

# QUARTERLY REPORT

DUE DATE: Q1 - OCT 30th Q3 - APR 30th  
Q2 - JAN 30th Q4 - AUG 1st

MHSA

## PROVIDER REPORT DATA - SERVICES PAGE

Provider Name:

Program Name:

Date Filled Out:

Q1 (July 1-Sept 30)

Q3 (Jan 1-Mar 31)

Q2 (Oct 1-Dec 31)

Q4 (Apr 1-Jun 30)

**\*REMINDER\***

For Data that is NOT applicable to your program write N/A for the quantity.  
If the data is applicable, and BI report shows (BLANK) write (0) for the quantity.

### SERVICE DATA

INDIVIDUAL SERVICES	QTY.	TRAINING	QTY.
Total Count of Services Contacts	<input type="text"/>	Total Attendance	<input type="text"/>
INDIVIDUAL SERVICES BY CLIENT	QTY.	Total Trainings	<input type="text"/>
Total Unduplicated Participants Served	<input type="text"/>		
GROUP SERVICES	QTY.	REFERRALS	QTY.
Count of Groups Held	<input type="text"/>	Count of Referrals	<input type="text"/>
GROUP SERVICES ATTENDANCE	QTY.	Count of Individuals	<input type="text"/>
Total Unduplicated Participants	<input type="text"/>		
INDIVIDUAL OUTREACH	QTY.		
Total Individual Outreach Contacts	<input type="text"/>		
OUTREACH EVENTS	QTY.		
Total Attended	<input type="text"/>		
Total Count of Events Over Time*	<input type="text"/>		

\*This is the small number at the top of the bar on the bar chart.

# QUARTERLY REPORT

## PROVIDER REPORT DATA - DEMOGRAPHIC 1

**MHSA**

Provider Name:

Program Name:

Date Filled Out:

Q1 (July 1-Sept 30)

Q3 (Jan 1-Mar 31)

Q2 (Oct 1-Dec 31)

Q4 (Apr 1-Jun 30)

**\*REMINDER\***

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If the data is applicable, and BI report shows (BLANK) write (0) for the quantity.

### DEMOGRAPHIC DATA - AGE, RACE, ETHNICITY, LANGUAGE (AREL)

PARTICIPANTS	QTY.
Total Count Unduplicated	<input type="text"/>

AGE	QTY.
# of "Unknown", if any	<input type="text"/>
# "Data Not Entered"	<input type="text"/>

RACE	QTY.
# of "Unknown", if any	<input type="text"/>
# "Data Not Entered"	<input type="text"/>

ETHNICITY	QTY.
# of "Unknown", if any	<input type="text"/>
# "Data Not Entered"	<input type="text"/>

PRIMARY LANGUAGE	QTY.
# "Data Not Entered"	<input type="text"/>

### DEMOGRAPHIC DATA - GENDER, SEXUAL ORIENTATION, DISABILITY (GSD)

GENDER AT BIRTH	QTY.
# of "Unknown", if any	<input type="text"/>
# "Data Not Entered"	<input type="text"/>

GENDER CURRENT	QTY.
# of "Unknown", if any	<input type="text"/>
# "Data Not Entered"	<input type="text"/>

SEXUAL ORIENTATION	QTY.
# of "Unknown", if any	<input type="text"/>
# "Data Not Entered"	<input type="text"/>

DISABILITY	QTY.
# of "Unknown", if any	<input type="text"/>
# "Data Not Entered"	<input type="text"/>

DISABILITY TYPE	QTY.
# of "Unknown", if any	<input type="text"/>
# "Data Not Entered"	<input type="text"/>

# QUARTERLY REPORT

MHSA

## PROVIDER REPORT DATA - DEMOGRAPHIC 2

Provider Name:

Program Name:

Date Filled Out:

Q1 (July 1-Sept 30)

Q3 (Jan 1-Mar 31)

Q2 (Oct 1-Dec 31)

Q4 (Apr 1-Jun 30)

**\*REMINDER\***

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If the data is applicable, and BI report shows (BLANK) write (0) for the quantity.

### DEMOGRAPHIC DATA - INSURANCE, MILITARY (IMM)

INSURANCE	QTY.
Medi-Cal - CA Health & Wellness	<input type="text"/>
Medi-Cal - Anthem Blue Cross	<input type="text"/>
Medicare	<input type="text"/>
Private Insurance	<input type="text"/>
None	<input type="text"/>
Other	<input type="text"/>
# of "Unknown", if any	<input type="text"/>
# "Data Not Entered"	<input type="text"/>

MILITARY SERVICE	QTY.
# "Unknown", if any	<input type="text"/>
# "Data Not Entered"	<input type="text"/>

MILITARY FAMILY	QTY.
# of "Unknown", if any	<input type="text"/>
# "Data Not Entered"	<input type="text"/>

### DEMOGRAPHIC DATA - LIVING SITUATION, HOMELESSNESS, JUSTICE, MENTAL HEALTH

LIVING SITUATION	QTY.
# of "Unknown", if any	<input type="text"/>
# "Data Not Entered"	<input type="text"/>

AT RISK FOR HOMELESSNESS	QTY.
# of "Unknown", if any	<input type="text"/>
# "Data Not Entered"	<input type="text"/>

JUSTICE INVOLVEMENT	QTY.
# of "Unknown", if any	<input type="text"/>
# "Data Not Entered"	<input type="text"/>

ONSET OF MH SYMPTOMS	QTY.
# of "Unknown", if any	<input type="text"/>
# "Data Not Entered"	<input type="text"/>

# QUARTERLY REPORT - YEAR-TO-DATE DATA

MHSA

## PROVIDER REPORT DATA - YTD TOTAL SERVED & OUTCOME MEASURES

Provider Name:

Program Name:



Date Filled Out:

Date Range for YTD data below:



### YEAR-TO-DATE DATA

INDIVIDUAL SERVICES

YTD #

TOTAL UNDUPLICATED PARTICIPANTS SERVED

### YEAR-TO-DATE DATA

GROUP SERVICES

YTD #

GROUP TOTAL UNDUPLICATED PARTICIPANTS



### OUTCOME MEASURES - YEAR-TO-DATE DATA

TOTAL GROUPS HELD

Enter the name of the outcome tool used for each, EXAMPLE: BECK, PPC, YOQ, SDR, GAD-7, ECBI, ERQ.

Fill in the Total of PRE/MID/POST or one-time only tools completed. List POST only totals in last column.

Remember: Include counts for surveys not accessible in the BI tool or other outcomes tools submitted through Hightail.

TOTAL # OF DISCHARGES

MEASUREMENT TOOL/  
SURVEY NAME

TOTAL # COMPLETED  
or one-time only  
(PRE+MID+POST)

# OF POSTS COMPLETED

MEASUREMENT TOOL/SURVEY




MEASUREMENT TOOL/SURVEY




MEASUREMENT TOOL/SURVEY




MEASUREMENT TOOL/SURVEY




MEASUREMENT TOOL/SURVEY

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# FEEDBACK

## Comments

After reviewing your program's data, please list any Questions, Challenges or Comments related to the MHSA Portal or Quarterly Report below:

Please submit Quarterly Report via email to:  
[mhasupport@placer.ca.gov](mailto:mhasupport@placer.ca.gov)

Due Dates: **October 30th, January 30th, April 30th, and August 1st**