Logo

Description automatically generated CMHF Site Review Provider Questionnaire (2/2024)

Date of Review: \_\_\_\_\_\_\_\_\_\_\_ Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Complete this questionnaire as an update from your last site review. Send by email at least 3 business days prior to the review. Attach requested data or information to the email.**

1. Briefly discuss any significant updates/changes/challenges since the last review.

2. Briefly describe efforts to maintain client engagement and/or provide support while waiting for service.

3. Does your agency have an active cultural/diversity advisory committee or group? Yes / No

* Attach minutes from your most recent meeting.

4. Date of last client satisfaction/feedback survey:

* Provide an example of how findings have impacted/changed programs or services.

5. Date of last quality assurance/improvement review:

* Briefly provide 1-2 examples of how quality improvement data has been used to improve program/services. (as directly related to VBP Goals/KPI’s and/or other areas of program)

6. Is there any additional support you currently need from your Program Liaison?