



Child & Adolescent  
HEALTH CENTER PROGRAM

## Child and Adolescent Health Center Program Year-End Measures and Fall Narrative Report Template

### ALL REPORTS DUE BY OCTOBER 30

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- By checking this box, you are certifying that the following reports, summarizing data from October 1 through September 30, **were reviewed for accuracy and completeness**, and submitted electronically through the Clinical Reporting Tool:
- Quarterly Reporting Elements/Quality Measures (Includes Top 5 Diagnoses and CPT Codes)
  - Medicaid Outreach Report
  - Health Education Report
  - Billing Report
  - Financial Status Report
- 

Please complete the narrative on the following pages using the text boxes.  
Do not recreate this form.

Please label each attachment as instructed.  
Do not include any additional attachments outside of what is requested.

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**Combine the completed narrative template and all required attachments into a single PDF document and submit via e-mail to your assigned CAHC Agency Consultant and to: [MDHHS-CAHC@michigan.gov](mailto:MDHHS-CAHC@michigan.gov)**

## **CQI AND CLIENT SATISFACTION SURVEY**

*Summarize the results of the health center's Continuous Quality Improvement (CQI) processes. Mental Health CQI should be included in this summary.*

- List the process indicators, treatment measures, and other CQI criteria evaluated this year.
- Include the identified problems for improvement, thresholds of quality that were established for each measure and goals for CQI projects.

[Click here to enter text.](#)

- Briefly describe steps taken to improve unmet thresholds/goals and whether or not this resulted in improvement.

[Click here to enter text.](#)

- List all team members involved in the CQI process.

[Click here to enter text.](#)

- Immediately following the narrative, attach any summary reports (such as graphs/charts) which display CQI results. Label as Attachment 1.

*Summarize the results of the health center's client satisfaction surveys (including Mental Health) which were conducted during the report period.*

- State the number of clients surveyed.

[Click here to enter text.](#)

- Briefly describe how surveys were conducted.

[Click here to enter text.](#)

- Provide the dates or list the frequency of administration to clients (e.g., monthly, bi-annually, annually).

[Click here to enter text.](#)

- State the overall percentage of clients surveyed that reported overall satisfaction with services provided.

[Click here to enter text.](#)

- Describe the process for determining the percentage of overall satisfaction.

[Click here to enter text.](#)

## **GOAL ATTAINMENT SCALING (GAS) REPORT**

- For any items ranking ranked “-2” on the GAS Report, include a brief narrative explaining why the target was not reached.

[Click here to enter text.](#)

- Include a brief narrative explaining any significant successes and lessons learned related to accomplishments within the GAS Report.

[Click here to enter text.](#)

- Attach the completed GAS Report covering October 1 through September 30. Label as Attachment 2.

## **OPTIONAL: ANECDOTAL SUCCESS STORIES**

[Click here to enter text.](#)