

INSTRUCTIONS: CHILD REFERRAL REPORT

Submit this quarterly report electronically by the due date to: MDHHS-BHDDA-Contracts-MGMT@michigan.gov.

Quarterly Reporting Period	Due Date for Submission
Q1 – October through December	January 31
Q2 – January through March	April 30
Q3 – April through June	July 31
Q4 – July through September	October 31

MDHHS requires PIHPs and SAHL to identify the number of children who “enter” services with their mother. Though the child may not be physically present, the clinician and case manager should ask about any concerns regarding the child/ren, and record and track all referrals made for services. This will require follow-up with the families.

INSTRUCTIONS FOR COMPLETING THE REPORT

Region – PIHP: Select the relevant region from the drop-down box.

Fiscal Year: Select the relevant fiscal year from the drop-down box.

Quarter: Select the quarter for which you are reporting, from the drop-down box.

Date Submitted or Date Revised: Enter the date that you are submitting the original report, or the date that you are submitting a revised report. If you submit a revised report, please edit the report file name to indicate a revision (e.g. include “rev”).

Contact Person’s Name, Title: Enter the first and last name, and the job title, of the person who is submitting the report, or who can answer MDHHS questions regarding the report.

Contact Person’s Email: Enter the full email address of the PIHP Contact Person.

REPORTING TABLE

1. Number of Children Referred: Indicate the total number of children referred for each service category listed across the top. There may be some "duplication" if a child is referred for more than one service.

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2. Number of Children Who Accessed: Indicate the number of children (parents) who accessed the service they were referred to. It is expected that you will follow up with the family.

3. Number Who Refused Services: Indicate the number of children (parents) who refused the service they were referred to.

4. Number of Children Entering Residential Treatment: Indicate the number of children who entered Residential Treatment with their parent(s)

5. Number of Children in Residential Treatment with Current CPS or Foster Care Involvement: Indicate the number of children in Residential Treatment who have a current Child Protective Services (CPS) or Foster Care involvement.