

Programs Providing Follow-Up: (select all that apply)

- Becoming a Mom
- Family Planning Maternal Child Health (MCH/M&I)
- Pregnancy Maintenance Initiative (PMI)
- Teen Pregnancy Targeted Case Management (TPTCM)
- Kansas Connecting Communities (KCC)

Was a brief intervention provided?

- Yes
- No

If yes, what brief intervention was provided?

- Reviewed screening results
- Made clinical recommendations
- Provided education, community, and/or treatment resources
- Measured patient-motivation and/or readiness to change
- Reinforced self-efficacy
- Other

Specify other intervention:

Why was a brief intervention not provided?

Was a referral provided?

- Yes
- No

What provider type was client referred to?

- Internal Mental Health Provider
- External Mental Health Provider – CMHC
- External Mental Health Provider – Private
- PCP
- OB/GYN
- Mental Health Provider
- Support Group
- Other

If other, specify: _____

Why was a referral not provided?

Was the client in crisis?

- Yes
- No

If client was in crisis, what action was taken?