



## WOMEN'S SPECIALTY SERVICES REPORT

**PROVIDER:**

**DATE SUBMITTED:**

**FISCAL YEAR:**

1. Activities that apply to Provider's publicity / outreach process for women's services (please check all that apply):
 

<input type="checkbox"/> Television Advertisements <input type="checkbox"/> Radio Advertisements <input type="checkbox"/> Newspaper Advertisements <input type="checkbox"/> Internet	<input type="checkbox"/> Printed matter (e.g. pamphlets) <input type="checkbox"/> Outreach / speaking engagements <input type="checkbox"/> Other (specify):
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2. Number of Women with Dependent Children:
3. Number of Women Trying to Regain Custody:
4. Number of Pregnant Women:
5. Total Number of Children:
6. Total Number of Children receiving ancillary services:

Ancillary Service	Number of Children

7. Number of Pregnant Women Who Completed Treatment or Transferred:
8. Number of Drug Free Births (at time of delivery):
9. Number of Women Served Who are Pregnant in Treatment:
10. Number of Eligible Women Who Are Still in Treatment:
11. Has Provider changed services? If yes:
  - a. What specific changes were made?
  - b. Why were the changes made?
  - c. Describe the impact of the changes in terms of outcomes.
12. Describe Provider's work to ensure improvements in the following areas:
  - a. Babies of pregnant women are born drug free:



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- b. Children receive effective and meaningful therapeutic interventions:
  
- c. Systems collaboration:
  
- d. Indicate any other service improvements that you have made or are in the process of implementing:
  
- e. Describe your service provision for fathers who are also considered to be primary caregivers for their minor children:

13. Provider information regarding evidence based programs and / or promising programs in regard to women's services:

Evidence Based Programs (NREPP)			
Program	Contact Person	Phone Number	Email Address
Promising Programs			
Program	Contact Person	Phone Number	Email Address



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See MDHHS Non-Medicaid Reporting Instructions and Forms found at Michigan.gov for reference information.

The following information is regarding Enhanced Women's Services (EWS) ONLY:

14. Total number of women participating:
15. Number of pregnant women participating:
16. Number of women who achieved stable employment or income:
17. Number of women who achieved stable housing:
18. Number of women actively using contraceptive methods:
19. Number of pregnant women who consistently participated in prenatal care:
20. Number of non-substance exposed births:
21. Number of families reunified:
22. Number of children:
23. Number of children with up-to-date immunizations:
24. Number of children who received referrals for services:
25. Indicate the most common referrals for mother (father) and children:
  
26. 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?

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### FOR OFFICE USE ONLY

#### FORM SHOULD BE SENT TO CONTRACT DEPARTMENT

- Contract Department Initial Receipt
- Contract Department Sent to \_\_\_\_\_ (Department)
- Contract Review by \_\_\_\_\_ (Staff)
- Return to Contract Department
- Contract Department Final Receipt (for processing)