COUNTY OF SANTA CLARA
Behavioral Health Services

BHSD 5511 STIGMA TRAUMA GROUPS REPORT

01/08/24

REVISIONS

Date	Slides	Revisions

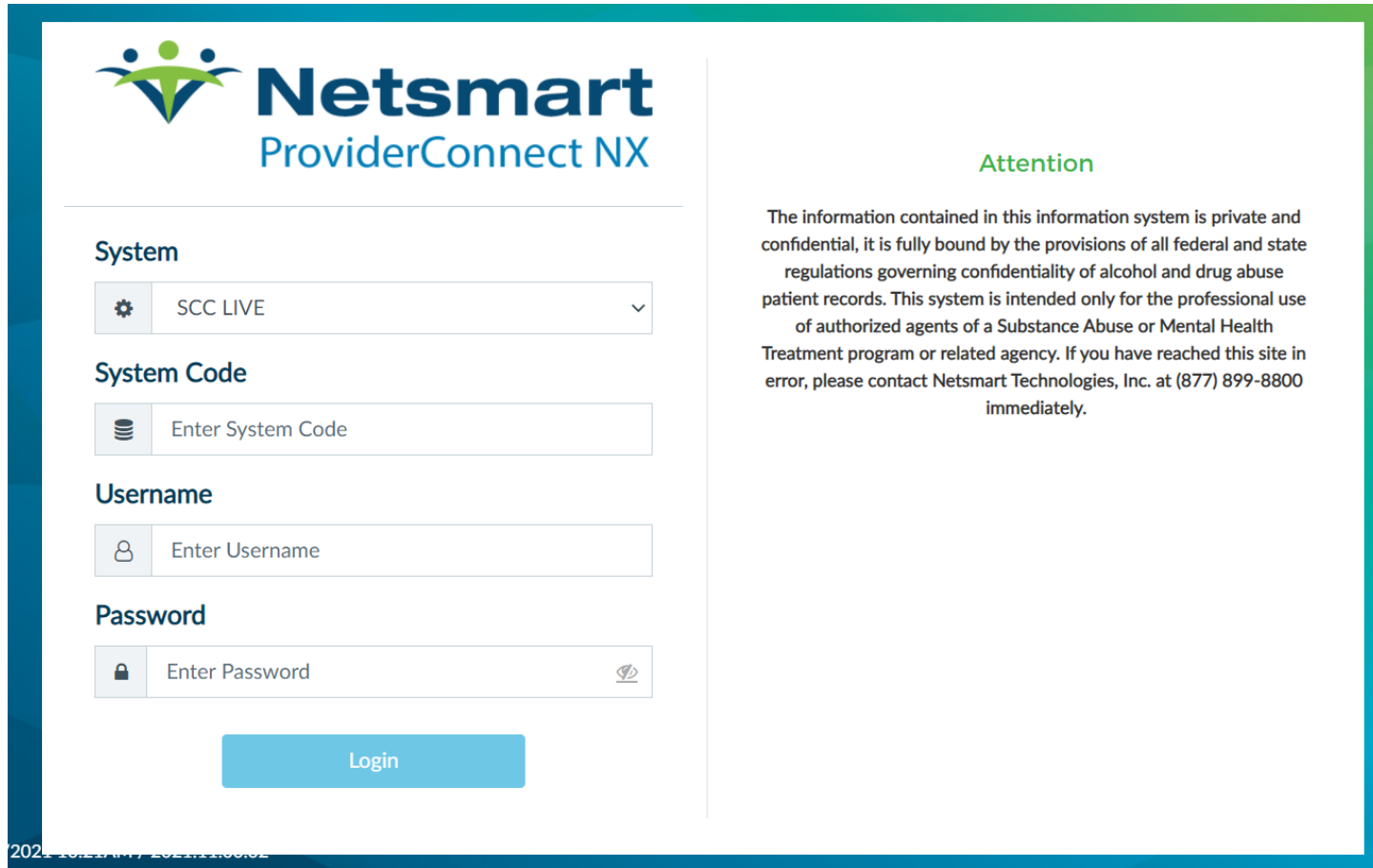COUNTY OF SANTA CLARA
Behavioral Health Services

BHSD 5511 STIGMA TRAUMA GROUPS REPORT

Purpose of Form:

The report is to be used by Contract Monitors and CCPs to aggregate data to review how a particular CCP are providing services. This report provides the information about the Stigma Trauma Group sessions that were held by CCPs in a given period based on input Start date and End date.

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SIGN ONTO PROVIDERCONNECTNX

Enter the System Code, Username, and Password that were provided to you.
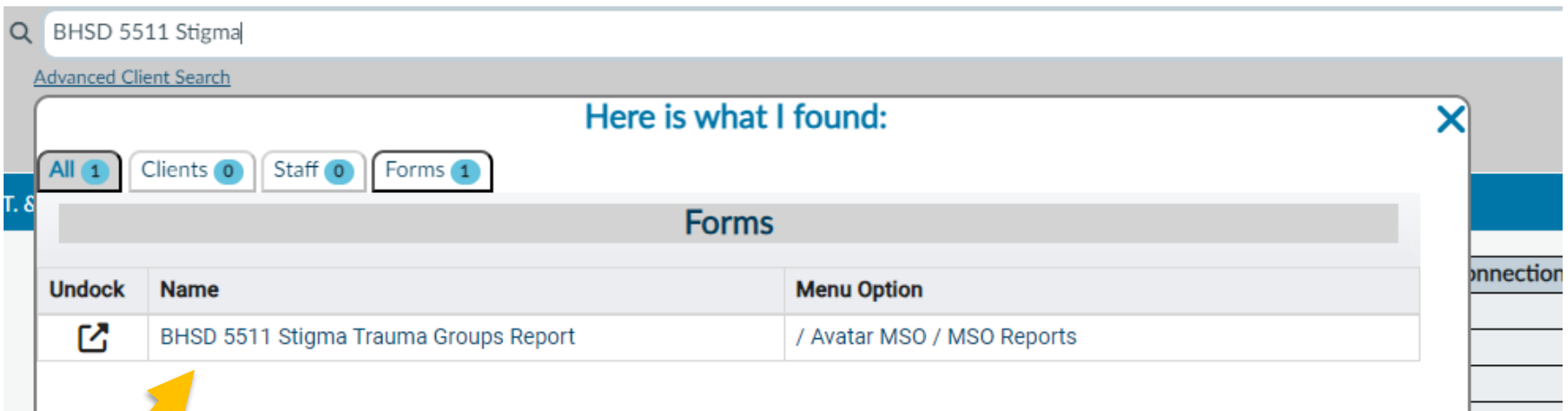
HOW TO ACCESS

After login click on Search**,** type and select **BHSD 5511 Stigma Trauma Groups Report**.

The below screen will appear after selecting the BHSD 5511 Stigma Trauma Groups Report form.

Enter the **(1)** Contracting Provider, select the corresponding **(2)** Program. More than one program can be selected. Enter the date range in **(3)** Start Date and **(4)** End Date. Lastly, select **(5)** Process.

The below crystal report will appear. The report will generate Admission Program Name, Type of Group, Name of Group, Duration of the Group, # of Attendees, Group Facilitator, Were clients referred to BHSD, # of clients referred, Date of Group, and Time of Group within the selected date range.
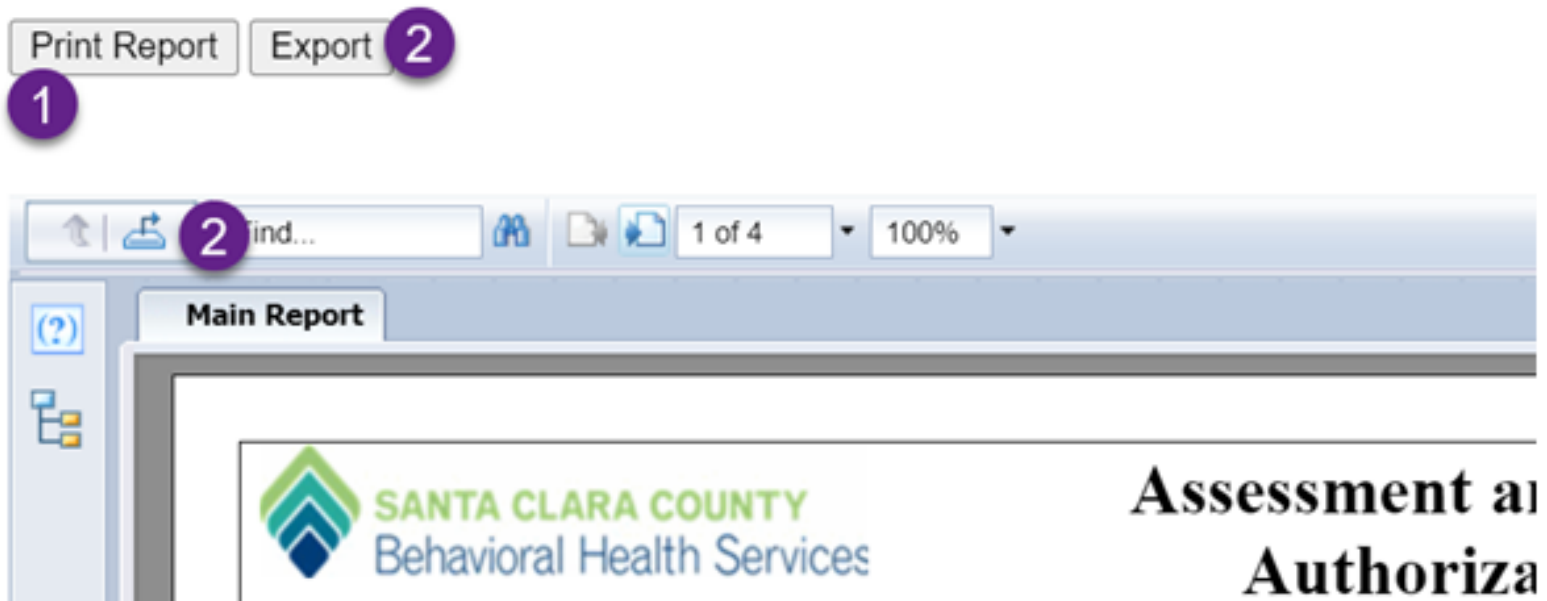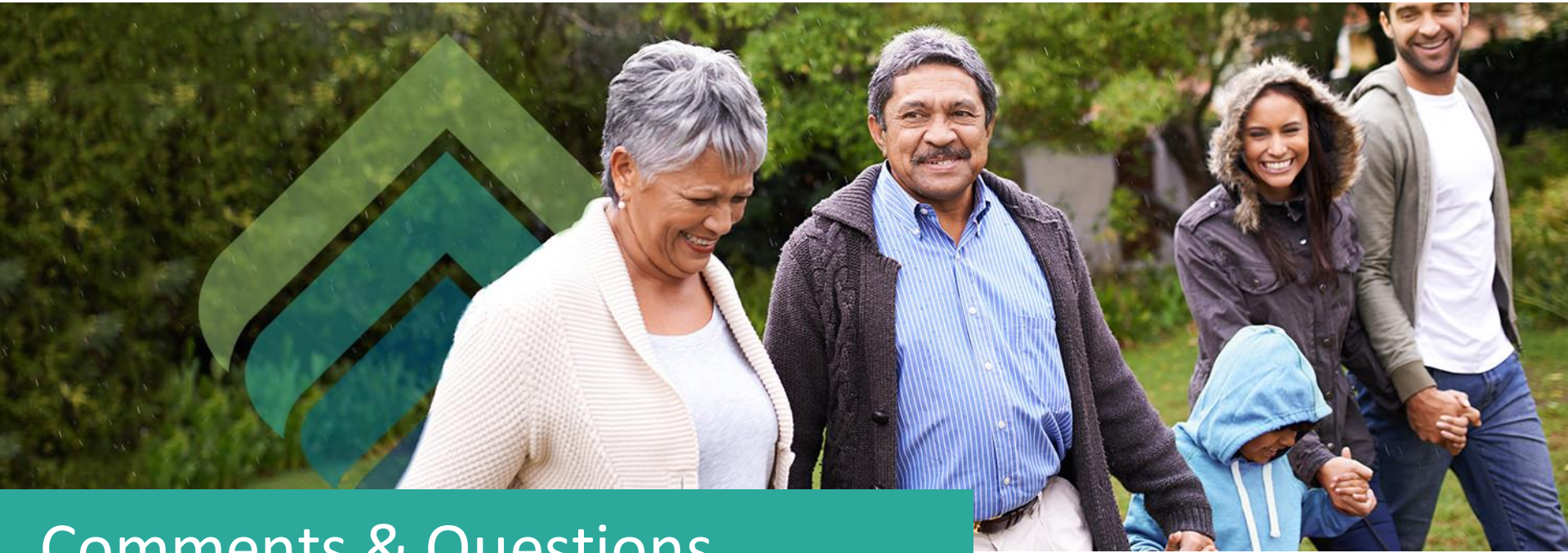
BHSD 5511 Stigma Trauma Group Form Report

Reporting Period: 11/1/2023 **To** 1/8/2024

Admission Program Name	Type of Group	Name of Group	Duration of the Group	# of Attendees	Group Facilitator	Were clients referred to BHSD	# of clients referred	Date of Group	Time of Group
yMH VIVO- STIGMA-TRAUMA	Parent Café	Test Group	120	60	Jane Doe	No	0	12/1/2023	11:00 AM
yMH VIVO- STIGMA-TRAUMA	Healing Circle	Test Group 2	120	60	Jose Lopez	No	0	12/1/2023	11:00 AM

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HOW TO PRINT/EXPORT REPORT

The report will have opened in a new window; you can **(1)** Print to PDF or **(2)** Export it to a different format.

Comments & Questions

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