

**Mid-South Substance Abuse Commission**  
**Women & Families Program Quarterly Narrative Report**  
**Instructions for Completion – DO NOT USE THIS ONE FOR REPORTING**  
**FY 2010-2011**

To complete this form, **click on the gray box and begin typing** your response. Send your completed form electronically to [treatment@mssac.com](mailto:treatment@mssac.com) by the 5<sup>th</sup> business day of the month following the end of the quarter you are reporting. Please save the form with the name of your agency in the title.

**Program Name:**

**Name of person completing report:**

**Total capacity for women in women's specific TX services:** How many women can your program provide services for at one time?

**If changed from last quarter, why:** Has this capacity changed due to staffing issues, etc?

**Current # of women in women's specific TX services for this quarter:** How many women are currently receiving women's specific services?

1. Describe efforts to increase and/or improve services for women and families in your area:
2. Describe support and coordination activities between your program and other health and human service providers in your area: **What have you been doing, if anything, to work with other health and human service agencies this quarter?**
  - a. Are you current with your service agreements/memoranda of understanding with these agencies?  Yes  No
  - b. What is your goal for this next quarter to have service agreements/memoranda of understanding updated:
3. Describe all community outreach activities you were involved in this reporting period: **Have you been marketing your women's specialty services in the community at all?**
4. Describe outreach/screening activities for women and families provided during this reporting period: **What have you been doing to increase opportunities to screen women in non-traditional locations?**
  - a. For pregnant women:
  - b. What efforts have you made to increase screening sites during this reporting period:
5. Describe current relationship with DHS:
6. Describe prevention and/or treatment activities that have been provided for children of women in treatment this reporting period: **What are you doing to work with the children of the women in treatment?**
7. Describe referral sources you have developed and/or improved during this reporting period:
8. Discuss any barriers encountered when referring children for behavioral health and/or pediatric services in your area:
9. Any technical assistance/training needs at this time:
10. **For each of the following, fill in the corresponding blank with the appropriate number for this reporting period:**
  - a. This is to collect the number of women who discover they are pregnant after they have been admitted into treatment during this reporting period.
  - b. How many babies have been born drug-free during this reporting period?

- c. How many women were referred for primary or pre-natal care during this reporting period?
- d. For those women who were discharged during this reporting period, how many attended at least 1 primary or pre-natal care visit at some point while in treatment?
- e. How many children of women in treatment were referred for primary/pediatric care during this reporting period?
- f. For those women who were discharged during this reporting period, how many of their children attended at least 1 primary/pediatric care visit at some point while the mother was in treatment?
- g. How many children of women in treatment were referred for behavioral health services during this reporting period?
- h. For those women who were discharged during this reporting period, how many of their children attended at least 1 behavioral health care visit at some point while the mother was in treatment?

	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	Year-end Total
<b>Become pregnant while TX</b>					
<b>Drug-free births</b>					
<b>Number referred for primary/pre-natal health care</b>					
<b>Number attended at least 1 primary/pre-natal care visit while in TX</b>					
<b>Number of children referred for primary and/or pediatric health care</b>					
<b>Number attended at least 1 primary/pediatric care visit while mother was in TX</b>					
<b>Number of children referred for behavioral health services</b>					
<b>Number attended at least 1 behavioral health care visit while mother was in TX</b>					