

**GILA RIVER REGIONAL BEHAVIORAL HEALTH AUTHORITY  
MEDICAL CARE EVALUATION (MCE) FINAL REPORT**

**NAME OF FACILITY** \_\_\_\_\_

**Provider ID#** \_\_\_\_\_

**Type of Facility**                     Hospital     Sub-Acute     RTC

**Title of Study** \_\_\_\_\_

**Population**                     Children     SMI             GMH/SA

**MCE Study Period** \_\_\_\_\_

**I. DESCRIPTION OF STUDY:**

**II. DEFINITION OF VARIABLES:**

**III. RATIONALE:**

**IV. STUDY POPULATION:**

**V. SAMPLE METHODOLOGY AND SIZE:**

**VI. DATA COLLECTION:**

**VII. METHODOLOGY:**

**VIII. REPORTING RESULTS:**

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**IX. UNDERLYING FACTORS EXPLAINING VARIABILITY:**

**X. REMARKS:**

**XI. OPPORTUNITIES FOR QUALITY IMPROVEMENT:**

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**TRBHA REVIEW:**

Does the study report include an in depth analysis of findings?     Yes         No

Does the study report include specific information regarding how the facility will use the information to improve quality of care and promote more effective and efficient use of facilities and services?

Yes-If yes, describe \_\_\_\_\_  
\_\_\_\_\_

No

**TRBHA Medical Director's Comments/Recommendations:**

**TRBHA Medical Director** \_\_\_\_\_ **Date:** \_\_\_\_\_