

Monthly Women's Specialty Report

Macomb County Community Mental Health Substance Use Services

This report must be completed monthly and submitted to Nicole.gabriel@mccmh.net

Agency submitting report: _____

Month reported: _____ Date submitted: _____

Total number of women who received WSS services during this reporting period.	
Number of pregnant women served during this reporting period.	
Number of women who delivered babies while in services during this reporting period.	
Number of children in service with mother.	
Percentage of women served who were able to identify a primary/prenatal care physician at admission or who were provided assistance in obtaining a PCP.	
Percentage of women served who were provided Gender Specific Treatment.	
Percentage of women served who had their transportation needs met.	
Percentage of women served who had their case management needs met.	
Number of children who received services with their parent.	
Number of children served who were provided referrals for primary care and/or immunization.	
Percentage of children in services with their parent who were provided with a referral for pediatric/immunization follow up.	
Number of children served who were provided EBP treatment services or were referred to EBP treatment services.	
Percentage of children who were eligible that received a referral for therapy.	
Number who refused services for their children.	
Number of children in residential treatment with current CPS or Foster Care involvement.	