

Attachment E: Sample Quarterly Report

**County of Sonoma Department of Health Services - Behavioral Health Division**  
Quarterly/Biannual Report

**E-mail completed reports to [BHQuarterlyReports@sonoma-county.org](mailto:BHQuarterlyReports@sonoma-county.org)**  
(Please include BHQA@sonoma-county.org and Section Manager if requested in your contract)

**Part A: Program Background**

Organization Name:

Program Name:

Current Fiscal Year:

Current Quarter:

Quarterly/Biannual Report Contact Information for individual(s) filling out report:

Name:

Email Address:

**Part B: Goals and Outcomes**

**GOAL #1**

Frequency of reporting: ☐ Monthly ☐ Quarterly ☐ Biannually ☐ Annually

Goal #1	Data Source	Outcome/Result	Challenges (with implementation, data collection or quality, etc.)
	(Note source here and attach supporting data sets used in determining outcomes [excel sheets, extracts from EHR, etc.])		

**GOAL #2**Frequency of reporting: ☐ Monthly ☐ Quarterly ☐ Biannually ☐ Annually

Goal #2	Data Source	Outcome/Result	Challenges (with implementation, data collection or quality, etc.)
	(Note source here and attach supporting data sets used in determining outcomes [excel sheets, extracts from EHR, etc.])		

**GOAL #3**Frequency of reporting: ☐ Monthly ☐ Quarterly ☐ Biannually ☐ Annually

Goal #3	Data Source	Outcome/Result	Challenges (with implementation, data collection or quality, etc.)
	(Note source here and attach supporting data sets used in determining outcomes [excel sheets, extracts from EHR, etc.])		

**GOAL #4**Frequency of reporting: ☐ Monthly ☐ Quarterly ☐ Biannually ☐ Annually

Goal #4	Data Source	Outcome/Result	Challenges (with implementation, data collection or quality, etc.)
	(Note source here and attach supporting data sets used in determining outcomes [excel sheets, extracts from EHR, etc.])		

**GOAL #5**Frequency of reporting: ☐ Monthly ☐ Quarterly ☐ Biannually ☐ Annually

Goal #5	Data Source	Outcome/Result	Challenges (with implementation, data collection or quality, etc.)
	(Note source here and attach supporting data sets used in determining outcomes [excel sheets, extracts from EHR, etc.])		

**GOAL #6**Frequency of reporting: ☐ Monthly ☐ Quarterly ☐ Biannually ☐ Annually

Goal #6	Data Source	Outcome/Result	Challenges (with implementation, data collection or quality, etc.)
	(Note source here and attach supporting data sets used in determining outcomes [excel sheets, extracts from EHR, etc.])		

**GOAL #7**Frequency of reporting: ☐ Monthly ☐ Quarterly ☐ Biannually ☐ Annually

Goal #7	Data Source	Outcome/Result	Challenges (with implementation, data collection or quality, etc.)
	(Note source here and attach supporting data sets used in determining outcomes [excel sheets, extracts from EHR, etc.])		

**GOAL #8**

Frequency of reporting: ☐ Monthly    ☐ Quarterly    ☐ Biannually    ☐ Annually

Goal #8	Data Source	Outcome/Result	Challenges (with implementation, data collection or quality, etc.)
	(Note source here and attach supporting data sets used in determining outcomes [excel sheets, extracts from EHR, etc.])		

## Part C: Narrative and Comments

Please provide additional narrative context and share any plans you have to use the data to support program improvement or to inform areas of focus for next reporting period.

To help us tell the story of the great work being carried out in the behavioral health field, use this optional space to share success stories and highlights from your work. Attach any relevant photos and complete the [DHS-BH Consent and Liability Release](#) if we have permission to reproduce and share your highlights and photos.