

**Placer County Behavioral Health Provider
Quarterly Reporting Requirements Template
Behavioral Health: QI**



The Annual Quality Improvement Plan is due to the QM Team by **August 1st** of each year.
Quarterly QI reports are due within 30 days of the end of the Q. Submission shall be sent to PlacerQM@placer.ca.gov

FY Q1 reports due by October 31st

FY Q2 reports due by January 31st

FY Q3 reports due by April 30th

FY Q4 reports due by July 31st

SUBJECT	DESCRIPTION
Successes and Challenges	<ul style="list-style-type: none"> ▪ Describe the clinical and administrative successes and challenges you have experienced ▪ Include system barriers and issues for further discussion with your Program Manager/Contact.
Staff Changes	<p>For all new staff, please ensure/submit the following information to PlacerQM@placer.ca.gov:</p> <ul style="list-style-type: none"> ▪ List the staff names, NPI#, credentials, license/registration numbers ▪ Identify bilingual/bicultural staff ▪ Identify if they have taken a cultural competency training ▪ Identify if they been credentialed by Placer County <p style="text-align: center;">As staff leave, please notify PlacerQM@placer.ca.gov</p>
Complaints	<ul style="list-style-type: none"> ▪ Identify any changes or improvements been made due to review of complaint log, any system learning that was made ▪ Date of last review of the complaint log:
Cultural Competence and Language Capabilities	<ul style="list-style-type: none"> ▪ Has the cultural competence plan been reviewed this Q ▪ What strategies/activities/trainings have been implemented to address the cultural competence plan goals ▪ Number and percentage of staff that have attended cultural competence related training (including training for interpreters) ▪ How many sessions required the use of interpreter services this Q ▪ List efforts made to recruit and retain bilingual/bicultural staff or persons with lived experience <p style="text-align: center;">CLAS Standards can be referenced here.</p>
Agency QI Plan	<p>Progress on goals: State the goal, how you came to select this goal for the FY, and describe the outcome(s) in detail. Goals may include the following topics:</p> <ul style="list-style-type: none"> ▪ Client Satisfaction Survey Results ▪ Timeliness to services (access) ▪ Grievances/Appeals - How many, timeliness, resolution, etc. ▪ Cultural competency ▪ Accommodations provided for persons with disabilities ▪ Other, identify
Training(s)	<ul style="list-style-type: none"> ▪ Has the training plan been reviewed this Q ▪ What strategies have been implemented to address any training issues
Program Specific Outcomes	<ul style="list-style-type: none"> ▪ Include any additional goals your agency is monitoring
Outstanding CAP	<ul style="list-style-type: none"> ▪ Placer or DHCS issued progress towards CAP resolutions