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## APPENDICES

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INTRODUCTION
The Senator Stan Clark PMI program (K.S.A. 65-1, 159a) was first established in the 1999 Kansas legislative session. The purpose of the Pregnancy Maintenance Initiative (PMI) program is to provide services to pregnant women to enable them to carry their pregnancies to term.

PMI services are based on a case management model that incorporates an integrated, collaborative, and multi-disciplinary provider approach for the provision of a continuum of care during the pregnancy and for six months post-delivery, based on individual client needs and goals. The service model promotes public/private partnerships to facilitate the availability and ready access to affordable and appropriate care, thus improving the potential for a positive pregnancy outcome for the childbearing woman and infant.

PROGRAM OVERVIEW
The PMI program uses a team approach to service delivery which includes the pregnant woman, a case manager, and a network of related service providers within the local community. The primary goal of the program is to provide case management services for pregnant women that increase ready access to appropriate prenatal care, thus improving positive pregnancy outcomes for women and their babies. A key component of the program is the provision of adoption services, education or information. Services to participants may be provided directly by the grantee using appropriately trained professionals or through a community network of related service providers. Direct service models and practices must be evidence-based/evidence-informed and implemented with quality assurance processes.

Women receiving services through this program may not also receive services through KDHE’s Teen Pregnancy Targeted Case Management Program.

Agencies with multiple funding sources often provide additional services to participants. KDHE supports the provision of evidenced-based practices in these circumstances. Agencies receiving funds under this grant are required to provide a dollar for dollar match, which must be used solely for PMI activities. The match may be from the applicant’s local budget, private or foundation dollars, or in-kind support (e.g. volunteer time, documented donated office space). Grantees are required to document all services provided to an individual client, and the funding source of those services.

Within one month of entry into program, case managers assist pregnant women in the development of a personal goal plan (also referred to as a birth plan) that addresses the 8 life domains of living situation, family, social relationships, leisure, work/school, safety, finances and health. The plan is continually updated as progress is made on each goal area. See Appendix A for a sample PMI GOAL PLANNING form. Use of the sample form is optional; grantees implementing PMI services may develop their own form which must include goal planning within the 8 life domains.

Participants leave the program when any of the following occur: completes identified case goals, is more than 6 months post-delivery, voluntarily terminates participation, leaves service area, or cannot be located.
USE OF GRANT FUNDS

PMI funds received by the grantee are to be primarily utilized for case management and other program-specific services such as adoption counseling, education and support. Grant funds for the services listed below are to be utilized after all other payment sources, including, but not limited to insurance coverage, special sliding fee and discount options, and/or government assistance programs, have been exhausted. If grant funds are used for any of the listed services, all attempts to obtain funds and/or services from other sources must be documented in individual participant files.

a. Prenatal medical care: Access to routine prenatal medical care provided by physicians or advanced registered nurse practitioners (includes certified midwives). **Does not include payment for medical services.** Case managers will link women to health care systems of care and health care coverage through KanCare and/or other affordable insurance coverage for prenatal medical care. Routine prenatal care includes laboratory tests and diagnostic ultrasound when the primary diagnosis supports the medical necessity for an OB sonogram.

b. Medical care (non-pregnancy related) for participants and their children: Case managers will link women and their children to health care systems of care and health care coverage through KanCare and/or other affordable insurance coverage for routine health maintenance and prevention/treatment of non-pregnancy related illness or injury. **Does not include payment for medical services.**

c. Mental Health: Case Managers assist women and their children to obtain mental health screening, assessment and treatment by qualified mental health providers. Resources can be found at [http://kansaskidlink.org/](http://kansaskidlink.org/).

d. Housing: Support for housing, excluding the client’s usual place of residence. Case managers will assist participants with housing needs by linking them with available community resources.

e. Education: Activities that will facilitate the woman’s ability to advance toward a high school diploma, GED, vocational training or college education during the time she is participating in PMI services. Testing fees, tuition, costs of materials may be supported with grant funds after all other sources of funding have been denied.

f. Promotion of Paternal Involvement and Responsibility: Opportunities that will support interaction between the mother and the infant’s father as appropriate; interaction by the infant’s father; assistance with the legal process for the establishment of paternity and parenting education.

g. Drug and Alcohol Assessment and Treatment Assistance by the case manager to obtain substance use screening, assessment and treatment by licensed or certified substance abuse programs/providers.

h. Domestic Abuse Protection: Assistance by the case manager to any service or facility that will assure physical and emotional security and safety for the participant, infant and/or
other children.

i. **Child Care:** Case managers provide assistance and information to participants in need of on-going child care for their infants and other children while the woman is participating in the program. Grant funds for child care services can be provided for short periods of time.

j. **Parenting Education/Support:** Case managers will link participants to parent education programs within their local community. Case managers may provide limited counseling support to parents regarding parenting issues if they have the appropriate educational background and provide evidence based information. Grant funds may be used to provide parenting education by qualified professionals.

k. **Transportation:** Grant funds may be used for the provision of transportation, when not otherwise available in the service area, for the client and child(ren) to access program services. Gas cards and bus passes may also be purchased to use as incentives for participants.

l. **Food and Beverages:** Provision of food and beverage items with these State General Funds is not acceptable. Exceptions are made for crisis situations for individual participants.

m. **Addressing crisis situations:** One of the primary goals of the program is to teach participants to be self-reliant in their ability to obtain necessities such as food, clothing and shelter. PMI does not support participants with long term financial assistance for these necessities. However, in a crisis situation funds may be used for these necessities for a very limited time.
Funding information and requirements:

- Grant period conforms to the state fiscal year: July 1 through June 30
- Grants, subject to available appropriations, will be awarded annually on a competitive basis and contracted by KDHE to successful applicants with highest priority given to counties with the highest abortion rates and risk factors for poor pregnancy outcomes, and to continue funding local agencies that consistently meet program objectives and reporting requirements.
- No pregnant woman will be denied services when unable to pay.
- Grantees are required to be non-profit organizations and provide proof of status as part of the application.
- Inclusion of adoption services, education or information is required.
- Organizations performing, promoting, referring for or educating in favor of abortion are ineligible for grant funding.
- No funds will be awarded to organizations outside of Kansas or used to support PMI initiatives outside of Kansas.
- **A dollar for dollar match must be provided by grantee organizations.** Local matching dollars must be used solely for PMI activities. The match may be from the applicant’s local budget, private or foundation dollars, or in-kind support (e.g. volunteer time, documented donated office space).
- No funds can be used for political purposes or other fundraising activities.
- Grant funds may NOT be used to purchase food or beverages.
- Contractual provisions of the State and KDHE will apply to all grantees.

Program activities will include:

- Development of program policies and procedures will be based on evidence-based/evidence-informed practices implemented with quality assurance processes. These protocols must be consistent with the KDHE PMI Manual and readily accessible to KDHE staff and service providers. Grantees must have processes for intake and assessment, goal planning, goal tracking and a client satisfaction survey. Programs may use the forms found in the appendices or develop comparable forms.
  
  Appendix A - Client Intake and Needs Assessment (completed when client enters program)
  Appendix B - Life Domains Goal Planning (bi-annually and as needed)
  Appendix C - Client Goal Tracking (bi-annually and as needed)
  Appendix D - Client Satisfaction Survey (completed when client leaves program)

- Grantee will have on file written protocols that clearly outline:
  - How the local pregnancy maintenance services are to be implemented
  - Days of week/hours services are available
  - System for scheduling client appointments and follow-up of clients
  - Client confidentiality
  - Eligibility criteria
  - Staff responsibilities, including qualifications and credentials
  - Process for client intake and needs assessment; goal planning and follow-up procedures
The inclusion of adoption services, education or information
• Referral criteria and feedback process
• Plan and method for promoting services throughout the service area and
determining need for service in the target area; outreach methods
• Procedure for evaluation of client satisfaction with services

- Development of program assessment to ensure services provided are those needed by the
  participants.
- The ability to gather and use data to track participant specific information and measure program
  impact on birth and adoption rates.
- An advisory group that is reflective of the community to provide guidance and feedback
  regarding program services and direction. The advisory group shall include at least one current
  or former program participant and shall meet on at least a quarterly basis.
- Building and maintaining a network of related community providers; tracking referral processes
  and developing collaborative partnerships to maximize the effectiveness of the program.
- Development and use of a client satisfaction survey. See Appendix B for sample survey.
- Documentation of specific efforts to actively recruit participants.
- Detailed information regarding public awareness and outreach activities.
- Participation of all PMI staff in KDHE site visits.
- Participation of PMI staff in annual meeting and other technical assistance/training activities.
- Completion and submission of required data and reports in an accurate and timely manner.

**Fiscal Management will include:**

- Written policies and procedures for fiscal management of the PMI program.
- Maintenance of nonprofit status. (Copy for KDHE records)
- Submission of Financial Status Reports in timely manner (quarterly), or project funds will be
  withheld.
- Financial management and accounting procedures must be sufficient for the preparation of
  required reports. In addition, the financial operations must be sufficient enough to trace
  revenue and expenditures to source documentation as part of a financial review or audit.
  - All records and supporting documentation must be available for review.
  - Accounting records must be supported by source documentation such as canceled
    checks, paid bills, payroll, time and attendance records and similar documents that
    would verify the nature of revenue and costs associated with the PMI Grant-funded
    program.
  - The accounting system must provide for:
    ▪ Accurate, current and complete disclosure of expenditures
    ▪ Accounting records that adequately identify source of funds (federal, cash match, in-
      kind) and the purpose of an expenditure
    ▪ Internal control to safeguard all cash, real and personal property and other assets
      and assure that all such property is used for authorized purposes
    ▪ Budget controls that compare budgeted amounts with actual revenues and
      expenditures
- A request for approval of program adjustments must be submitted in writing to the PMI
  Program Manager if there is a ten (10) percent or more variance in the line item of the
  current budget. Approval must be granted before changes are implemented. The request
  should indicate what portion of the narrative or budget will be changed along with
  justification.
Adjustments less than ten (10) percent of a line item may be made within the budget without prior approval. This includes moving less than 10 percent of the total budget amount for a program within the budget, revisions to the “other funds” categories and changes in a single category of personnel of less than .20 FTE. Examples include replacing one full-time case manager with two part-time case managers.

Personnel policies will include:

- Job descriptions for all positions in the PMI program.
- A method for recruiting, orienting and training new staff.
- A review and evaluation of job performance of all project personnel completed annually
- Verification and documentation of staff licensure.
- Training requirements for new and existing staff.
- Documentation of training completion.
- Professional development plans for staff.
- Each PMI staff member will have access to a program manual.

Individual client/participant records will document:

- Current demographic information
- Tracking of client’s outcomes
- Documentation of contacts and case activity
- Services and referrals provided
- All records will be kept current and comply with Health Insurance Portability and Accountability Act (HIPAA) guidelines.

Release of client information:

Information about clients receiving services may not be disclosed without the individual’s written consent, except as provided by law. Information may be disclosed in summary, statistical or other form that does not identify the individual

Non-discrimination: Services are provided without regard to religion, race, color, national origin, physical limitations, sexual orientation or marital status.

Voluntary involvement:

Services are provided solely on a voluntary basis. Individuals are not subjected to coercion or mandated to receive services.

Grant Compliance

At any time a grantee is not in compliance with the grant requirements, the agency may be placed on provisional status and monies may be held until requirements are met. Reasons to withhold payments or monies include, but are not limited to the following:

- Financial Status Report (FSR) is not received.
- Quarterly Progress Report is not received or has missing/incomplete sections.
- Data is not current in DAISEY by the 10th of each month.
- A response to a monitoring (site) visit is past due.
- Any other requested information to determine compliance with contract requirements is not received.
STAFFING

The grantee will identify an administrator, coordinator, and case manager(s) for the PMI program.

- The **administrator** will be an employee of the local agency receiving the grant. The administrator will demonstrate the ability to provide oversight of all program services.
- The **coordinator** will be responsible to manage the daily operations and activities of the PMI program.
- **Case managers** will interact directly with individual participants, will be culturally competent and trained in case management.

  Case Manager Qualifications:
  a. Discipline and Education: The case manager shall be a registered nurse or licensed social worker or have a highly related degree and experience in case management with related populations. Related degrees and experience must be reviewed and approved by the KDHE PMI Program Manager prior to hire.
  b. Community Experience: The case manager should be knowledgeable about resources in the service area; experienced in establishing and maintaining communication, linkages and agreements with community partners; verbalize methods professionally implemented to assure the availability of, and access to services and utilization of resources required by the PMI.

- **Direct Service Providers** may be employees or contracted personnel who provide a range of educational or other services to participants. The grantee will document direct service providers’ credentials, maintaining copies of licenses and certifications for review by KDHE staff upon request. **Does not include case managers.**
- An individual staff person may assume one or more of these roles as long as they meet all of the qualifications of each role they assume.
- The grantee is responsible for providing KDHE with current contact information for the administrator and program coordinator.
DATA COLLECTION REQUIREMENTS

Data Collection
In order for KDHE to fulfill obligations under Kansas Public Health Law (K.S.A. 65-101) and meet state and federal reporting requirements, minimum data elements must be collected and reported by each PMI provider agency.

Authority to collect the data is pursuant to the Health Insurance Portability and Accountability Act (HIPAA) and Kansas Law as follows: HIPAA provides that a covered entity may disclose protected health information to a public health authority that is authorized by law to collect such information for the purpose of preventing or controlling disease, injury, or disability. 45 C.F.R. § 164.512(b)(1)(i). KDHE is a public health agency that is authorized by state law to investigate the causes of disease, and is charged with the general supervision of the health of the state. K.S.A. 65-101.

DAISEY – Shared Measurement System
DAISEY, which stands for Data Application and Integration Solutions for the Early Years, is a shared measurement system designed to help communities see the difference they are making in the lives of at-risk children, youth and families.

DAISEY is the data collection and reporting system KDHE Bureau of Family Health developed to collect data on clients served by Pregnancy Maintenance Initiative. Implementation of this shared measurement system allows the KDHE Bureau of Family Health and their grantees to improve data quality, track progress toward shared goals, and enhance communication and collaboration.

Local grantees are required to make available in DAISEY client demographics and visit/encounter data on a real-time basis. All required client and visit data must be collected and entered into DAISEY by the 10th of each month. Access to necessary equipment and secure internet service is required. NOTE: Real-time data captured in a system of record other than DAISEY (EHR for example) must be entered into DAISEY by the 10th of each month.

Learn more about the DAISEY team and system, visit: http://daiseysolution.com/wp-content/uploads/2014/03/about-daisey.pdf.

Getting Started with DAISEY:
The DAISEY for KDHE website (http://daiseysolution.com/kdhe/) provides information for provider agencies to get started.
- Visit the “New to DAISEY” page: http://daiseysolutions.org/new-to-daisey/
- Watch the Getting Started in DAISEY webinar for an overview of DAISEY Implementation tools and resources.
- Review DAISEY Implementation at a Glance.
- Request User Access

For more information regarding the DAISEY forms and the data to be collected during a visit, refer to the DAISEY Solutions for KDHE Website http://www.daiseysolutions.org/kdhe/
Click on Find Answers → Pregnancy Maintenance Initiative (PMI)
REPORTING REQUIREMENTS

Fiscal and Program Reports

Grantee will submit reports to KDHE through CATALYST as follows:

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<th>Report Type</th>
<th>Due</th>
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<tbody>
<tr>
<td>Financial Status Report</td>
<td>Quarterly</td>
</tr>
<tr>
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<td>(October 15, January 15, April 15, July 15)</td>
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<tr>
<td>Quarterly Progress Report</td>
<td>Quarterly</td>
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<tr>
<td></td>
<td>(October 15, January 15, April 15, July 15)</td>
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Quarterly Progress Reports

1. Grantee will submit four progress reports during the contract year. The reports shall include but not be limited to the following information for the time period covered by the report:
   a. Services provided and progress towards reaching identified program objectives.
   b. Community outreach activities including use of media to inform the community about the availability of services.
   c. The number of women who utilized the services and the services they received.
   d. Description of how information from Client Satisfaction Survey responses was used to assess the program.
   e. Amount of grant funds used for pre-natal services and for post-natal services.
   f. Number of women choosing adoption.
   g. Community referrals and services provided as a result of referrals.
   h. Summary of PMI Advisory Group activities.

2. Any print materials developed for clients by the grantee should be available to KDHE upon request.
APPLICATION AND REVIEW PROCESS

APPLICATION SUBMISSION


1. KDHE will conduct an annual competitive application and review process open to all potential applicants through the Aid-to-Local grant application process.
2. Applicants must respond by submitting all information requested in the format prescribed by KDHE. Failure to submit all information requested shall be deemed sufficient cause for disqualification of the application from further consideration.
3. Designated staff from KDHE will provide technical assistance regarding the application process to potential applicants upon request.

APPLICATION REVIEW

1. Applications will be reviewed by individuals from KDHE.
2. The application will be reviewed for compliance to the Application and Program Procedures.
3. Reviewers will conduct a comparative assessment of the strengths and deficiencies of the applications, applicant experience with service provision, adequacy of service plans, budget and budget justification.
4. KDHE reserves the right to consider historic information and fact, whether gained from the local agency’s application, question and answer conferences, references or any other source, in the application review process.

GRANT AWARD NOTIFICATION

1. Any grant award announcement or contract offer will be in writing from KDHE.
2. KDHE reserves the right to allocate funds based on need in accordance with data and information available to the KDHE.
3. Applications are reviewed on a competitive basis and as a result, not all applicants may receive an award. KDHE reserves the right to accept any application, to reject any or all applications, in full or in part and to waive irregularities and/or formalities as deemed appropriate.
OPERATIONAL DEFINITIONS

Case Management Exit
A client is exited from the program when one of the following occurs: completes identified case goals, is more than 6 months post-delivery, terminates participation, leaves service area or cannot be located. Clients who are not actively engaged in regularly scheduled (at least monthly) case management services should be exited from the program for one of the specified reasons. After 3 attempts to contact a client by phone and 1 additional attempt by letter within a one month period, the client should be exited from the program no later than the end of the following month if there is no response or the client indicates she no longer wants to participate. Note: Birth outcomes information is reported only if the client is still participating in the program at the time of the infant’s birth.

Case Management Re-entry
If a client requests services after exiting the program and is still pregnant or within the 6 month post-delivery period, the client may re-enter the program. In this situation the client would not be considered a new enrollee.

Client
A pregnant or parenting woman up to 6 months post-delivery who is receiving regularly scheduled (at least monthly) face to face case management services. Clients may also be receiving additional services such as group parenting education, peer to peer support groups, and social media interactions, however, women who are solely receiving services other than face to face case management are not considered PMI program clients.

New Enrollee
A client at the time of her first PMI program visit. Note: This is typically a woman who has not previously received PMI services. However on occasion, it may include a woman who is a former PMI client and begins the program again as a result of a subsequent pregnancy. A woman who meets the criteria for case management re-entry is not considered a new enrollee.
PREGNANCY MAINTENANCE INITIATIVE
INTAKE AND NEEDS ASSESSMENT

NAME: ___________________________________ DATE: ________________

COUNTY OF RESIDENCE: _______________ BIRTH DATE: ______________

Do you consider yourself to be of Hispanic origin?  Yes  No

RACE (Circle): White  Black or African American  Am. Indian/Alaska Native  Asian

                    Native Hawaiian/ Other Pacific Islander

PREGNANCY INFORMATION

1. My due date is __________________
   Month    Day    Year

2. I have been pregnant, including this pregnancy, times

PRENATAL CARE AND OTHER MEDICAL CARE

3. Who will be providing your prenatal care? ________________________

4. Who is your primary health care provider? ________________________

5. Who will be the baby's doctor? _________________________________

FEELINGS ABOUT THE PREGNANCY

6. Thinking back to just before you became pregnant did you want to become pregnant at this time?
   ❑ Yes
   ❑ No
   ❑ I don't remember
   ❑ No answer

7. List any words that describe your feelings about this pregnancy.
   ____________________________________________________________
8. How does the father of the baby feel about you being pregnant?

__________________________________________________________

9. At the present time, I am planning:
   □ to continue the pregnancy
   □ to end the pregnancy
   □ to place the baby up for adoption
   □ unsure what I will do

HOUSING

10. I need assistance to locate housing for myself (and children).
    Yes □  No □

PATERNAL AND FAMILY SUPPORT/INVOLVEMENT

11. Do you and the baby's father live together?
    Yes □  No □

12. Do you anticipate that the baby's father will assist you with your financial needs while you
    are pregnant?
    Yes □  No □

13. Do you need information about the father's legal responsibilities to provide for the support,
    educational, medical and other needs of the baby?
    Yes □  No □

14. I will be receiving help or support from:
    The Baby's Father □  My Boy Friend (not the baby's father) □
    My parents □  Others (explain) ______________

FINANCES, TRANSPORTATION AND PERSONAL NEEDS

15. I am concerned about having money for:
    Food □  Clothing □  Utility Bills □  Medical Bills □
    Rent □  Child Care □  Baby Items □  Transportation □
    Housing □  Other, explain ______________________

16. I need the following baby items:
    Baby Bed □  Diapers □  Baby Clothes □  Baby Blankets □
    Bottles/Nipples □  Car Seat □  Others, explain ______________
17. I usually use the following method of transportation:
   Drive myself □   Taxi □   Bus □   Family/Friend □

18. My current household income per month is $ ___ .

19. There are currently ______ (number) people in my household.

RESOURCES

20. I have the following way to pay for my prenatal medical care:
   Private Insurance □   Medical Card □   Cash Savings □

21. I am currently employed.
   Yes □   Where: _________________________
   No □   Why: __________________________

22. Do you anticipate that your pregnancy will cause you to change jobs or lose your job?
   Yes □   No □

23. I am enrolled in the WIC Program
   Yes □   No □

24. Last grade attended:

25. Attending school now?
   Yes □   Where: _________________________
   No □   Why: __________________________

26. I plan to:
   □   Complete high school
   □   Get a GED
   □   Attend vocational school
   □   Attend college

CHILD CARE

27. I need assistance obtaining child care for my other children.
   Yes □   No □

28. I will need assistance obtaining child care for my newborn.
   Yes □   No □
OTHER

29. Do you have plans for the future? How would these be affected?
________________________________________________________________________

30. I have been a victim of abuse (physical, rape, incest, verbal).
   Yes □   Explain. __________________________________________________________________
   No □

31. Do you drink beer or alcohol or use drugs?
   Yes □       No □

32. Have you ever participated in any counseling regarding your use of beer, alcohol or drugs?
   Yes □       No □

33. Have you ever participated in any counseling regarding depression or mental illness?
   Yes □       No □

ADDITIONAL INFORMATION

Feel free to add other concerns you have at this time.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Kansas Department of Health & Environment
# PREGNANCY MAINTENANCE INITIATIVE
## LIFE DOMAINS GOAL PLANNING

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<thead>
<tr>
<th>GOAL CATEGORY</th>
<th>WHAT IS CURRENTLY HAPPENING?</th>
<th>WHAT DO I WANT?</th>
<th>WHAT HAVE I DONE IN THE PAST?</th>
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<td>PRENATAL MEDICAL CARE</td>
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<tr>
<td>MEDICAL CARE (NON-PREG) (CLIENT &amp; INFANT)</td>
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<td>HOUSING</td>
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<td>EDUCATION</td>
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<td>PATERNAL INVOLVEMENT</td>
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<td>ADOPTION GUIDANCE</td>
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<td>DRUG/ALCOHOL ASSESSMENT &amp; TREATMENT</td>
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<td>DOMESTIC ABUSE PROTECTION</td>
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<td>GOAL CATEGORY</td>
<td>WHAT IS CURRENTLY HAPPENING?</td>
<td>WHAT DO I WANT?</td>
<td>WHAT HAVE I DONE IN THE PAST?</td>
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<td>CHILD CARE</td>
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<td>PARENTING EDUCATION &amp; SUPPORT</td>
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<td>TRANSPORTATION</td>
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<td>MENTAL HEALTH</td>
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PREGNANCY MAINTENANCE INITIATIVE
CLIENT GOAL TRACKING

NOTE: UTILIZE A GOAL TRACKING FORM FOR EACH GOAL

CLIENT NAME: ________________________________  CASE MANAGER: ________________________________

Date Initiated ______________________  Date(s) Reviewed ____________________  __________________________  __________________________

GOAL CATEGORY: (Circle appropriate category)
Prenatal Medical Care; Medical Care (non-pregnancy); Housing; Education; Paternal Involvement; Adoption Guidance; Drug & Alcohol Assessment/Treatment; Domestic Abuse Protection; Child Care; Parenting Education/Support; Transportation; Other, specify

_________________________________________________________________________________

GOAL:

_________________________________________________________________________________

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<th>Date Written</th>
<th>Responsible Party</th>
<th>Date to be Completed</th>
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Pregnancy Maintenance Initiative
Client Satisfaction Survey

1. Agency Name: ____________________________________________________

2. Agency City: _____________________________________________________

3. How did you learn about these services?
   - □ Friend/Relative
   - □ Pregnancy Care Provider
   - □ Media (television, radio, newspaper)
   - □ Adoption Agency
   - □ School
   - □ Hospital
   - □ Brochure from agency listed above
   - □ Church
   - □ Health Department
   - □ Another agency: __________________________
   - □ Other, specify: __________________________

4. Check the services that you received as a result of your participation with the Pregnancy Maintenance Initiative/Case Management.
   - □ Prenatal Medical Care
   - □ Medical Care (non-pregnancy related)
     - □ Client
     - □ Infant
   - □ Adoption Guidance
   - □ Drug/Alcohol Assessment/Treatment
   - □ Domestic Abuse Protection
   - □ Housing
   - □ Child Care
   - □ Alternative Education
   - □ Parenting Education/Support
   - □ Paternal Involvement Support
   - □ Transportation

5. How long did you wait for your first visit with the PMI case manager?
   - □ less than 1 week
   - □ 1 week
   - □ 2 weeks
   - □ 3 weeks
   - □ 4 weeks or more

6. Did you have problems getting to the services (e.g., transportation, appointments conflicted with work schedule or school, child care)?
   - □ No
   - □ Yes
   - Describe the problem: __________________________

7. Were the days and times for services good for you?
   - □ No
   - □ Yes
   - What days would have been better for you? ________

8. On the average, how long did you have to wait before you were seen by the case manager or other staff at this agency?
   - □ less than 15 minutes
   - □ 15-30 minutes
   - □ 31-45 minutes
   - □ 46 minutes - 1 hour
   - □ 1-2 hours
   - □ more than 2 hours
   - □ not applicable

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9. During your visits:
Did the case manager carefully listen to you? □ Yes □ No
Did service providers carefully listen to you? □ Yes □ No
Do you feel you participated in the goal planning? □ Yes □ No
Were things explained in a way you could understand? □ Yes □ No
If you checked "no" to any of the above, please explain: ____________________
__________________________________________________________________
__________________________________________________________________

10. Did you feel you were fully informed of:
Available services to continue your pregnancy? □ Yes □ No
Location of services? □ Yes □ No
Requirements of services? □ Yes □ No
Length of services during pregnancy and after? □ Yes □ No

11. If these services had been unavailable, what would you have done in relation to your pregnancy and other needs?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

12. Would you recommend these services to a friend or relative? □ Yes □ No

13. How old are you?
□ under 15 □ 15-17 □ 18-19 □ 20-24 □ 25-29
□ 30-34 □ 35-39 □ 40-44 □ 45-54 □ 55 or older

14. What is your race?
□ White □ Black or African American □ American Indian/Alaskan Native
□ Asian □ Native Hawaiian/Pacific Islander □ Other

15. Do you consider yourself to be of Hispanic origin? □ Yes □ No