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.	

Michigan Department of Health and Human Services
Behavioral Health and Developmental Disabilities Administration

CHILD REFERRAL REPORT

This report must be submitted electronically each quarter by the due date to: EGRAMS. Submit to the SUGS Women's Specialty Services project. Due dates are: 1/31, 4/30, 7/31 and 10/31.

This report is to identify the number of children who "enter" services with their mother. Though the child might not be physically present, the clinician and case manager should ask about any concerns regarding the child/ren, and record and track all referrals made for services.

Region - PIHP:	SELECT
Fiscal Year:	SELECT
Quarter:	SELECT
Date Submitted or Date Received:	
Contact Person's Name, Title:	
Contact Person's Email:	

Select from drop-down box

REPORTING TABLE	Prevention Services	Treatment Services	Mental Health Services	Other
1. Number of Children Referred				
2. Number of Children Who Accepted				
3. Number Who Refused Services				
4. Number of Children Entering Residential Treatment with their	N/A		N/A	N/A
5. Number of Children in Residential Treatment with Current CPS or	N/A		N/A	N/A

COMMENTS:

INSTRUCTIONS:

See complete Instructions on next tab.

1. Indicate the total number of children referred for each service category listed across the top. There may be some "duplication" if a child is referred for more than one service.
2. Indicate the number of children (parents) who accessed the service they were referred to. This will require follow up with the family.
3. Indicate the number of children (parents) who refused the service they were referred to.

WOMEN'S SPECIALTY SERVICES (WSS) ANNUAL REPORT

PIHP Name:

Fiscal Year:

This form must be completed annually (for the prior Fiscal Year) and submitted electronically, by November 30, as an attachment report to the Women's Specialty Services (WSS) project in EGRAMS. The form will be available to download in EGRAMS.

Instructions are included after the report form, beginning on page 7.

The Michigan Department of Health and Human Services requires each agency that provides substance abuse services to pregnant women and women with dependent children, funded by the Substance Abuse Prevention and Treatment Block Grant, to complete an annual report. The report covers services that are specifically funded by the women's block grant set-aside. These programs and services are designed for this population consistent with the Federal Block Grant law and regulations applicable to the set-aside program.

45 CFR Part 96.131 requires providers of services to pregnant women to "publicize the availability to such women of services from the facilities and the fact that pregnant women receive such preference. This may be done by means of street outreach programs, ongoing public service announcements (radio/television), regular advertisements in local/regional print media, posters placed in targeted areas, and frequent notification of availability of such treatment distributed to the network of community-based organizations, health care providers, and social service agencies."

Publicizing Women's Specialty Services

Please indicate any and all activities that apply to your agency's publicity/outreach process for women's services.

TV Ads	☐
Radio Ads	☐
Newspaper Ads	☐
Internet	☐
Printed matter, e.g. pamphlets	☐
Outreach/speaking engagements	☐
Other Specify	☐

Unduplicated Treatment Services Provided

Provide the following information on all programs that the PIHP determines provides gender competent treatment services to women eligible for specialty and receiving ancillary services (case management, transportation, child care and etc.):

Provider	DWP in Region Provider	Out of Region Provider	Number of Women with Dependent Children	Number of Women Trying to Regain Custody	Number of Pregnant Women	Total Number of Children
	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				

Prepaid Inpatient Health Plan (PIHP) Specific Information

Indicate the number of children receiving ancillary services:

Designated Specialty Program Information

Provider	Type of Service Provided (OP, Res., etc.)	Capacity Women-Children

Outcome Information

Provide information from all programs on the following:

Provider	DWP Provider (Check)	Number of Pregnant Women Who Completed Treatment or Transferred	Number of Drug Free Births (at time of delivery)	Number of Women Served Who are Pregnant in Treatment	Number of Eligible Women Who are Still in Treatment
	☐				
	☐				
	☐				
	☐				
	☐				
	☐				
	☐				
	☐				
	☐				
	☐				
	☐				
	☐				
	☐				

Program Information

If any programs changed their services during the fiscal year, please indicate the following:

- What specific changes were made
- Why were the changes made
- Describe the impact of the changes in terms of outcomes

Describe how the Pre-Paid Inpatient Health Plan is working to ensure **improvements** in the following areas:

1. Babies of pregnant women are born drug free:
2. Children receive effective and meaningful therapeutic interventions:
3. Systems collaboration:
4. Please indicate any other service improvements that you have made or are in the process of implementing:
5. Describe your service provision for fathers who are also considered to be primary caregivers for their minor children.

We are interested in identifying gender specific women's evidence-based programs and/or evidence-based practices offered in Michigan. Examples of evidence-based programs are curriculum-based programs such as "Seeking Safety" or "Beyond Trauma" and the parenting program "Nurturing Parent." Examples of evidence-based practices include "motivational interviewing" and "Family Group Decision Making." Promising practices are programs or strategies that show characteristics of evidence-based practice/program without having proven itself through documented research and replication, but for which you have at least some local evaluation data to support program effectiveness.

Please provide information on any women's gender specific evidence-based programs/practices offered by your agency:

Evidence-Based Programs/Practices (NREPP)

	Contact Person/Agency	Phone	Email

Promising Programs

	Contact Person/Agency	Phone	Email

Michigan Department of Health and Human Services
Bureau of Specialty Behavioral Health Services

Enhanced Women's Services Information ONLY

Outcome Information

Provider	# of Total Women Participating	# of Pregnant Women Participating	# of Women Who Achieved Stable Employment or Income	# of Women Who Achieved Stable Housing	# of Women Actively Using Contraceptive Methods	# of Pregnant Women Who Consistently Participated In Prenatal Care	# of Non-Substance Exposed Births	# of Families Reunified

Children's Information

Number of Children	
Number of Children Up-to-Date on Immunizations	
Number of Children who Received Referrals for Services	

Indicate the most common referrals for mother (father) and children.

Indicate the number of women who were able to avoid incarceration, residential treatment, and out of home placement of the children. How were EWS helpful in this?

INSTRUCTIONS: WOMEN'S SPECIALTY SERVICES (WSS) ANNUAL REPORT

This form must be completed annually and submitted electronically, by November 30 (after the end of the project year), as an attachment report to the SUGS WSS project in EGRAMS.

Incomplete reports will not be approved and will be returned for corrections in EGRAMS. Reports will not be considered submitted until corrections are completed and resubmitted.

Form Instructions

In the spaces provided at the top of the page, enter the PIHP name and the fiscal year.

Publicizing Women's Specialty Services

In the table, enter any and all activities that the PIHP and its WSS programs are engaged in, to promote women's services.

Unduplicated Treatment Services Provided

In the table, enter the name of the service provider, both designated women's providers and other providers considered to be gender competent, and then the corresponding information in each column. Include providers out of region also, unless they are statewide providers (Odyssey, Salvation Army). Do not leave any blanks in a row, if a column does not apply, indicate with a "0".

Prepaid Inpatient Health Plan (PIHP) Specific Information

This information should be provided by the PIHP for their entire region, as well as those clients sent out of region. Include all referrals and services provided by all providers not just Designated Women's Providers (DWPs).

Outcome Information

This information is for all programs that provide services to pregnant women. Indicate which programs are DWPs by checking the box, and then provide the corresponding information for each column.

Michigan Department of Health and Human Services
Bureau of Specialty Behavioral Health Services

Program Information

This information is necessary if any programs changed treatment services/criteria during the fiscal year. Complete the requested information for each provider that changed. If no changes occurred in any programs, this can be left blank.

The remaining questions are related to expectations from Federal requirements and state site visits. If information or data is not available, indicate why and how this is going

Evidence-Based Programs/Practices and Promising Practices

Indicate any evidence-based practices and programs that your providers are engaged in at the time of the report. Include a contact person and contact information for follow up questions. Provide the same information for promising practices in your region. Enhanced Women's Services (EWS) would be a good example of a promising practice.

Outcome Information Table

In the table, supply the name of the agency providing EWS. Complete each remaining section of the table. If there are no clients who meet the indicated criteria, enter "0".

Stable employment is any employment considered to be non-seasonal, with consistent work hours across time.

Stable housing is any housing that is a fixed, regular, and adequate nighttime residence for the family.

Consistently participating in prenatal care means attending appointments regularly and participating in the medical care offered during such appointments.

Non-substance exposed births are those infants born without any exposure to alcohol or illicit substances while in-utero.

Families reunified applies to those families involved with the child welfare system whose children are in out-of-home placement. Reunification refers to the time when the family is residing under the same roof again.

Children's Information:

Enter the total number of children involved with EWS through their mothers. Document any referral information given to mothers to access services for their children.

Helpful Links

Most required documents can be found on our website:

www.mccmh.net

Scroll to the bottom of the main page and you will find a link to the Substance Use Services Provider Manual

https://www.mccmh.net/mcosa-provider-manual/

MDHHS Required Reports:

Fiscal Year 2024 SUD (Non-Medicaid) Reporting Instructions and Forms (michigan.gov)