Attachment C

Clinical Management for Behavioral Health Services (CMBHS)

PADRE Services Screening

Intake			
Screening Method		Interview Setting	
Referred by		Screening Date	

Parental and DFPS Status	
Were you referred by DFPS?	◯ Yes ◯ No
Are you currently expecting a child?	◯ Yes ◯ No
Do you have children?	◯ Yes ◯ No
What is the birth date of your youngest child?	
Age in months?	

Risk Factors	
Has the Department of Family and Protective Services (Children's Protective Services "CPS") ever been involved in your life?	◯ Yes ◯ No
Are you a teenage parent (19 years or younger)?	◯ Yes ◯ No
Have you ever used drugs or alcohol (Even just recreationally)?	◯ Yes ◯ No
Has there ever been violence between you and an intimate partner? (This includes verbal, emotional, and spiritual abuse as well as physical and sexual abuse and violence by your partner).	◯ Yes ◯ No
Have you ever witnessed or been the victim of other physical, sexual, verbal, emotional, or spiritual abuse in your lifetime?	◯ Yes ◯ No
Does anyone in your household have a problem with alcohol or drugs?	◯ Yes ◯ No
Have you ever had problems with depression or other mental health issues?	◯ Yes ◯ No
Are you having serious financial problems?	◯ Yes ◯ No

Current Substance Use	
Do you ever drink alcohol?	◯ Yes ◯ No
When was your last drink?	
Do you use other drugs?	◯ Yes ◯ No
When did you last use other drugs?	

Screening Outcome	
The client is eligible and appropriate for PADRE program services and agrees to begin services.	
The client agrees to begin PADRE services, but requires substance use screening by a QCC to rule out need for formal treatment services.	
The client will not be participating in PADRE program services due to primary need of formal substance use treatment services (appropriate referrals and service coordination completed).	
The client is eligible for PADRE services but declines to begin services at this time.	
The client is ineligible for PADRE program services due to not meeting initial criteria.	
The client is ineligible for PADRE program services due to not meeting risk factor criteria.	

Comments	

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Summary	
Performed by	
Client Name	
Client Signed	
Client Signed Date	