Monthly Outpatient Reporting Guide Procedure

Purpose
To provide instructions for Department of Behavioral Health (DBH) outpatient staff on the proper method for completing and submitting the Monthly Outpatient Reporting Guide.

Monthly Outpatient Reporting Guide
The Monthly Outpatient Reporting Guide is used to obtain self-report data from the fourteen (14) DBH outpatient clinics on items related to clinic operations.

Issues may include (but are not limited to):
- Access to services
- Beneficiary protection
- Chart documentation

The Monthly Outpatient Reporting Guide is available in a web-based version and an outpatient clinic staff member must complete the report by the 5th of each month.

Note: Data entry may only be submitted between the 1st through the 9th of each month.

Procedure
Follow the procedure below to complete and submit the Monthly Outpatient Reporting Guide on-line:

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Enter the reporting unit number (e.g. 36911)</td>
</tr>
<tr>
<td>3</td>
<td>Enter your employee number (e.g. a1111)</td>
</tr>
<tr>
<td>4</td>
<td>Enter the password <strong>report101</strong></td>
</tr>
</tbody>
</table>

Note: The log-in screen is case sensitive; use lower case at all times.
### County of San Bernardino
**Department of Behavioral Health**

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| 5 | **Scroll down on the screen and answer all the questions**  
**Note:** Questions that indicate only numeric value will not accept text. If text is entered in this field, an error message will be received when an attempt is made to send the report. |
| 6 | **If a “Yes” answer is given to questions QM 236 and QM 321, a text box will open; answers are to be completed in this field.**  
**Note:** If information is not entered in a field, an error will be received (e.g. “Please answer question number QM451”). |
| 7 | **Click the “Submit Report” button and the following information will appear:**  
**Department of Behavioral Health**  
**Quality Management Division**  
**Monthly Reporting Guide**  

**Thank you for submitting your Monthly Outpatient Report**  
For ________ (month and year) |

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**Assistance**

To address any questions or problems encountered while submitting the Monthly Outpatient Reporting Guide please contact:

Dr. John Griffith  
Quality Improvement Coordinator  
(909) 873-4439