



Monthly Women's Specialty Report

Macomb County Community Mental Health Substance Use Services

This report must be completed monthly and submitted to Teresa.Crosby@mccmh.net

Agency submitting report: _____

Month reported: _____ Date submitted: _____

Total number of women who received WSS services during this reporting period.	
Number of WSS eligible pregnant women served during this reporting period.	
Number of WSS eligible women who delivered babies while in services during this reporting period.	
Number of WSS eligible women served who were able to identify a primary/prenatal care physician at admission.	
Number of WSS eligible women who did not identify a primary/prenatal care physician at admission that were connected/referred to a one during services.	
Number of WSS eligible women served who were provided Gender Specific Treatment.	
Number of WSS eligible women served who had transportation needs	
Number of WSS eligible women served who had their transportation needs met.	
Number of WSS eligible women served who had case management needs	
Number of WSS eligible women served who had case management needs met	
Number of children who received services with their parent.	
Number of children who received services with their parent that had an identified PCP by their parent	
Number of children served who were provided referrals for primary care and/or immunization.	
Number of children served who were in need of therapeutic intervention	



Number of children served who were in need of therapeutic intervention and were either provided the intervention or referred/linked to the interventions	
Number who refused services for their children.	
Number of children in residential treatment with current CPS or Foster Care involvement.	
Number of children eligible for referrals/resources based on parents eligibility and engagement into WSS services	