Risk	☐	☐	☐	☐	Danger to Others	☐	☐	☐	☐	Delinquent Behavior	☐	☐	☐	☐
Non-Suicidal Self-Injury	☐	☐	☐	☐	Sexual Aggression	☐	☐	☐	☐	Fire Setting	☐	☐	☐	☐
Other Self-Harm (aka, Recklessness)	☐	☐	☐	☐	Runaway	☐	☐	☐	☐	Intentional Misbehavior	☐	☐	☐	☐

IV. LIFE DOMAIN FUNCTIONING AND ACCULTURATION: **(*Describe impact on self-care, home, school, and community. Please note whether the impairments are due to diagnostic symptoms/behaviors.)***

	0	1	2	3		0	1	2	3		0	1	2	3
Family Functioning	☐	☐	☐	☐	Decision Making	☐	☐	☐	☐	School Achievement	☐	☐	☐	☐
Living Situation	☐	☐	☐	☐	Medical/Physical	☐	☐	☐	☐	School Attendance	☐	☐	☐	☐
Social Functioning	☐	☐	☐	☐	Sexual Development	☐	☐	☐	☐	Language	☐	☐	☐	☐
Developmental/Intellect.	☐	☐	☐	☐	Sleep	☐	☐	☐	☐	Ritual	☐	☐	☐	☐
Legal	☐	☐	☐	☐	School Behavior	☐	☐	☐	☐	Cultural Stress	☐	☐	☐	☐
Early Childhood Functioning	N/A													
Communication	☐	☐	☐	☐	Curiosity	☐	☐	☐	☐	Adaptability	☐	☐	☐	☐
Aggression	☐	☐	☐	☐	Playfulness	☐	☐	☐	☐	Persistence	☐	☐	☐	☐

V. MENTAL STATUS: [☐ ***appearance,*** ☐ ***attitude,*** ☐ ***behavior,*** ☐ ***orientation,*** ☐ ***speech,*** ☐ ***intellectual func.,*** ☐ ***memory,*** ☐ ***thought processes/contents,*** ☐ ***perceptual anomalies (e.g., hallucinations),*** ☐ ***insight,*** ☐ ***judgment,*** ☐ ***mood, &*** ☐ ***affect]*** Checked items indicate no concerns and functioning is Within Normal Limits (WNL)

VI. CHILD STRENGTHS: ***(include child / youth resources and attributes that contribute to well-being or goal attainment)***

KEY: 0 = Centerpiece strength 1 = Useful strength to build upon 2 = Identified strength requires development 3 = Strength not yet identified

	0	1	2	3		0	1	2	3		0	1	2	3
Family Strengths	☐	☐	☐	☐	Talents/Interests	☐	☐	☐	☐	Relationship Permanence	☐	☐	☐	☐
Interpersonal	☐	☐	☐	☐	Spiritual/Religious	☐	☐	☐	☐	Well-Being	☐	☐	☐	☐
Optimism	☐	☐	☐	☐	Cultural Identity	☐	☐	☐	☐	Resilience	☐	☐	☐	☐
Educational Setting	☐	☐	☐	☐	Community Life	☐	☐	☐	☐	Resourcefulness	☐	☐	☐	☐
Vocational	☐	☐	☐	☐	Natural Supports	☐	☐	☐	☐					

VII.CAREGIVER STRENGTHS & NEEDS: ☐ NOT APPLICABLE ☐ CAREGIVER:

KEY: 0 = Strength or No evidence of prob. 1 = Useful or Monitor 2 = Strength to develop or Requires action 3 = Not a strength or Immed/Intensive Need

	0	1	2	3		0	1	2	3		0	1	2	3
Supervision	☐	☐	☐	☐	Social Resources	☐	☐	☐	☐	Substance Use	☐	☐	☐	☐
Involvement with Care	☐	☐	☐	☐	Residential Stability	☐	☐	☐	☐	Developmental	☐	☐	☐	☐
Knowledge	☐	☐	☐	☐	Medical/Physical	☐	☐	☐	☐	Safety	☐	☐	☐	☐
Organization	☐	☐	☐	☐	Mental Health	☐	☐	☐	☐					

RECOMMENDATIONS:

Dependent Qualifies as a Core Practice Model Subclass Member ☐ Yes ☐ No

TOPICS FOR CHILD & FAMILY TEAM CONSIDERATION & RECOMMENDATIONS

CLINICIAN / LPHA NAME/TITLE:	**CLINICIAN / LPHA Signature:**	**DATE:**
CLINICIAN / LPHA NAME/TITLE:	**CLINICIAN / LPHA Signature:**	**DATE:**

HEALTHY HOMES SCREENING/ASSESSMENT
County of San Bernardino
DEPARTMENT OF BEHAVIORAL HEALTH
Confidential Patient Information
See W&I Code 5328

Name:
Chart No:
DOB:
PROGRAM:

ADDITIONAL INFORMATION OR ASSESSMENT UPDATE

All entries will be dated and signed as a regular chart note. If an interview takes place, it may be charted here and billed by adding the MHS-Assess heading, the billing time, and the location code.

HEALTHY HOMES SCREENING/ASSESSMENT County of San Bernardino DEPARTMENT OF BEHAVIORAL HEALTH Confidential Patient Information See W&I Code 5328	**Name:** **Chart No:** **DOB:** **PROGRAM:**