

Monterey County Behavioral Health

Collaborative Case Conference: Request for QI Consultation

Date of Request: _____ Client ID: _____

Requesting Program: _____

Program Location/Address: _____

Staff Making Request: _____ Phone #: _____

Have issues/concerns been discussed with program Supervisor/Manager? Yes or No

Describe current problem(s) you would like support with:

Attempted interventions and outcomes:

Identified risks/system barriers:

What are your preferred outcomes/recommendations?

Please provide 2-3 preferred dates/times AND names of participants to invite (please provide email addresses and/or phone number for non-county staff)

Date: Time:	Date: Time:	Date: Time:
Participants:		

Please be prepared to provide a brief summary of the client and their needs during the collaborative case conference.

Please complete the form in its entirety to avoid delays in scheduling this meeting. Submit form to 415QI@co.monterey.ca.us or fax 831-755-4350. QI will respond to this request as soon as possible.

For QI use only

Approved (dates/times): _____

Declined (reason): _____