

# ATTACHMENT C

## Clinical Management for Behavioral Health Services (CMBHS)

### PPI Services Screening

Intake			
Screening Method		Interview Setting	
Referred by		Screening Date	
Parental and DFPS Status			
Were you referred by DFPS?	<input type="radio"/> Yes <input type="radio"/> No		
Do you have children?	<input type="radio"/> Yes <input type="radio"/> No		
How many children?			
What is the birth date of your youngest child?			
Age in months?			
Did you have a child in the past 18 months?	<input type="radio"/> Yes <input type="radio"/> No		
Are you pregnant?	<input type="radio"/> Yes <input type="radio"/> No		
Are you less than 28 weeks pregnant?	<input type="radio"/> Yes <input type="radio"/> No		
Have you been told your pregnancy is high-risk?	<input type="radio"/> Yes <input type="radio"/> No		
Is there another parenting female involved in the program?	<input type="radio"/> Yes <input type="radio"/> No		
Is there another parenting male involved in the program?	<input type="radio"/> Yes <input type="radio"/> No		
Is your family currently involved with CPS?	<input type="radio"/> Yes <input type="radio"/> No		
Risk Factors			
Are you a teenage parent (19 years or younger)?	<input type="radio"/> Yes <input type="radio"/> No		
Has the Department of Family and Protective Services (Children's Protective Services "CPS") ever been involved in your life?	<input type="radio"/> Yes <input type="radio"/> No		
Have you ever used drugs or alcohol (Even just recreationally)?	<input type="radio"/> Yes <input type="radio"/> No		
Have you ever been the victim of domestic violence? (This includes verbal, emotional, and spiritual abuse as well as physical and sexual abuse and violence by your partner).	<input type="radio"/> Yes <input type="radio"/> No		
Have you ever witnessed or been the victim of other physical, sexual, verbal, emotional, or spiritual abuse in your lifetime?	<input type="radio"/> Yes <input type="radio"/> No		
Does anyone in your household have a problem with alcohol or drugs?	<input type="radio"/> Yes <input type="radio"/> No		
Have you ever had problems with depression or other mental health issues?	<input type="radio"/> Yes <input type="radio"/> No		
Did you have any issues accessing prenatal care during this (or your last) pregnancy? (For example, not seeing a doctor often enough or as scheduled, not seeing a doctor until your last trimester, or not seeing a doctor at all?)	<input type="radio"/> Yes <input type="radio"/> No		
Are you having serious financial problems?	<input type="radio"/> Yes <input type="radio"/> No		
Current Substance Use			
Do you ever drink alcohol?	<input type="radio"/> Yes <input type="radio"/> No		
When was your last drink?			
Do you use other drugs?	<input type="radio"/> Yes <input type="radio"/> No		
When did you last use other drugs?			
Screening Outcome			
The woman is eligible and appropriate for PPI program services and agrees to begin services. (She is pregnant or less than 18 months postpartum and has risk factors OR she has a child under the age of 6 and is involved with DFPS).			
The client is eligible for PPI services but declines to begin services at this time.			
The client agrees to begin PPI services, but requires formal substance use screening by a QCC to rule out the need for formal treatment services.			

The client is ineligible for PPI services due to being in need of formal substance use treatment services (appropriate referrals and service coordination completed).	
The client is ineligible for PPI program services due to not meeting initial pregnant/postpartum criteria (She is neither pregnant nor postpartum OR She does not have a child under the age of 6 and is not involved in DFPS).	
The client is ineligible for PPI program services due to not meeting risk factor criteria.	
Comments	

Summary	
Performed by	
Client Name	
Client Signed	
Client Signed Date	