



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**



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.

**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

1. Summarize the results of the health center's Continuous Quality Improvement (CQI) chart review and care improvement processes. Mental Health CQI should be included in this summary.

a. Summarize your chart review process:

- Indicate how many charts are reviewed, how often, and by whom.

[Click here to enter text.](#)

- Indicate the level of achievement at the start of the year (baseline) and the threshold (goal) for the year for these chart review indicators (*If this was a new indicator, set the baseline at 0%*).

[Click here to enter text.](#)

- Explain the steps taken to improve indicators that do not meet thresholds (corrective action).

[Click here to enter text.](#)

Please attach a copy of your chart review form (Label as Attachment 1) or list the chart review indicators used for peer and/or Medical Director review of each provider's health records (clinical and mental health). These indicators usually reflect completeness of documentation and/or documentation that a standard of care was met.

[Click here to enter text.](#)

b. *Summarize your care improvement process:*

- List the process improvement indicators that your team worked on this year. These indicators usually reflect a goal for care improvement in your health center.

[Click here to enter text.](#)

- Describe your process when selecting your goals for improvement.

[Click here to enter text.](#)

- Indicate the level of achievement at the start of the year (baseline) and the threshold (goal) for the year for these improvement indicators.

[Click here to enter text.](#)

- Explain the steps taken to change health processes to meet your goals (corrective action such as PDSA, AIM, etc.).

[Click here to enter text.](#)

Attach a copy of your health center's CQI results summary reports (e.g., graphs, charts, etc.). Label as Attachment 2.

2. *Summarize your CQI Team roles:*

- List all team members (including the CQI Coordinator) who are involved in the CQI process (please include team members' credentials).

[Click here to enter text.](#)

- What are the roles and responsibilities of each CQI team member?

[Click here to enter text.](#)

- How often does your team meet?

[Click here to enter text.](#)

3. *Summarize the health center's most recent Needs Assessment process:*

- Please indicate the date of your last needs assessment.

[Click here to enter text.](#)

- Please indicate the method(s), data sources(s), and instrument(s) used to conduct your needs assessment process.

[Click here to enter text.](#)

4. *Summarize the results of the health centers 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 client surveys were conducted (random, scheduled, etc.)

[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 client satisfaction.

[Click here to enter text.](#)

- Describe the process if client satisfaction scores are suboptimal (<90%)?

[Click here to enter text.](#)

- Provide a summary of parent and/or teacher satisfaction surveys below (Optional):

[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.](#)

# Please do not complete

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

[Click here to enter text.](#)

# this section for FY21.

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

[Click here to enter text.](#)

## **OPTIONAL: ANECDOTAL SUCCESS STORIES**

[Click here to enter text.](#)