

**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**

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**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 Practice
- Primary Care Provider
- MCO/MCO Care Coordinator
- Community-Based Support Group
- Other

**If other, please specify:**

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**Why was a referral not provided?**

**Was the client in crisis?**

- Yes
- No

**If yes, what action was taken?**