NEW YORK STATE | Office of Mental Health

Using PSYCKES for CCBHCs

PSYCKES Training Webinar

JULY 16, 2026

Q&A via WebEx

- All phone lines are muted
- To ask questions during today's webinar, please utilize the Chat feature located on the bottom righthand corner of the screen
  - Submit to "Everyone" (default)
- Slides and recording link will be emailed to attendees after the webinar and posted to the PSYCKES public website shortly

Agenda

- PSYCKES Overview
- Access to Client-Level Data
- Population Health with Recipient Search
- Review Client-Level Details within the Clinical Summary
- Quality Improvement with My QI Report
- Requesting access to PSYCKES
- Training & Technical Assistance

PSYCKES Overview

What is PSYCKES?

Psychiatric Clinical Knowledge Enhancement System (PSYCKES)

- A secure, HIPAA-compliant web-based application that integrates multiple data sources to support population health, quality improvement, care coordination and clinical decision-making

- Ongoing data updates
  - Quality Indicator reports (updated monthly)
  - Clinical Summary (updated weekly)

Who is Viewable in PSYCKES?

- Over 13 million individuals viewable in PSYCKES - individuals with any history of:
  - Medicaid funded behavioral health diagnosis or treatment, or
  - State Psychiatric Center inpatient or outpatient services, or
  - Health Home outreach or enrollment
- Provides data across the treatment spectrum, including general medical, behavioral health, crisis services, residential, lab & pathology, and more!

What Data is Available in PSYCKES?

- Clinical Summary provides up to 5 years of data, updated weekly
- All Medicaid FFS claims and Managed Care encounter data, across treatment settings
  - Medications, medical & behavioral health outpatient & inpatient services, ER, crisis, care coordination, and more!
- Multiple other state administrative databases (0–7-day lag):
  - New York City Correctional Health Services (CHS)
  - New York City Department of Homeless Services (NYC DHS)
  - Health Home enrollment & CMA provider (DOH MAPP)
  - Managed Care Plan & HARP status (MC Enrollment Table)
  - MC Plan assigned Primary Care Physician (Quarterly, DOH)
  - State Psychiatric Center EMR
  - Assisted Outpatient Treatment provider contact (OMH TACT)
  - Assertive Community Treatment provider contact (OMH CAIRS)
  - Adult Housing/Residential program Information (OMH CAIRS)
  - Suicide attempt (OMH NIMRS)
  - Safety plans/screenings and assessments entered by providers in PSYCKES MyCHOIS
  - IMT and AOT Referral Under Investigation (DOHMH)

Quality Indicators “Flags”

- PSYCKES identifies clients flagged for quality concern in order to inform the treating provider and to support clinical review and quality improvement.

- Statewide Reports and My QI Reports, **updated monthly**, display quality indicator prevalence rates at the statewide, region, county, network, provider, program, and managed care plan levels.

- The Performance Tracking Indicators are unique indicator sets in PSYCKES because the Department of Health (DOH) calculates them on “mature” Medicaid data. DOH calculates the indicator sets after a 6+ month billing data maturation period to allow for service invoicing. The ‘as of’ date for these measures in the application reflects the most recent performance tracking data run by DOH. These measures are based on a 12-month period of services.

Quality "Flags"/Indicators

- Quality flags available in PSYCKES that CCBHCs might track include:

Indicator Set	Indicators
BH QARR - Improvement Measure	Discontinuation - Antidepressant <12 Weeks; No Diabetes Screening (Gluc/HbA1c) Schiz or Bipolar on AP
General Medical Health	No Outpatient Medical Visit >1 Yr
High Utilization - Inpt/ER	2+ ER – MH; 2+ Inpatient – BH; 2+ Inpatient – MH; 2+ ER - BH
Readmission Post Discharge from any Hospital (Episode Based)	Readmission (30d) from any Hosp: BH to BH; Readmission (30d) from any Hosp: BH to All Cause
MH Performance Tracking Measure (DOH)	No Follow Up for Child on ADHD Med - Initiation ; No Follow Up for Child on ADHD Med – Continuation; Antidepressant Medication Discontinued - Acute Phase; Antidepressant Medication Discontinued - Recovery Phase; Low Antipsychotic Medication Adherence – Schizophrenia; No Diabetes Screening - Schizophrenia/Bipolar on Antipsychotic; No Follow Up after MH Inpatient - 7 Days; No Follow Up after MH Inpatient - 30 Days; No Follow Up after MH ED Visit - 30 Days
SUD Performance Tracking Measure (DOH)	No Follow Up after SUD ER Visit (7 days); No Follow Up after SUD ER Visit (30 days); No Engagement in SUD Treatment; No Initiation of Opioid Use Disorder (OUD) Treatment; No Continuity of Care after Detox to Lower Level of Care; No Continuity of Care after Rehab to Lower Level of Care; No Follow Up After High-Intensity Care for SUD (7 days); No Utilization of Pharmacotherapy for Alcohol Abuse or Dependence; No Initiation of Medication Assisted Treatment (MAT) for New Episode of Opioid Use Disorder (OUD)

What Types of Reports are Available?

- Individual Client Level Reports
  - Clinical Summary: Medicaid and state database treatment history, up to 5 years' worth of data
- Provider Level Reports
  - My QI Report: Displays current performance on all quality indicators, review the names of clients who are flagged, filter by CCBHC services, enable access
  - Recipient Search: run ad hoc reports to identify cohorts of interest, Advanced Views, enable access
  - Usage Reports: monitor PHI access by staff
  - Utilization Reports: support provider VBP data needs
- Statewide Reports
  - Can select a quality indicator and review statewide proportions by CCBHC services, provider location region/county, client residence region/county, plan, network, provider, etc.

Access to Client-Level Data

Client Linkage to Agency

- **Automatically**:
  - Client had a billed service at the agency within the past 9 months OR
  - Client is enrolled in agency's HH/CM program according to DOH MAPP

- **Manually**:
  - Provider attests to one of the following:
    - Client signed PSYCKES consent, DOH Health Home Patient Information Sharing consent, BHCC consent
    - Verbal consent
    - Clinical emergency
    - Client is currently being served by/transferred to your agency

Levels of Access to Client Data

- **Signed Consent (PSYCKES, BHCC, DOH Health Home/CCO)**
  - Allows access to all available data (including data with special protections such as SUD, HIV, family planning, genetic testing), for 3 years after the last billed service
- **Verbal Consent**
  - Allows access to limited data (excluding data with special protections) for 9 months
- **Clinical Emergency**
  - Allows access to all available data (including data with special protections) for 72 hours
- **Attestation of service** *(Client currently being served by/transferred to your agency)*
  - This will link client to your agency for Recipient Search reports but **will not** provide access to the clinical summary

Criteria and Protocols for Clinical Emergencies

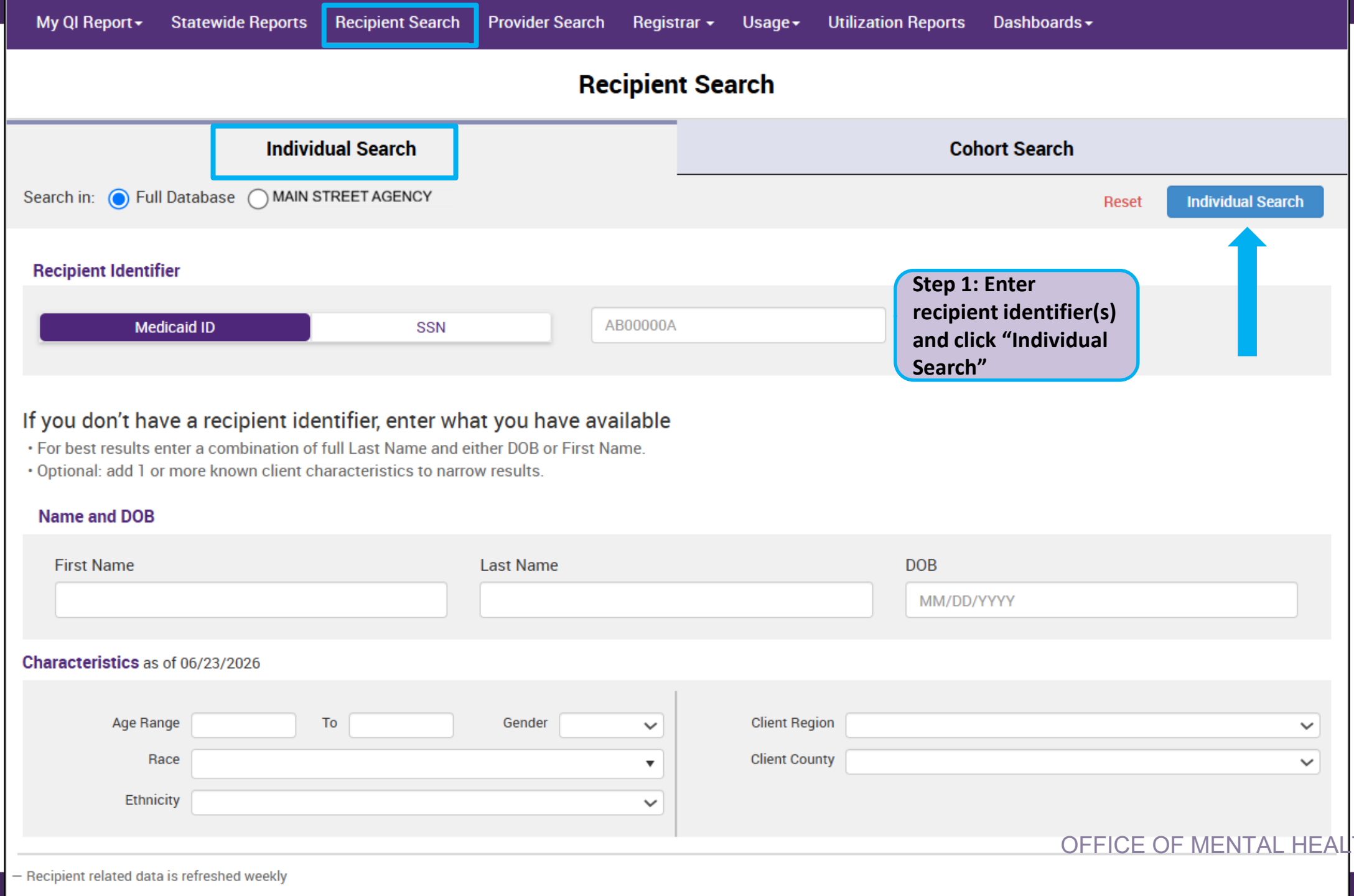
- If a client refuses or is unable to consent and is having a clinical emergency, the provider is permitted to obtain a PSYCKES clinical summary without consent (i.e., "breaking the glass")
- A clinical emergency is defined as a medical or behavioral condition for which there is an immediate need for treatments, and symptoms are of sufficient severity that the absence of immediate treatment would likely result in serious harm to self or others (New York State Public Health Law Section 4900.3)
- Criteria for "breaking the glass" may include (but not limited to):
  - Threats of or attempts at suicide or serious bodily harm or other conduct demonstrating danger to themselves
  - Homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm
  - Inability or refusal, due to mental illness, to provide for their own essential needs such as food, clothing, necessary medical care, personal safety, or shelter
  - Overdose, sedation, altered mental status, catatonia, or otherwise non-responsive
- Providers are responsible for ensuring that the medical record supports emergency access by documenting why/how the client meets criteria for a clinical emergency and attesting with their signature, date, and time stamp

Access Level Comparison Chart

Client data-agency link Type	Client data access type	Any client data?	Data with special protection? (SUD, HIV, Family Planning, Genetic)	Duration
Automatic	**Billed service in past 9 months**	No, client name only	N/A	9 months after last service
Manual	**Attest client is being served at / transferred to agency**	No, client name only	N/A	9 months after last service
	Clinical emergency	Yes	Yes, all data	72 hours
	Verbal PSYCKES Consent	Yes	No, limited release	9 months
	PSYCKES Consent BHCC consent	Yes	Yes, all data	3 years after last service
	DOH Health Home Consent	Yes	Yes, all data	Active as long as client's Health Home enrollment is verified in MAPP system (90-day grace period)

Enable Access Module

- **Recipient Search – Individual Search**
  - Step 1: Enter recipient identifier(s) and click “Search”
    - Unique recipient identifiers:
      - Medicaid ID
      - Social Security Number (SSN)
    - Additional recipient identifiers:
      - Full last name and either date of birth (DOB) or first name
      - Characteristics:
        - Age
        - Gender
        - Race
        - Ethnicity
        - Client region
        - Client county


My QI Report
Statewide Reports
Recipient Search
Provider Search
Registrar
Usage
Utilization Reports
Dashboards
Recipient Search
Individual Search
Cohort Search
Search in: Full Database MAIN STREET AGENCY
Reset
Individual Search
Recipient Identifier
Medicaid ID
SSN
AB00000A
Step 1: Enter recipient identifier(s) and click "Individual Search"
If you don't have a recipient identifier, enter what you have available
• For best results enter a combination of full Last Name and either DOB or First Name.
• Optional: add 1 or more known client characteristics to narrow results.
Name and DOB
First Name
Last Name
DOB
MM/DD/YYYY
Characteristics as of 06/23/2026
Age Range
To
Gender
Race
Ethnicity
Client Region
Client County
– Recipient related data is refreshed weekly

My QI Report | Statewide Reports | Recipient Search | Provider Search | Registrar | Usage | Utilization Reports | Dashboards

Modify Search

1 Recipients Found

PDF Excel

Medicaid ID UqYpOD6qNFM

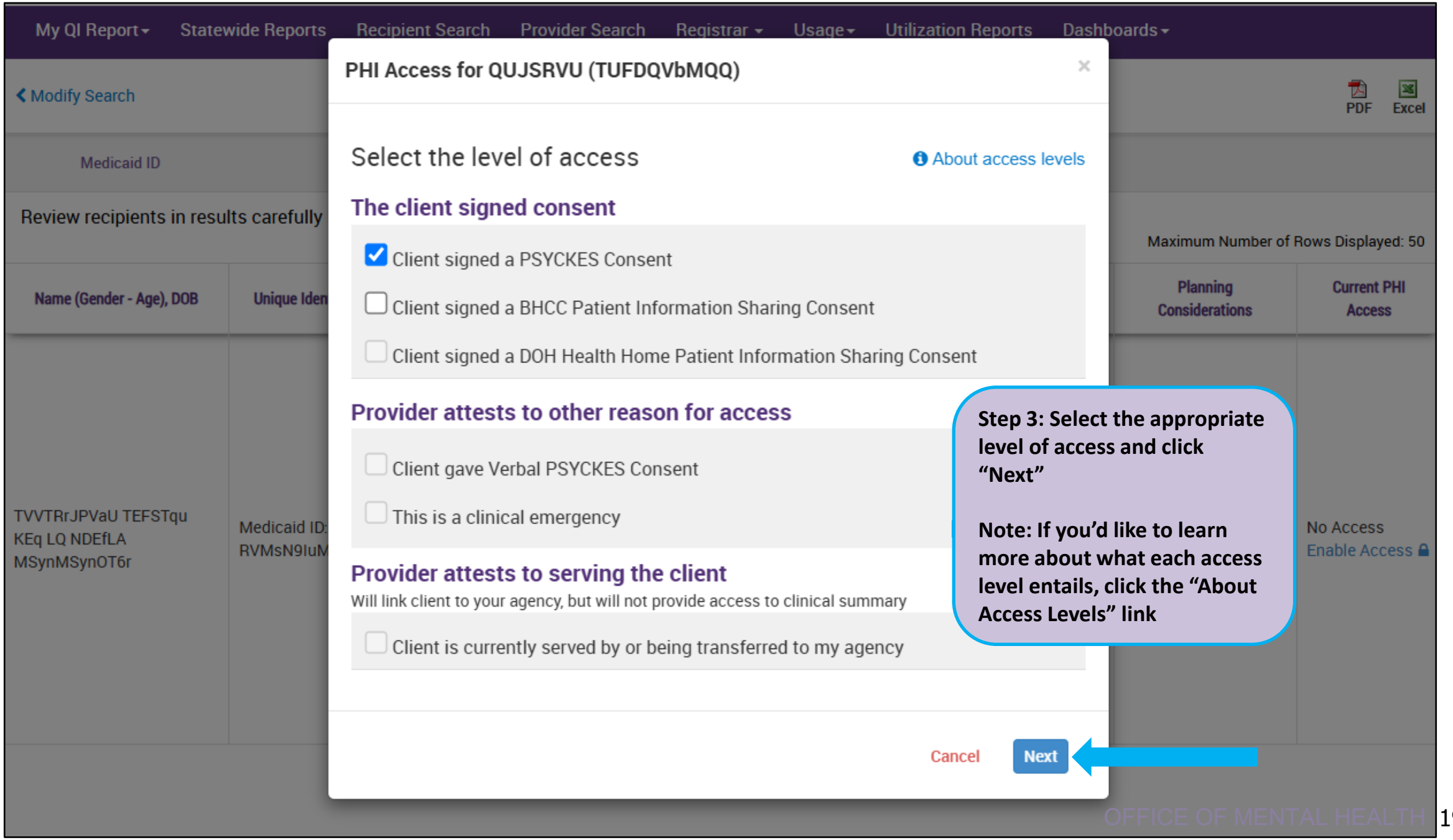
Review recipients in results carefully before accessing Clinical Summary.

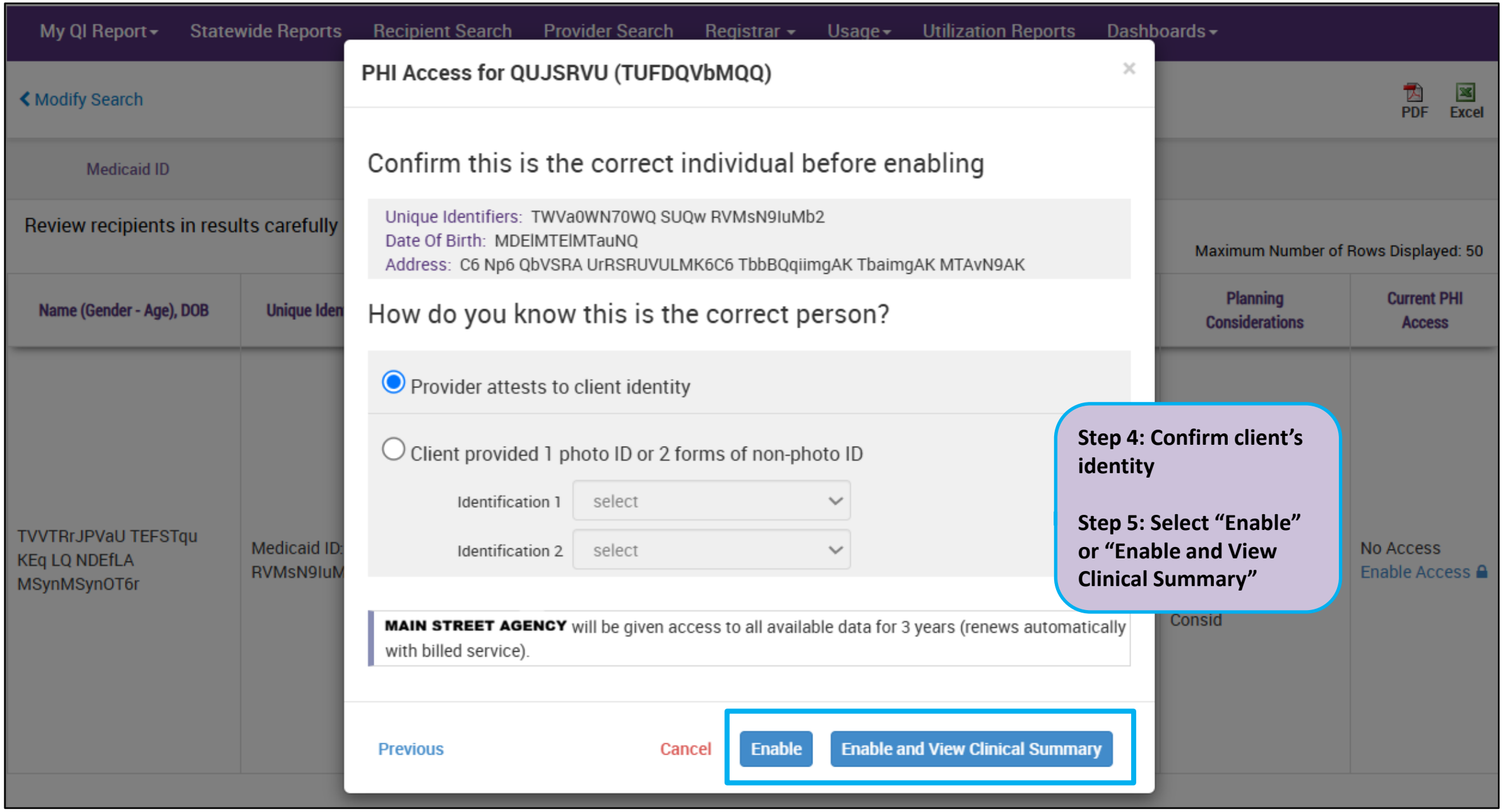
Maximum Number of Rows Displayed: 50

Name (Gender - Age), DOB	Unique Identifiers	Race & Ethnicity	Address	Medicaid Managed Care Plan	Medicaid Quality Flags	Planning Considerations	Current PHI Access
QUNFVaVETm UEVEUay KEq LQ NTIfLA OCyoOCynOT2p	Medicaid ID: UqYpOD6qNFM	Hispanic or Latinx	C9EoNm Vm M9VUSA UrQ NDAvQavFVm WUzSSom Tba MTAmMDEK	Healthfirst PHSP, Inc.	10+ ER, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2+ Inpt-BH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, 4+ Inpt/ER-Med, Adher-MS (DOH), HARP No Assessment for HCBS, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, No MH ED F/U 30d (DOH), No MH ED F/U 30d (DOH) - Adult, No MH ED F/U 7d (DOH), No MH ED F/U 7d (DOH) - Adult , No MH Inpt F/U 30d (DOH), No MH Inpt F/U 30d (DOH) - Adult, No MH Inpt F/U 7d (DOH), No MH Inpt F/U 7d (DOH) - Adult	**Notifications:** Complex Needs, Health Home Plus - Eligible, High MH Need, MH Plcmt Consid **Documents:** Psychiatric Advance Directive (12/15/2025), Safety Plan (04/19/2026)	No Access Enable Access

Step 2: Confirm client match and select “Enable Access”

Note: If there’s no match, select “Modify Search”


My QI Report
Statewide Reports
Recipient Search
Provider Search
Registrar
Usage
Utilization Reports
Dashboards
Modify Search
PDF
Excel
Medicaid ID
Review recipients in results carefully
Maximum Number of Rows Displayed: 50
Name (Gender - Age), DOB
Unique Iden
Planning Considerations
Current PHI Access
TVVTRrJPVaU TEFSTqu KEq LQ NDEfLA MSynMSynOT6r
Medicaid ID: RVMsN9IuM
No Access
Enable Access
PHI Access for QUJSRVU (TUFDQVbMQQ)
Select the level of access
About access levels
The client signed consent
Client signed a PSYCKES Consent
Client signed a BHCC Patient Information Sharing Consent
Client signed a DOH Health Home Patient Information Sharing Consent
Provider attests to other reason for access
Client gave Verbal PSYCKES Consent
This is a clinical emergency
Provider attests to serving the client
Will link client to your agency, but will not provide access to clinical summary
Client is currently served by or being transferred to my agency
Cancel
Next
Step 3: Select the appropriate level of access and click "Next"
Note: If you'd like to learn more about what each access level entails, click the "About Access Levels" link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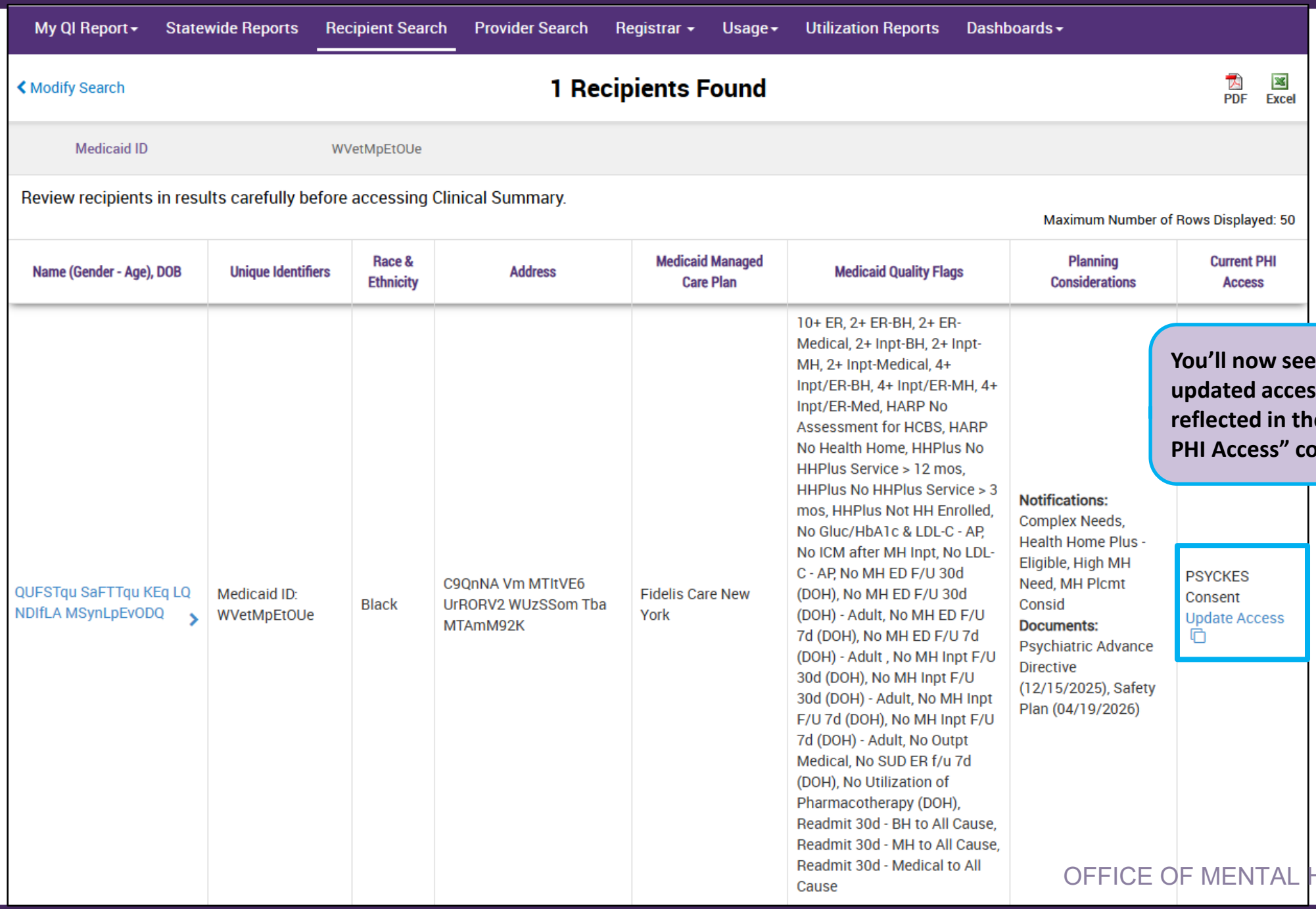
Name (Gender - Age), DOB
Unique Iden
Planning Considerations
Current PHI Access
TVVTRrJPVaU TEFSTqu KEq LQ NDEfLA MSynMSynOT6r
Medicaid ID: RVMsN9IuM
No Access
Enable Access
Consid
PHI Access for QUJSRVU (TUFDQVbMQQ)
Confirm this is the correct individual before enabling
Unique Identifiers: TWVa0WN70WQ SUQw RVMsN9IuMb2
Date Of Birth: MDElMTElMTauNQ
Address: C6 Np6 QbVSRA UrRSRUVULMK6C6 TbbBQqiimgAK TbaimgAK MTAvN9AK
How do you know this is the correct person?
Provider attests to client identity
Client provided 1 photo ID or 2 forms of non-photo ID
Identification 1
select
Identification 2
select
MAIN STREET AGENCY will be given access to all available data for 3 years (renews automatically with billed service).
Previous
Cancel
Enable
Enable and View Clinical Summary
Step 4: Confirm client's identity
Step 5: Select "Enable" or "Enable and View Clinical Summary"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Modify Search
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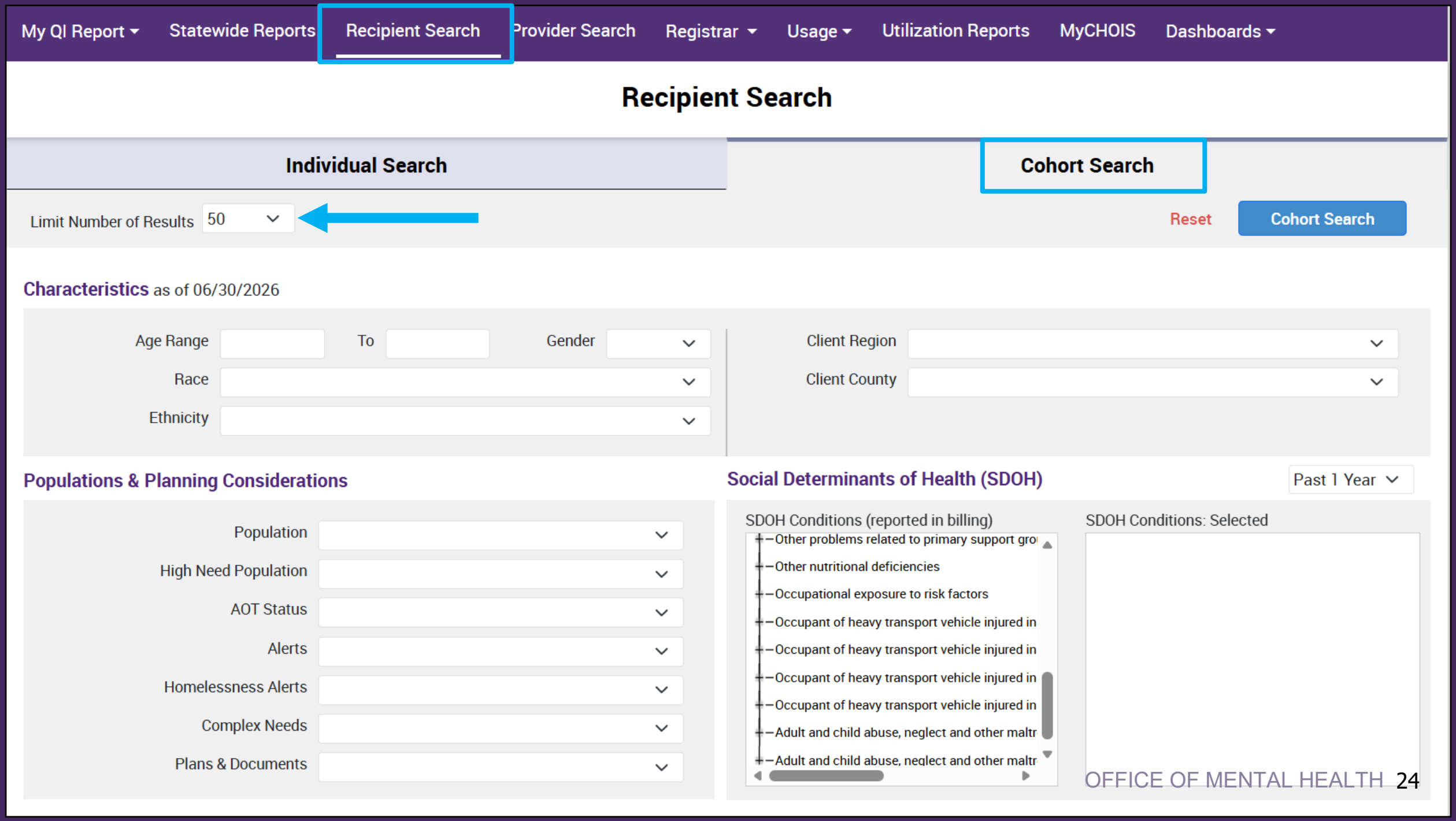
PDF
Excel
Medicaid ID
WVetMpEtOUe
Review recipients in results carefully before accessing Clinical Summary.
Maximum Number of Rows Displayed: 50
Name (Gender - Age), DOB
Unique Identifiers
Race & Ethnicity
Address
Medicaid Managed Care Plan
Medicaid Quality Flags
Planning Considerations
Current PHI Access
QUFSTqu SaFTTqu KEq LQ NDIfLA MSynLpEvODQ
Medicaid ID: WVetMpEtOUe
Black
C9QnNA Vm MTItVE6 UrRORV2 WUzSSom Tba MTAmM92K
Fidelis Care New York
10+ ER, 2+ ER-BH, 2+ ER-Medical, 2+ Inpt-BH, 2+ Inpt-MH, 2+ Inpt-Medical, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, 4+ Inpt/ER-Med, HARP No Assessment for HCBS, HARP No Health Home, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, No Gluc/HbA1c & LDL-C - AP, No ICM after MH Inpt, No LDL-C - AP, No MH ED F/U 30d (DOH), No MH ED F/U 30d (DOH) - Adult, No MH ED F/U 7d (DOH), No MH ED F/U 7d (DOH) - Adult , No MH Inpt F/U 30d (DOH), No MH Inpt F/U 30d (DOH) - Adult, No MH Inpt F/U 7d (DOH), No MH Inpt F/U 7d (DOH) - Adult, No Outpt Medical, No SUD ER f/u 7d (DOH), No Utilization of Pharmacotherapy (DOH), Readmit 30d - BH to All Cause, Readmit 30d - MH to All Cause, Readmit 30d - Medical to All Cause
Notifications:
Complex Needs, Health Home Plus - Eligible, High MH Need, MH Plcmt Consid
Documents:
Psychiatric Advance Directive (12/15/2025), Safety Plan (04/19/2026)
PSYCKES Consent
Update Access
You'll now see the updated access level reflected in the "Current PHI Access" column

Population Health with Recipient Search

Recipient Search

- Clients linked to a provider agency if billed for in the past year or currently linked through MAPP
- Use Recipient Search to search for an individual client or generate list of clients meeting specified criteria (examples below):
  - Complex Needs (select *any* Complex Needs or specific Complex Needs criteria)
  - Alerts (e.g., suicide attempt, ideations, etc.)
  - Homelessness
  - Social Determinants of Health (SDOH)
  - Services received from your agency or other agencies in NYS (e.g., CCBHC, CFTSS, CORE, PROS, etc.)
  - High Utilizers
- Enable access on the results page or export to Excel/PDF
- **Advanced Views:** Care Coordination, High Need/High Risk, Hospital Utilization, Outpatient Providers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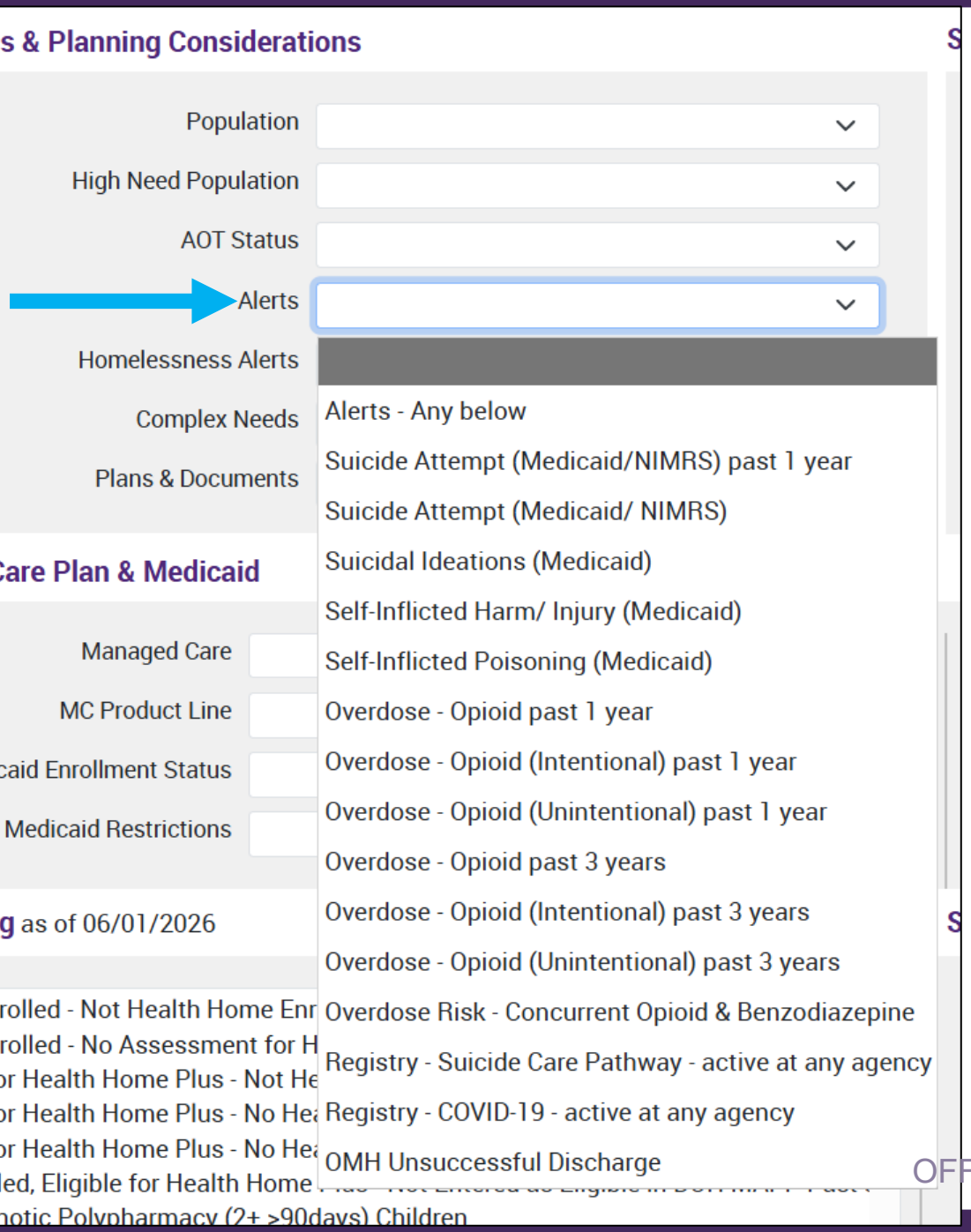
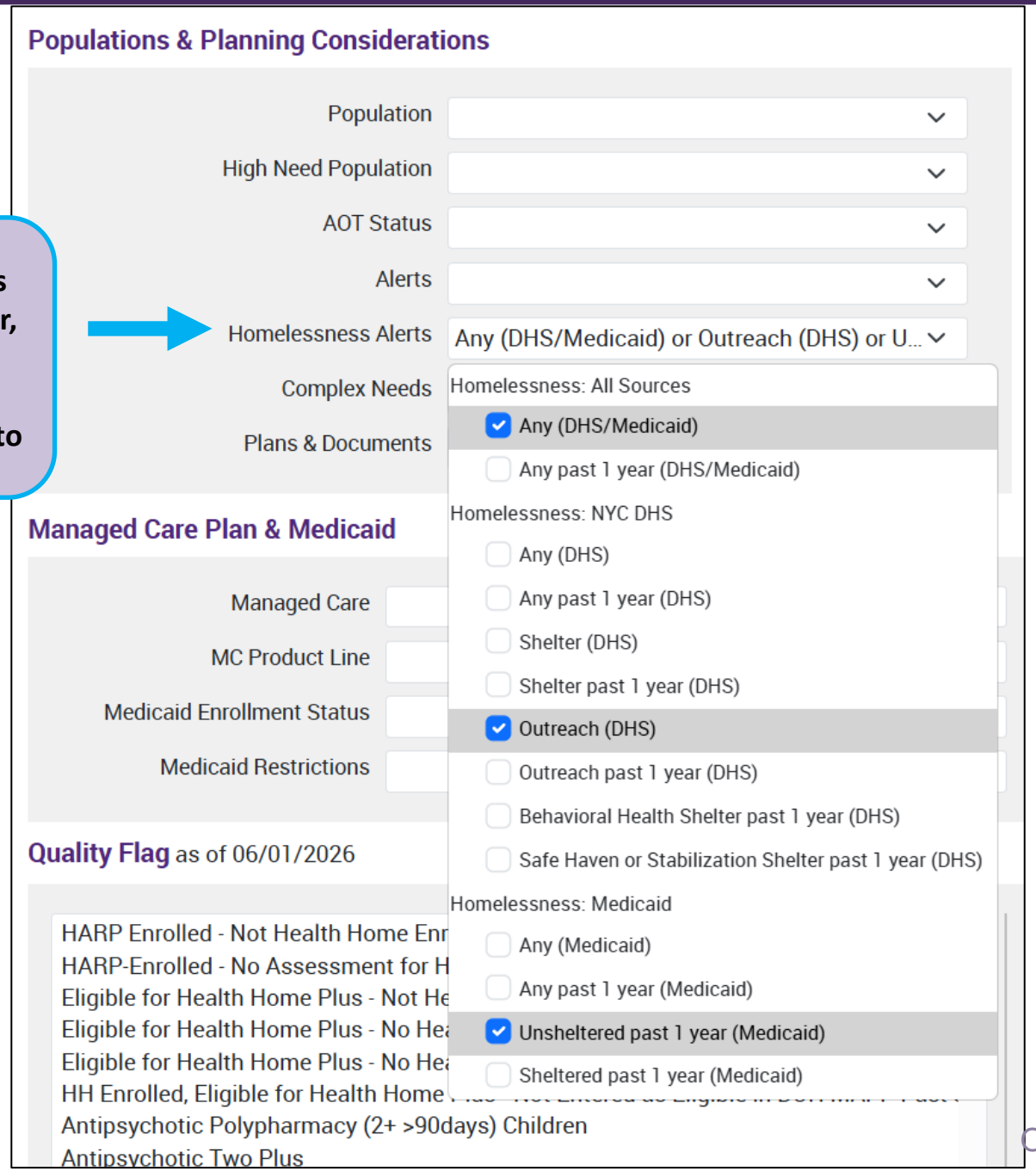
Recipient Search
Individual Search
Cohort Search
Limit Number of Results
50
Reset
Cohort Search
Characteristics as of 06/30/2026
Age Range
To
Gender
Race
Ethnicity
Client Region
Client County
Populations & Planning Considerations
Population
High Need Population
AOT Status
Alerts
Homelessness Alerts
Complex Needs
Plans & Documents
Social Determinants of Health (SDOH)
Past 1 Year
SDOH Conditions (reported in billing)
Other problems related to primary support gro
Other nutritional deficiencies
Occupational exposure to risk factors
Occupant of heavy transport vehicle injured in
Occupant of heavy transport vehicle injured in
Occupant of heavy transport vehicle injured in
Occupant of heavy transport vehicle injured in
Adult and child abuse, neglect and other maltr
Adult and child abuse, neglect and other maltr
SDOH Conditions: Selected

Search for clients with a history of suicide attempts, ideations, or opioid overdose by using the "Alerts" filter

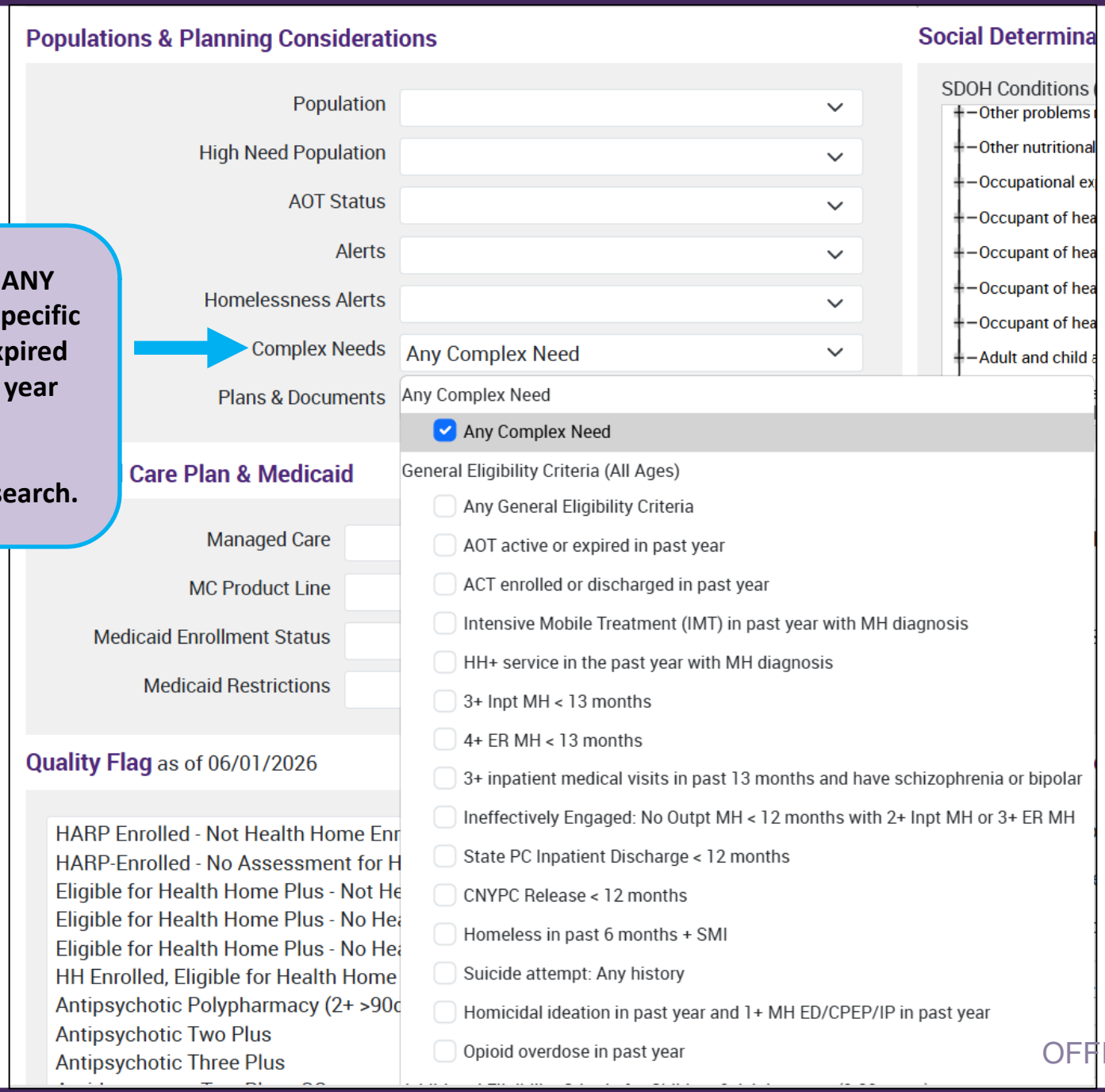


Search for homelessness alerts such as: Any, Shelter, Outreach, Unsheltered past 1 year, etc. Select up to 4 alerts per search.



Search for individuals with ANY Complex Need criteria, or specific criteria (e.g., AOT active/expired past year, HH+ service past year w/ MH dx, etc.)

Select up to 4 criteria per search.



My QI Report | Statewide Reports | Recipient Search | Provider Search | Registrar | Usage | Utilization Reports | Dashboards

Recipient Search

Individual Search | **Cohort Search**

Limit Number of Results 50

Reset | Cohort Search

Characteristics as of 06/30/2026

Age Range | To | Gender

Race

Ethnicity

Client Region

Client County

Populations & Planning Considerations

Population

High Need Population

AOT Status

Alerts

Homelessness Alerts

Complex Needs

Plans & Documents

- Any Plan or Document
- Safety Plan
- Relapse Prevention Plan
- Psychiatric Advance Directive (PAD)
- Care Plan
- Discharge Plan
- Other

Social Determinants of Health (SDOH)

Past 1 Year

SDOH Conditions (reported in billing)

- Problems related to upbringing
- Problems related to social environment
- Problems related to physical environment
- Problems related to other psychosocial circum
- Problems related to medical facilities and othe
- Problems related to life management difficulty
- Problems related to housing and economic cir
- Problems related to employment and unemplo

SDOH Conditions: Selected

Recipient Search

Individual Search | **Cohort Search**

Limit Number of Results 50

Reset | Cohort Search

Characteristics as of 07/14/2026

Age Range To Gender

Race

Ethnicity

Client Region

Client County

Medicaid Status
- Active Medicaid
- Inactive Medicaid
- Inactive Medicaid - Expired past year
- Inactive Medicaid - Expired 3 months

Medicaid Type
- Medicaid Managed Care - Any
- Medicaid Managed Care +SSI
- Medicaid No Managed Care(FFS Only)
- Dual Eligible (Medicaid + Medicare)
- Medicaid (No Medicare)

Medicaid Recertification
- Medicaid Recertification Due < 3 mo.
- Medicaid Recertification Due < 3 mo. (renew via NYSOH)
- Medicaid Recertification Due < 3 mo. (renew via LDSS)
- Medicaid Recertification Due < 1 mo.
- Medicaid Recertification Due < 1 mo. (renew via NYSOH)

Populations & Planning Cons

Popu

High Need Popu

AOT

Homelessness

Complex

Plans & Docu

Social Determinants of Health (SDOH)

Past 1 Year

SDOH Conditions (reported in billing)

- Problems related to upbringing
- Problems related to social environment
- Problems related to physical environment
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- Problems related to medical facilities and othe
- Problems related to life management difficulty
- Problems related to housing and economic circ
- Problems related to employment and unemplo

SDOH Conditions: Selected

Managed Care Plan & Medica

Managed Care

MC Product Line

Medicaid Enrollment Status

Medicaid Restrictions

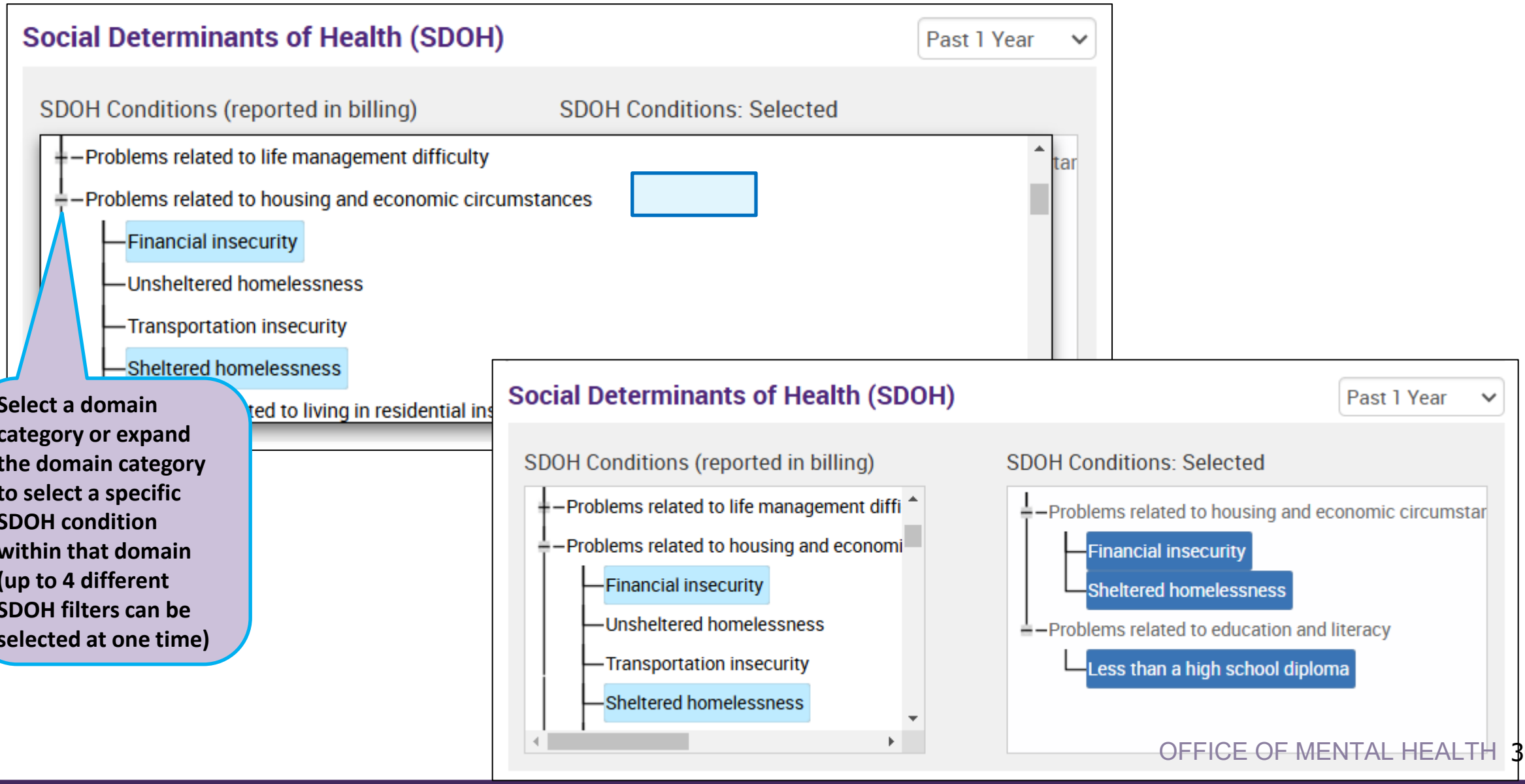
Children's Waiver Status

HARP Status

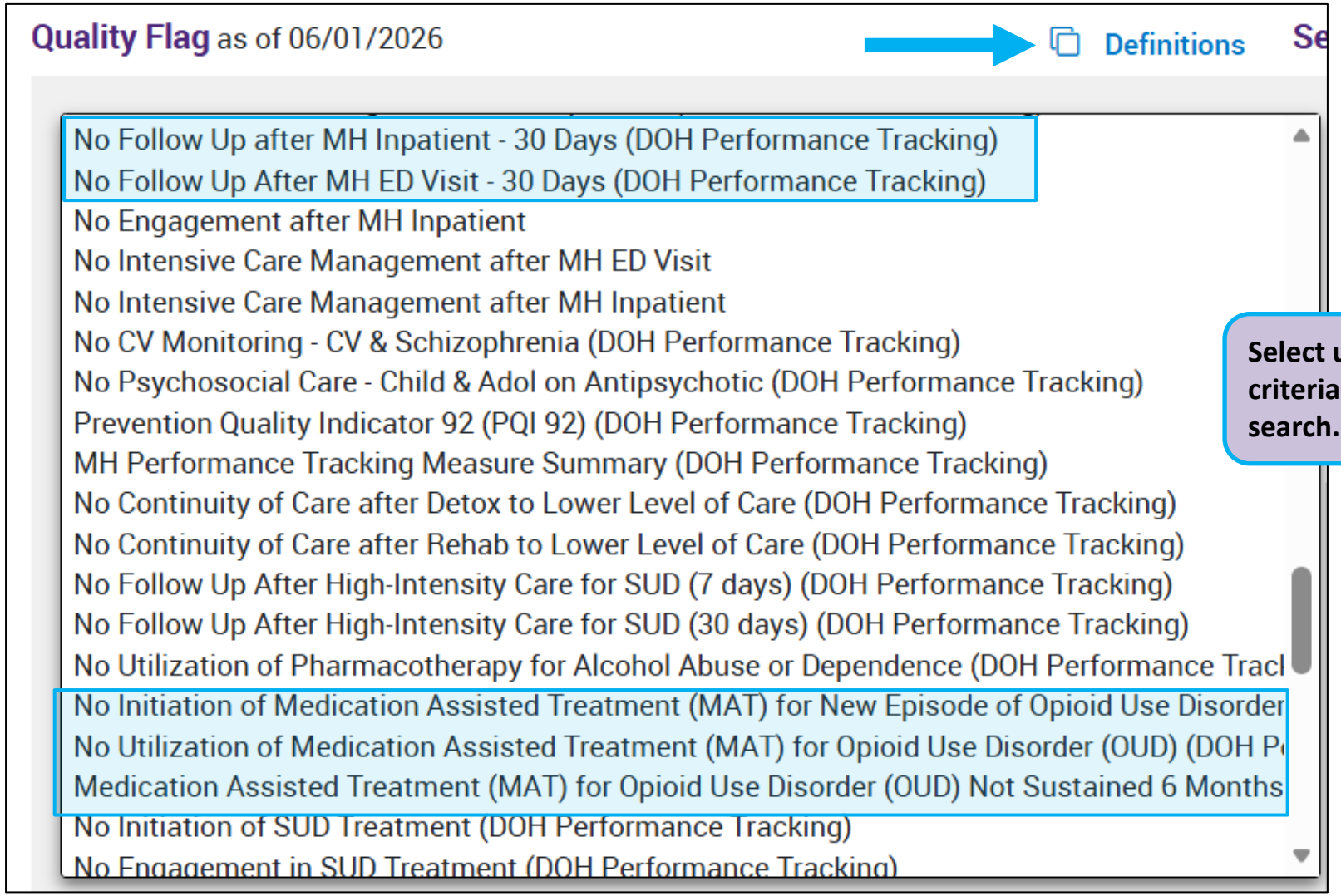
HARP HCBS Assessment Status

HARP HCBS Assessment Results

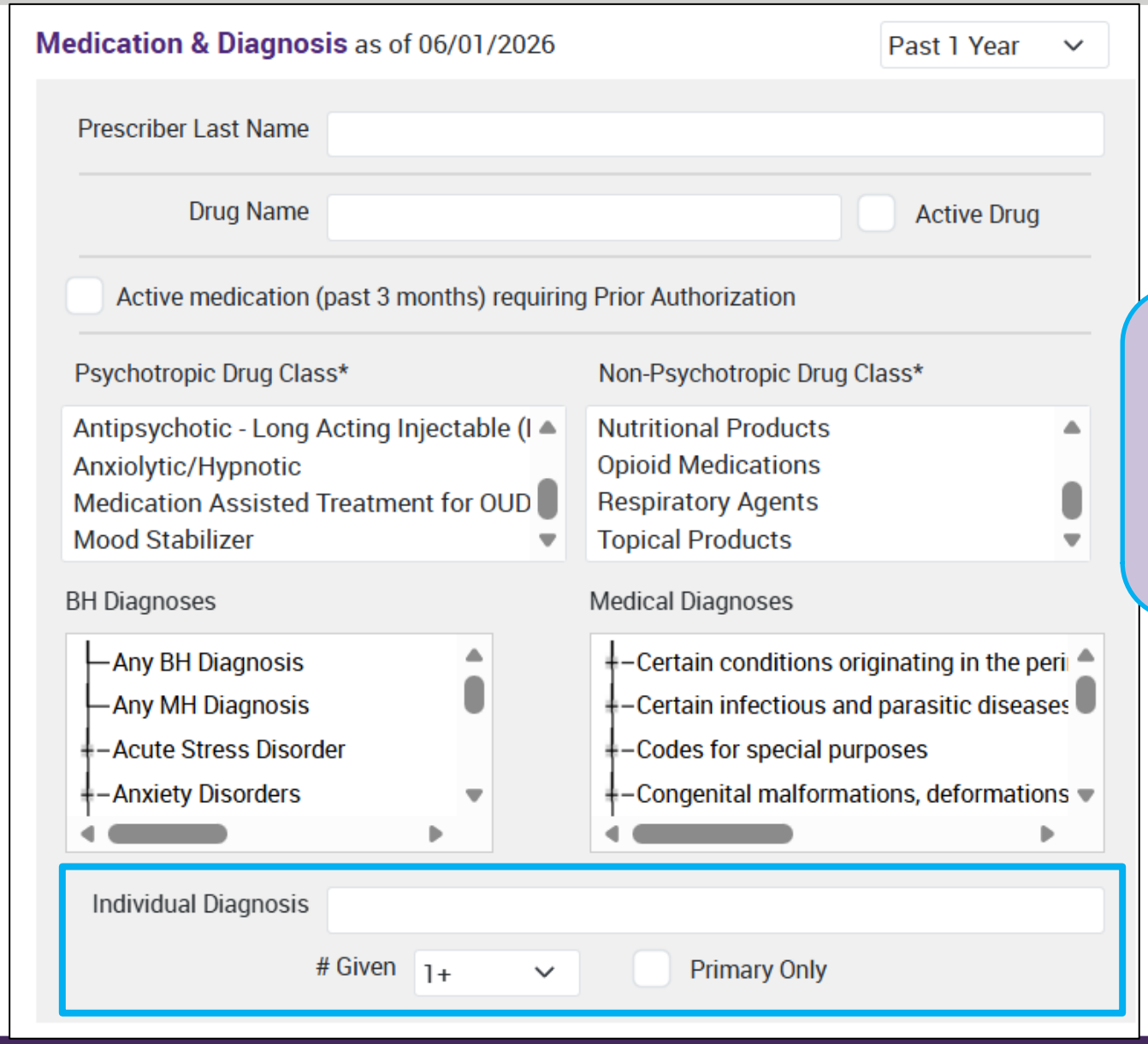
Social Determinants of Health (SDOH)



Quality Flags

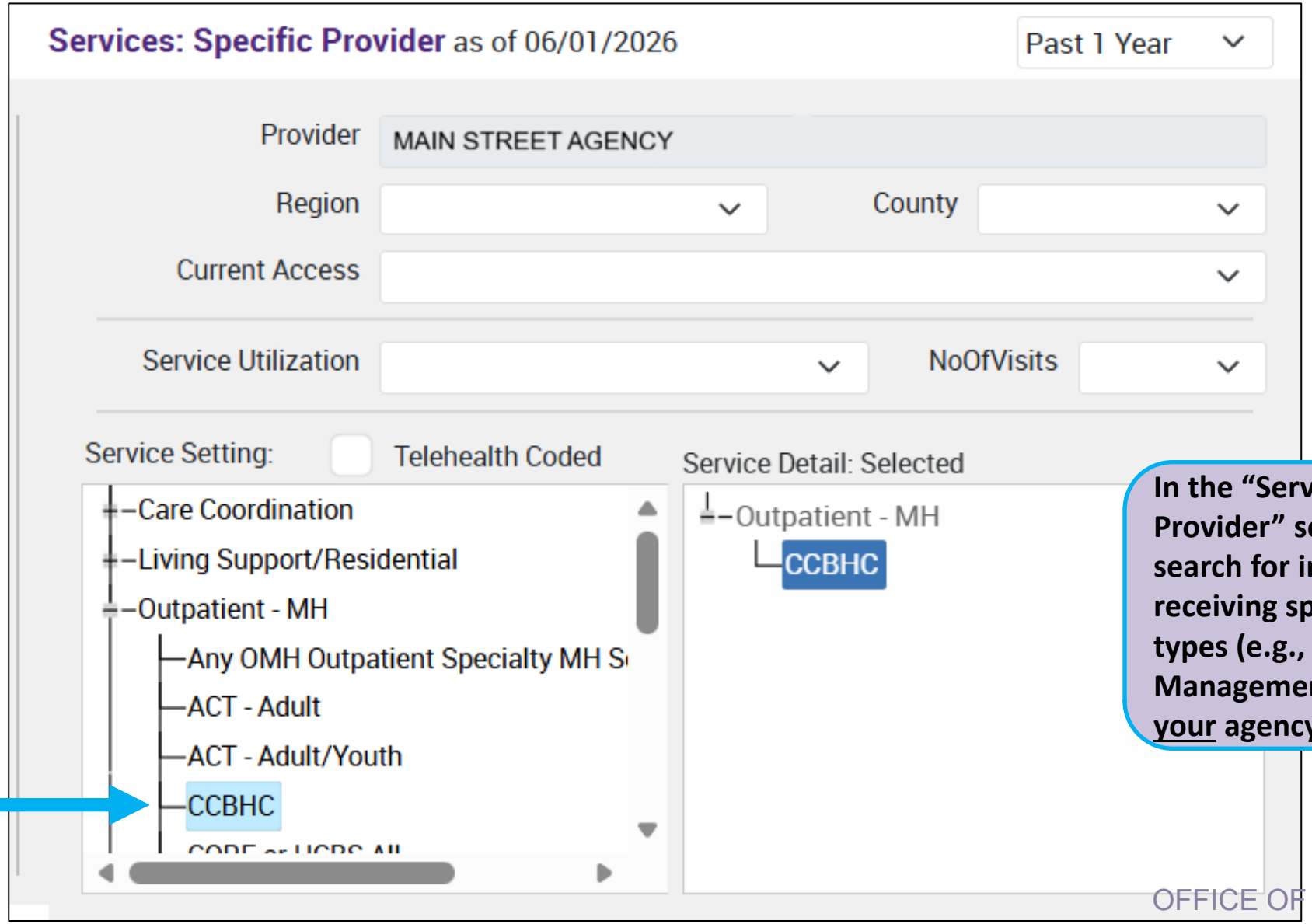


Medication & Diagnosis



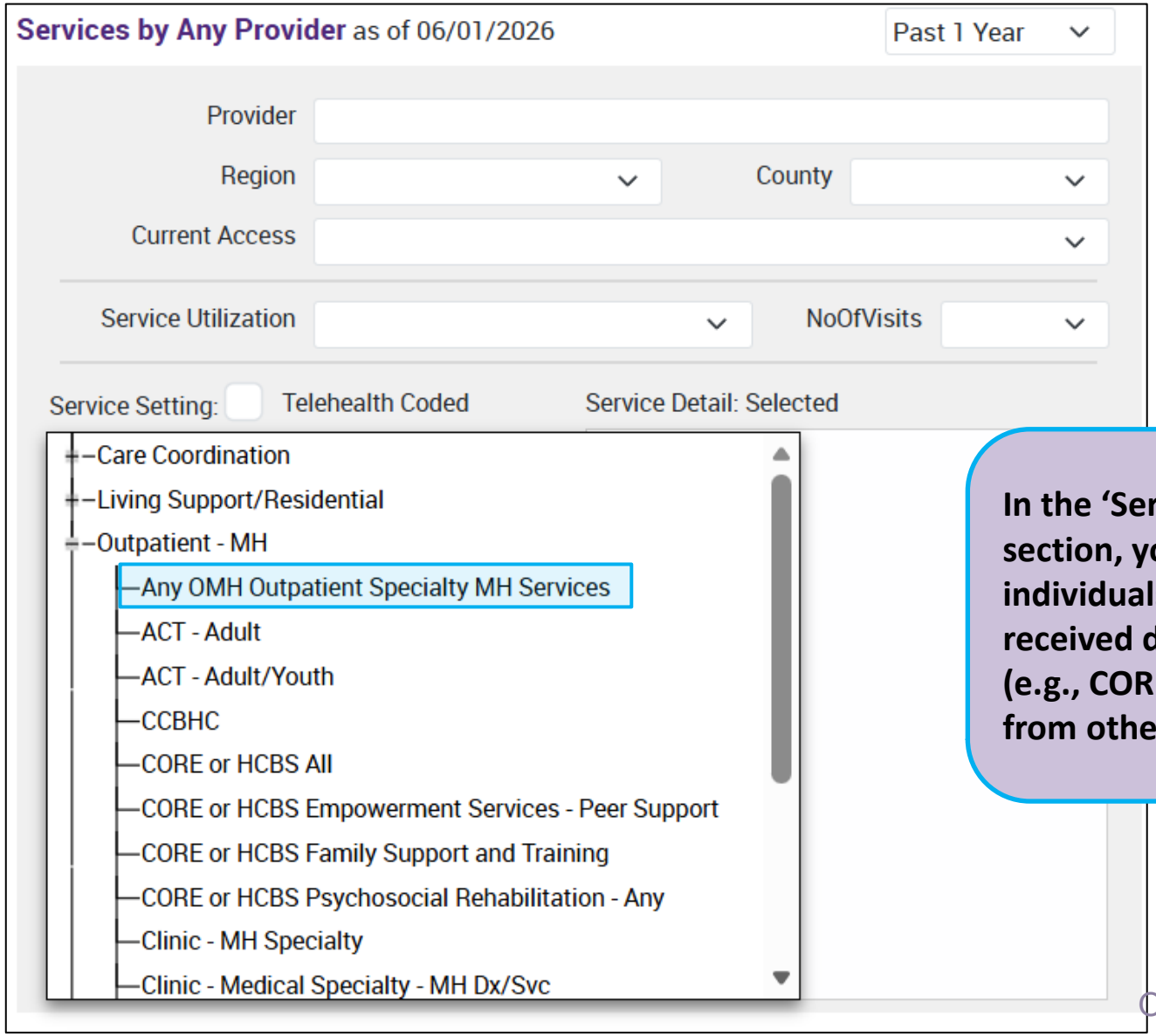
Search for a medication or diagnostic category, or type in an individual diagnosis or ICD-10 code

Services: Specific Provider



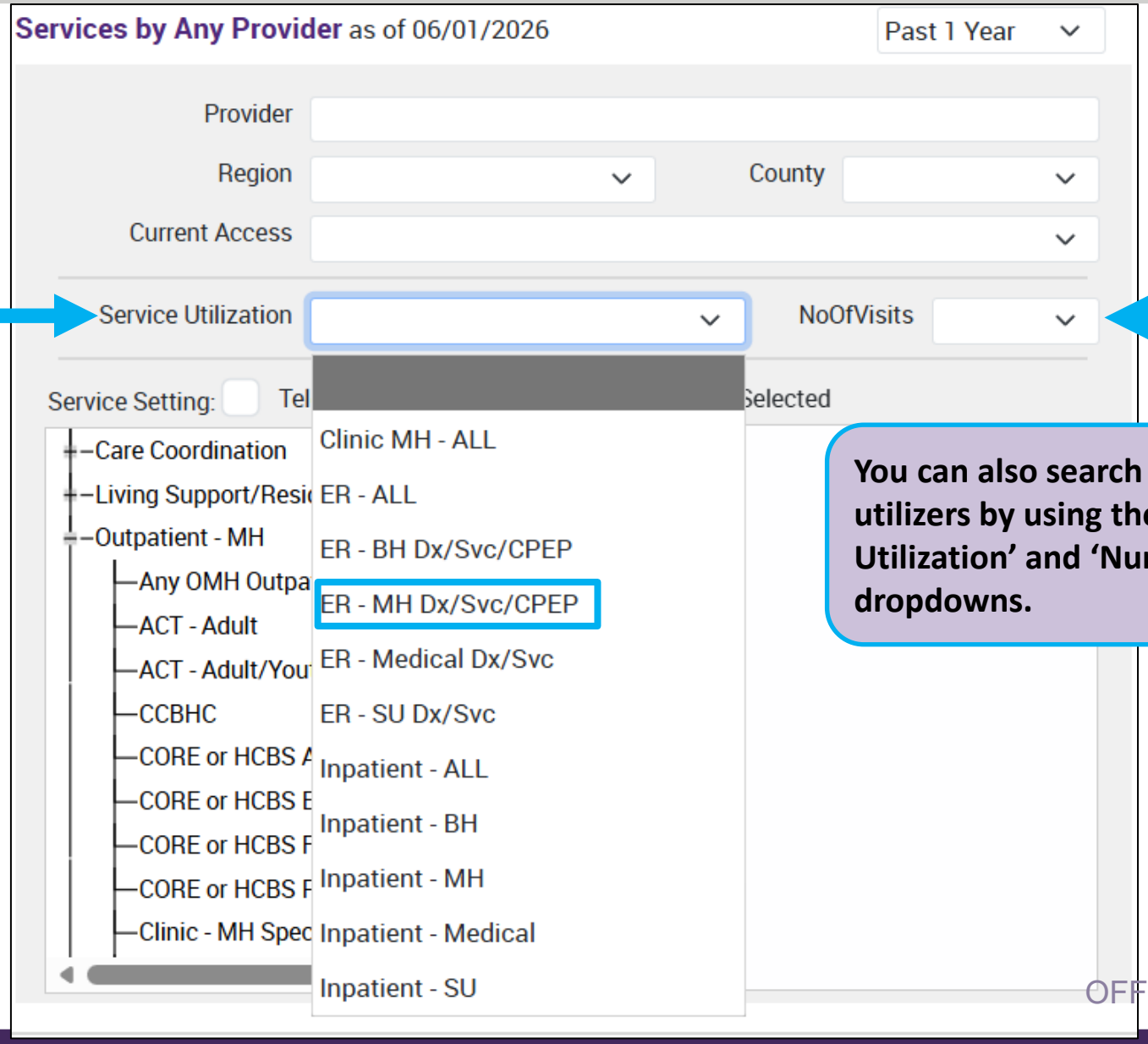
In the "Services: Specific Provider" section you can search for individuals receiving specific service types (e.g., CCBHC, Care Management, etc.) from <u>your</u> agency

Services by Any Provider



In the 'Services by Any Provider' section, you can search for individuals you've served, who have received different types of services (e.g., CORE, PROS, CFTSS, ACT, etc.) from other providers in NYS.

Services by Any Provider – Service Utilization



You can also search for high utilizers by using the 'Service Utilization' and 'Number of Visits' dropdowns.

My QI Report | Statewide Reports | Recipient Search | Provider Search | Registrar | Usage | Utilization Reports | MyCHOIS | Dashboards

Modify Search

1,982 Recipients Found

View: Standard

PDF Excel

[Provider Specific] Provider: MAIN STREET AGENCY

AND [Provider Specific] Service Setting: CCBHC

Maximum Number of Rows Displayed: 50

Name (Gender - Age)	Medicaid ID	Date of Birth	Race & Ethnicity	Medicaid Managed Care Plan	Medicaid Quality Flags	Planning Considerations	Current PHI Access
QURPUavPLA Qq7SSVNUSUFO TQ KEq LQ MT6f	TVUoNTMtMUI	MDMlM9AlM9AmOA	Black	Healthfirst PHSP, Inc.		**Notifications:** MH Plcmt Consid, Medicaid Recertification Alert (expires: 07/31/2026)	PSYCKES Consent
QU3PUrRPLA TUFSSVNPTA KEY LQ N9Ef	WUeqODIsOV2	MDYlM9AlMTasNA	Hispanic or Latinx	Healthfirst PHSP, Inc.	2+ ER-Medical, Adher-AD - Acute (DOH), Adher-AD - Recovery (DOH), Adher-AD <12wks, Adher-MS (DOH), Breast Cancer Screen Overdue (DOH), Cervical Cancer Screen Overdue (DOH), HARP No Assessment for HCBS, HARP No Health Home	**Notifications:** MH Plcmt Consid, Medicaid Recertification Alert	No Access Enable Access
QU3PUrRPLA VqbMTEbBTQ Qm KEq LQ NT6f	VbQoOTEuOUe	MDYlM9IlMTasNm	Hispanic or Latinx	MetroPlus Health Plan	Colorectal Screen Overdue (DOH), HARP No Assessment for HCBS, HARP No Health Home	**Notifications:** MH Plcmt Consid, Medicaid Recertification Alert **Documents:** Safety Plan (07/08/2025)	No Access Enable Access
QU3VSVJSRUZMTrJFW8m VEzNQVM KEq LQ M9If	VFAqODYpNEM				dical, 2+ Inpt-BH, 4+ H, 4+ Inpt/ER-Med, 0d - BH to All Cause, 0d - BH to BH	**Notifications:** MH Plcmt Consid, Medicaid Recertification Alert	No Access Enable Access
QU7JTa2i QUjFUq6 KEq LQ MpYf	VVUrNT6tOFE				2+ ER-Medical, No Outpt	**Notifications:** MH Plcmt Consid, Medicaid Recertification Alert, OPWDD Services Eligible (RE95)	No Access Enable Access

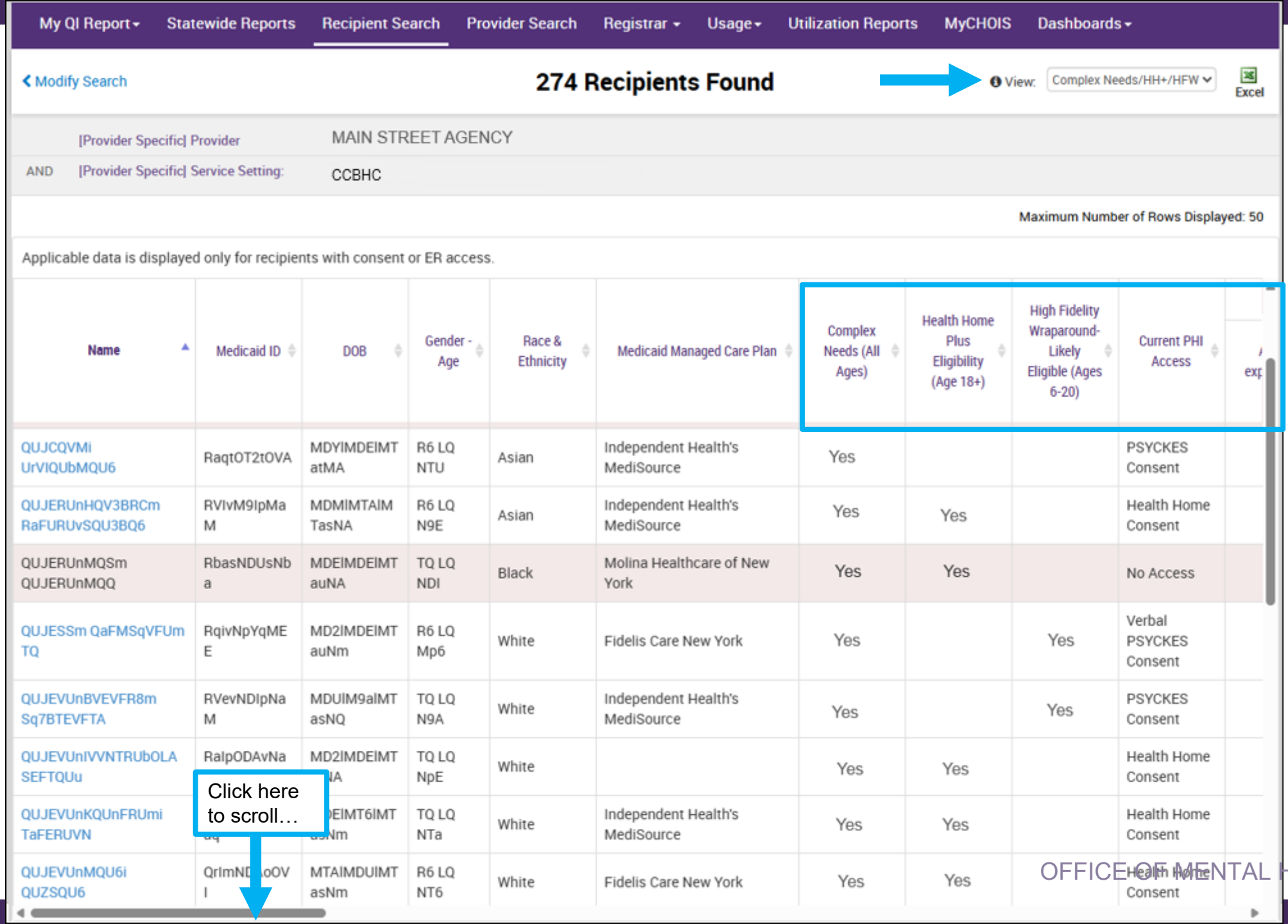
On the results page, you can drill into a client's Clinical Summary (with appropriate access), export the results to PDF or Excel, or change to one of our Advanced Views!

About Search Results Views

All views display: Name, Medicaid ID, Date of Birth, Gender, Race & Ethnicity, Managed Care Plan, Current PHI Access

Results View	Columns Displayed
Standard	Quality Flags, Planning Considerations
Care Coordination	HARP Status (H Code), HARP HCBS Assessment Date (most recent), Children's Waiver Status (k Code), Health Home Name (Enrolled), Care Management Name (Enrolled), ACT Provider (Active), OnTrackNY Early Psychosis Program (Enrolled), AOT Status, AOT Provider (Active), MC Product Line, CORE Eligible.
Complex Needs/HH+/HFW	Complex Needs (All ages), Health Home Plus Eligibility (Age 18+), High Fidelity Wraparound-Likely Eligible (Ages 6-20), Risk, High ER/Inpatient Utilization or Youth with Residential Treatment, Intensive Outpatient, Crisis Services among Youth
High Need/High Risk	OMH Unsuccessful Discharge, Transition Age Youth (TAY-BH) OPWDD NYSTART-Eligible, High Fidelity Wraparound (Likely Eligible), Health Home Plus-Eligible, Homelessness, AOT Status, AOT Expiration Date, Suicide Risk, Overdose Risk and PSYCKES Registries
Hospital Utilization	Number of hospitalizations in past year broken out by ER and Inpatient and Behavioral Health and Medical
Outpatient Providers	Primary Care Physician Assignment (Assigned by MC Plan), Mental Health Outpatient Provider, Medical Outpatient Provider, Substance Use Outpatient Provider, and CORE or Adult HCBS Service Provider columns each include provider name, most recent service past year, and # visits/services past 1 year.

Close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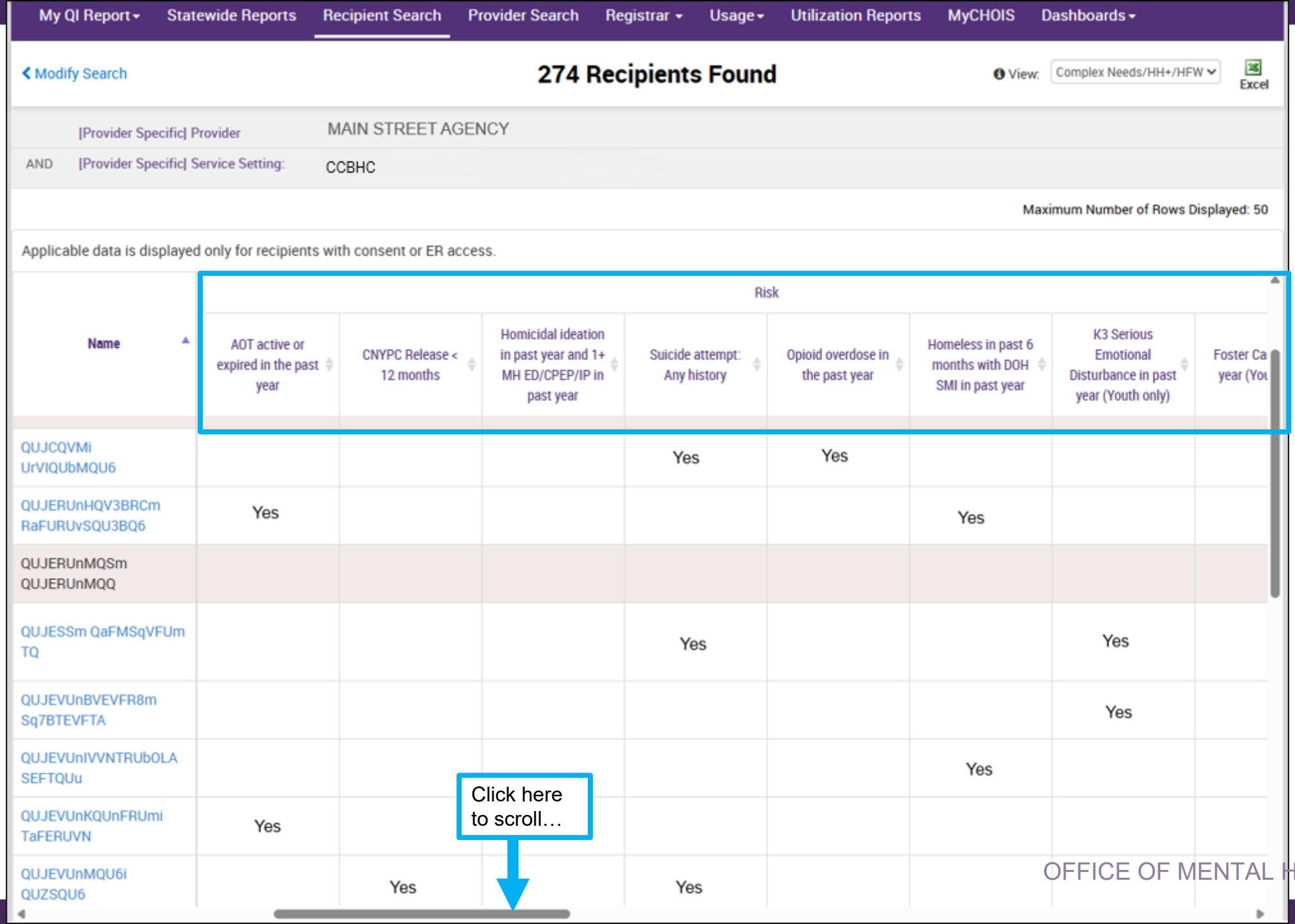
Statewide Reports
Recipient Search
Provider Search
Registrar
Usage
Utilization Reports
MyCHOIS
Dashboards
Modify Search
274 Recipients Found
View:
Complex Needs/HH+/HFW
Excel
[Provider Specific] Provider
MAIN STREET AGENCY
AND
[Provider Specific] Service Setting:
CCBHC
Maximum Number of Rows Displayed: 50
Applicable data is displayed only for recipients with consent or ER access.
Name
Medicaid ID
DOB
Gender - Age
Race & Ethnicity
Medicaid Managed Care Plan
Complex Needs (All Ages)
Health Home Plus Eligibility (Age 18+)
High Fidelity Wraparound-Likely Eligible (Ages 6-20)
Current PHI Access
QUJCQVMi UrVIQUbMQU6
RaqtOT2tOVA
MDYIMDEIMTatMA
R6 LQ NTU
Asian
Independent Health's MediSource
Yes
PSYCKES Consent
QUJERUnHQV3BRCm RaFURUvSQU3BQ6
RVIvM9IpMaM
MDMIMTAIMTasNA
R6 LQ N9E
Asian
Independent Health's MediSource
Yes
Yes
Health Home Consent
QUJERUnMQSm QUJERUnMQQ
RbasNDUsNba
MDEIMDEIMTauNA
TQ LQ NDI
Black
Molina Healthcare of New York
Yes
Yes
No Access
QUJESSm QaFMSqVFUmTQ
RqivNpYqMEE
MD2IMDEIMTauNm
R6 LQ Mp6
White
Fidelis Care New York
Yes
Yes
Verbal PSYCKES Consent
QUJEVUnBVEVFR8m Sq7BTEVFTA
RVevNDIpNaM
MDUIM9aIMTasNQ
TQ LQ N9A
White
Independent Health's MediSource
Yes
Yes
PSYCKES Consent
QUJEVUnIVVNTRUbOLA SEFTQUu
RaIpODAvNa
MD2IMDEIMT
TQ LQ NpE
White
Yes
Yes
Health Home Consent
QUJEVUnKQUnFRUmi TaFERUVN
EIMT6IMT
TQ LQ NTa
White
Independent Health's MediSource
Yes
Yes
Health Home Consent
QUJEVUnMQU6i QUZSQU6
MTAIMDUIMTasNm
R6 LQ NT6
White
Fidelis Care New York
Yes
Yes
Health Home Consent
Click here to scroll…


My QI Report
Statewide Reports
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Provider Search
Registrar
Usage
Utilization Reports
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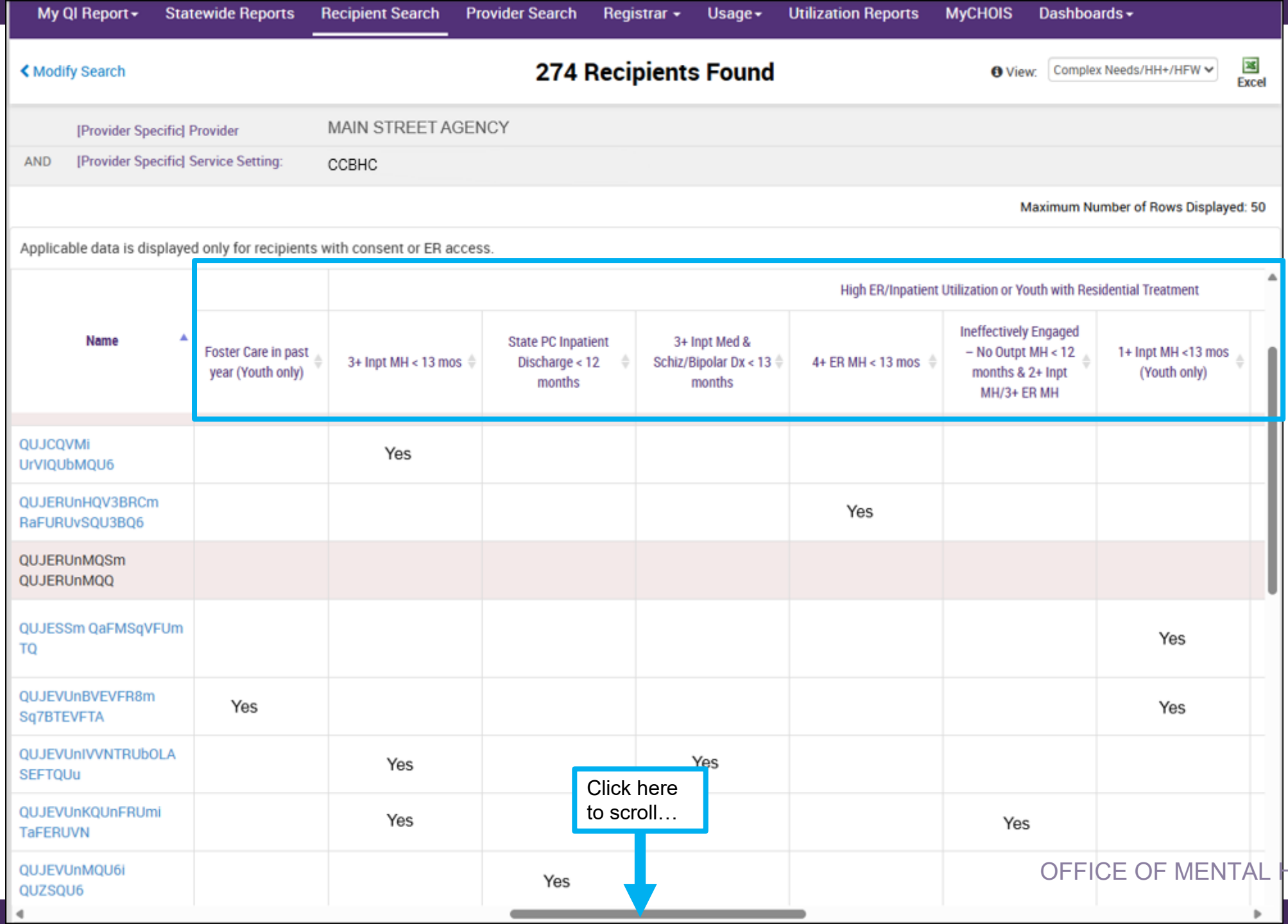
Dashboards
Modify Search
274 Recipients Found
View: Complex Needs/HH+/HFW
Excel
[Provider Specific] Provider
MAIN STREET AGENCY
AND
[Provider Specific] Service Setting:
CCBHC
Maximum Number of Rows Displayed: 50
Applicable data is displayed only for recipients with consent or ER access.
Risk
Name
AOT active or expired in the past year
CNYPC Release < 12 months
Homicidal ideation in past year and 1+ MH ED/CPEP/IP in past year
Suicide attempt: Any history
Opioid overdose in the past year
Homeless in past 6 months with DOH SMI in past year
K3 Serious Emotional Disturbance in past year (Youth only)
Foster Ca
year (You
QUJCQVMi UrVIQUbMQU6
Yes
Yes
QUJERUnHQV3BRCm RaFURUvSQU3BQ6
Yes
Yes
QUJERUnMQSm QUJERUnMQQ
QUJESSm QaFMSqVFUm TQ
Yes
Yes
QUJEVUnBVEVFR8m Sq7BTEVFTA
Yes
QUJEVUnIVVNTRUbOLA SEFTQUu
Yes
QUJEVUnKQUnFRUmi TaFERUVN
Yes
QUJEVUnMQU6i QUZSQU6
Yes
Yes
Click here to scroll…


My QI Report
Statewide Reports
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Provider Search
Registrar
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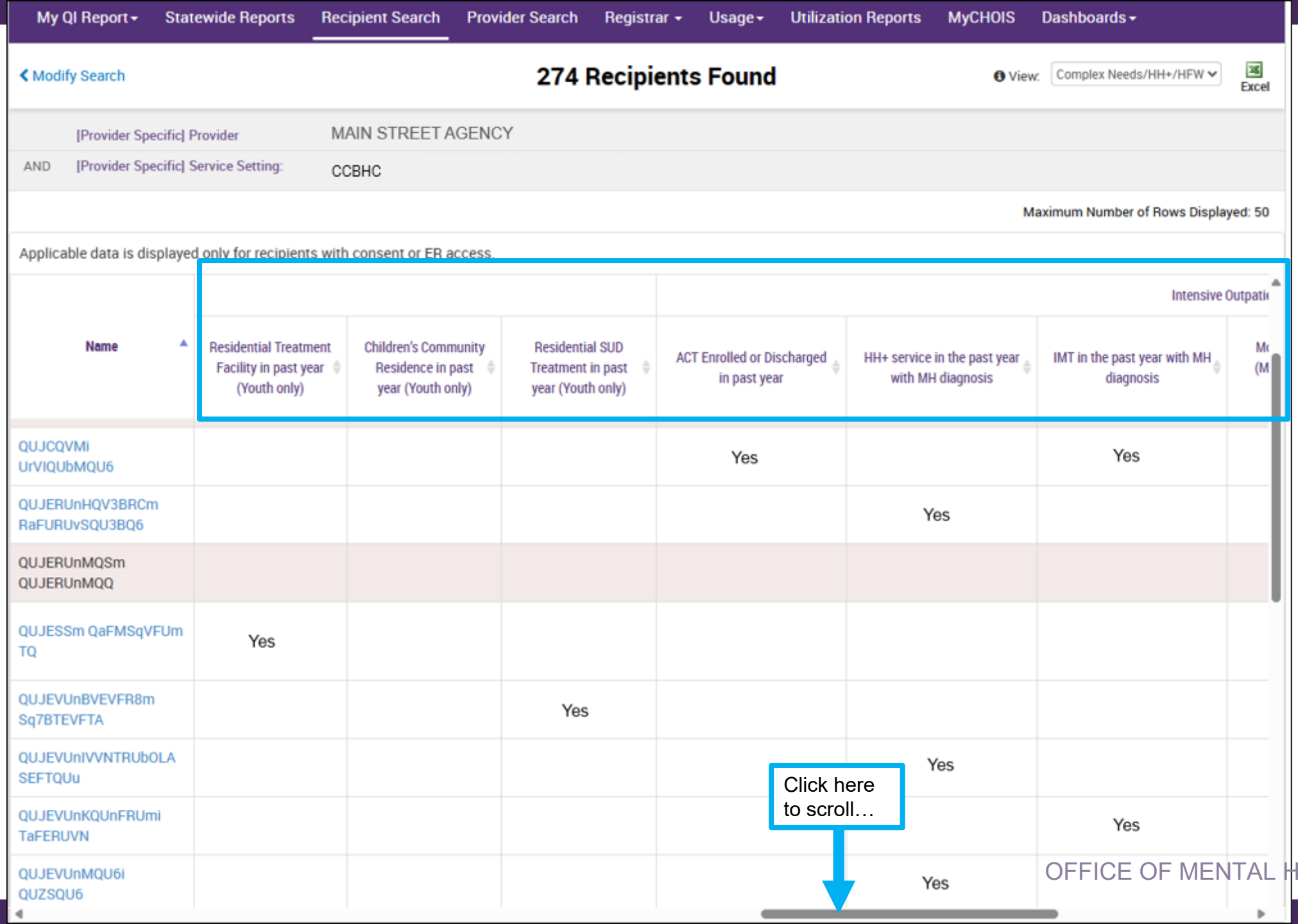
Modify Search
274 Recipients Found
View: Complex Needs/HH+/HFW
Excel
[Provider Specific] Provider
MAIN STREET AGENCY
AND
[Provider Specific] Service Setting:
CCBHC
Maximum Number of Rows Displayed: 50
Applicable data is displayed only for recipients with consent or ER access.
High ER/Inpatient Utilization or Youth with Residential Treatment
Name
Foster Care in past year (Youth only)
3+ Inpt MH < 13 mos
State PC Inpatient Discharge < 12 months
3+ Inpt Med & Schiz/Bipolar Dx < 13 months
4+ ER MH < 13 mos
Ineffectively Engaged – No Outpt MH < 12 months & 2+ Inpt MH/3+ ER MH
1+ Inpt MH <13 mos (Youth only)
QUJCQVMi UrVIQUbMQU6
Yes
QUJERUnHQV3BRCm RaFURUvSQU3BQ6
Yes
QUJERUnMQSm QUJERUnMQQ
QUJESSm QaFMSqVFUm TQ
Yes
QUJEVUnBVEVFR8m Sq7BTEVFTA
Yes
Yes
QUJEVUnIVVNTRUbOLA SEFTQUu
Yes
Yes
QUJEVUnKQUnFRUmi TaFERUVN
Yes
Yes
QUJEVUnMQU6i QUZSQU6
Yes
Click here to scroll…


My QI Report
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274 Recipients Found
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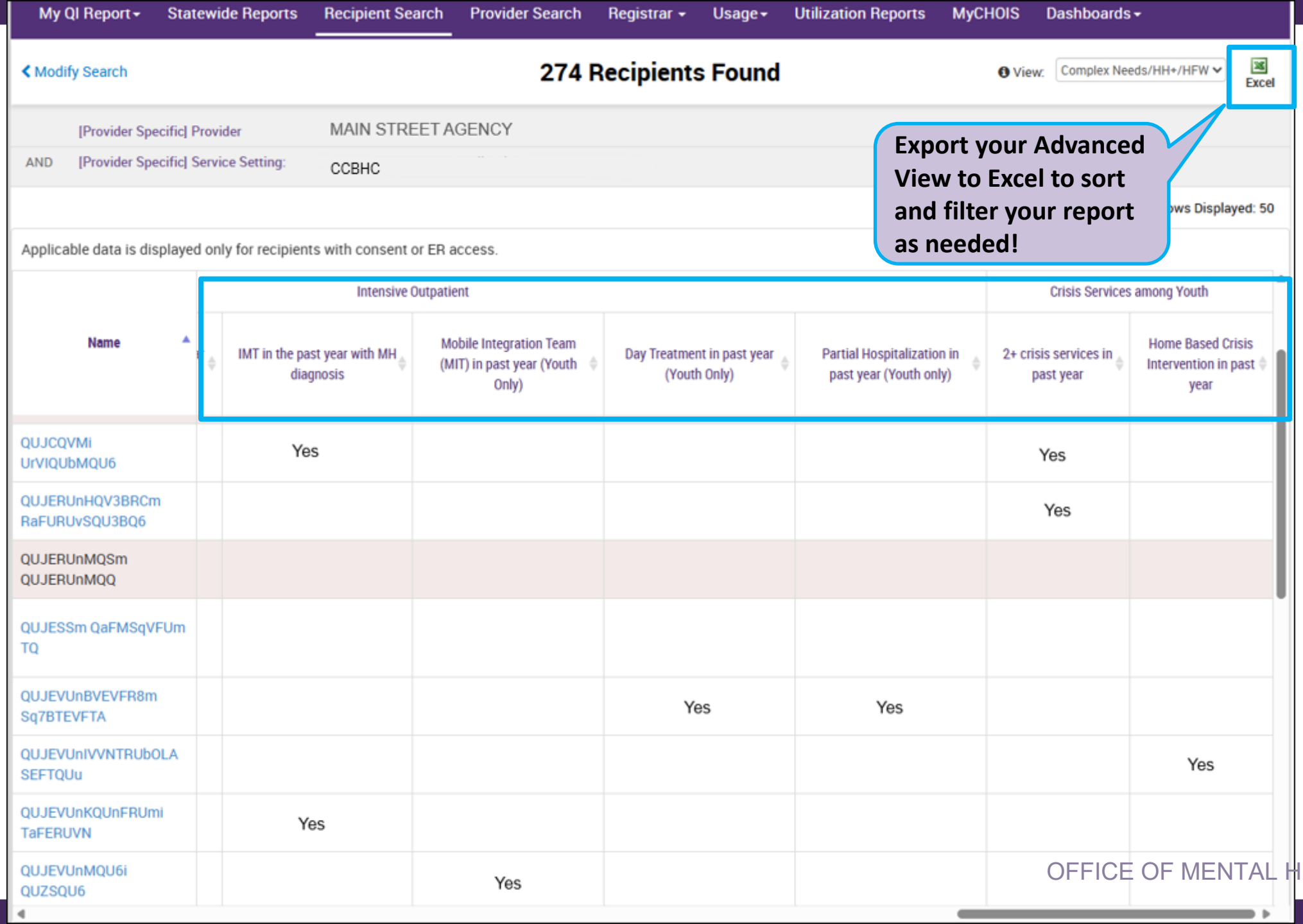
Excel
[Provider Specific] Provider
MAIN STREET AGENCY
AND
[Provider Specific] Service Setting:
CCBHC
Maximum Number of Rows Displayed: 50
Applicable data is displayed only for recipients with consent or ER access.
Intensive Outpati
Name
Residential Treatment Facility in past year (Youth only)
Children's Community Residence in past year (Youth only)
Residential SUD Treatment in past year (Youth only)
ACT Enrolled or Discharged in past year
HH+ service in the past year with MH diagnosis
IMT in the past year with MH diagnosis
QUJCQVMI UrVIQUbMQU6
Yes
Yes
QUJERUnHQV3BRCm RaFURUvSQU3BQ6
Yes
QUJERUnMQSm QUJERUnMQQ
QUJESSm QaFMSqVFUm TQ
Yes
QUJEVUnBVEVFR8m Sq7BTEVFTA
Yes
QUJEVUnIVVNTRUbOLA SEFTQUu
Yes
QUJEVUnKQUnFRUmi TaFERUVN
Yes
QUJEVUnMQU6i QUZSQU6
Yes
Click here to scroll…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Dashboards
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274 Recipients Found
View: Complex Needs/HH+/HFW
Excel
[Provider Specific] Provider
MAIN STREET AGENCY
AND
[Provider Specific] Service Setting:
CCBHC
Export your Advanced View to Excel to sort and filter your report as needed!
Applicable data is displayed only for recipients with consent or ER access.
Intensive Outpatient
Crisis Services among Youth
Name
IMT in the past year with MH diagnosis
Mobile Integration Team (MIT) in past year (Youth Only)
Day Treatment in past year (Youth Only)
Partial Hospitalization in past year (Youth only)
2+ crisis services in past year
Home Based Crisis Intervention in past year
QUJCQVMi UrVIQUbMQU6
Yes
Yes
QUJERUnHQV3BRCm RaFURUvSQU3BQ6
Yes
QUJERUnMQSm QUJERUnMQQ
QUJESSm QaFMSqVFUm TQ
QUJEVUnBVEVFR8m Sq7BTEVFTA
Yes
Yes
QUJEVUnIVVNTRUbOLA SEFTQUu
Yes
QUJEVUnKQUnFRUmi TaFERUVN
Yes
QUJEVUnMQU6i QUZSQU6
Yes

Clinical Summary

What is a PSYCKES Clinical Summary?

- Summarizes up to 5 years of treatment history for a client
- Creates an integrated view from all databases available through PSYCKES
  - E.g., Hospitalizations from Medicaid billing, State PC residential services from State PC EMR, health home information from MAPP, suicide risk from incident management, AOT court orders from OMH database, Homelessness information from DHS and Medicaid
- Summarizes treatment episodes to support rapid review
- Episodes of care linked to detailed dates of service if needed (including diagnosis and procedures)
- Clinical Summary organized by sections like an EMR

Clinical Summary Sections

- General
- Current Care Coordination
- Notifications
- Active Medicaid Restrictions
- Alerts
- Social Determinants of Health (SDOH)
- Quality Flags
- Plans & Documents
- BH/Medical Diagnoses
- IVOS
- Care Coordination (historical)
- Medications (Controlled, BH, Medical)
- Outpatient Services (BH, Medical)
- Crisis Services
- Hospital/ER
- Dental/Vision
- Living Support/Residential Treatment
- Laboratory & Pathology
- Radiology
- Medical Equipment
- Transportation

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Recipient Search

QUJSQUrTLA RabORVNTRQ

As of 7/14/2026 Data sources

PDF

Brief Overview | Full Summary

Data with Special Protection Show Hide
This report contains all available clinical data.

DOB: XX/XX/XXXX (XX Yrs)
Address: MTE QUvO UrQ, UrRBVEVO SVNMQUvE, Tba, MTApMDI

Medicaid ID: VFMnODYqOU6 Medicare: No
Managed Care Plan: No Managed Care(FFS Only)
MC Plan Assigned PCP : N/A

HARP Status: Not HARP Eligible (Current Medicaid Enrollees excluding H1-H9)
HARP HCBS Assessment Status: N/A
Medicaid Eligibility Expires on: 07/31/2026

Current Care Coordination

NYC Jail Based Care	NYC CORRECTIONAL HEALTH SERVICES (Jail Admission Date: 01/07/2026, Jail Discharge Date: 03/26/2026, Released to: Community) **Meds at time of discharge**: Sertraline Hcl Tablet 25 Mg: 75mg At Bedtime, Diphenhydramine (Psych) 50 Mg Capsule: 50 Mg At Bedtime, Prazosin (Psych) 1 Mg Capsule: 1 Mg At Bedtime
NYC Dept of Homeless Services Shelter	CRF BRONX HOTELS (Families with Children, General) • BRONX Most Recent Placement Date: 24-NOV-22 Shelter Director Contact : Valerie Wells, 9296284198, wellsv@icahnhouse.org

Notifications

Complex Needs due to	3+ Inpt MH < 13 months , HH+ Eligibility , Homeless in past 6 months + SMI , Ineffectively Engaged: No Outpt MH < 12 months with 2+ Inpt MH or 3+ ER MH , Intensive Mobile Treatment (IMT) in past year with MH diagnosis
Medicaid Eligibility Alert	This client must re-certify their Medicaid enrollment through their County Local Department of Social Services (LDSS) (Expiration: 07/31/2026) For more information visit How to Renew Your Health Insurance | County LDSS Or contact the client's county LDSS New York State Local Departments of Social Services (LDSS) If the client needs help with this process, please contact a Facilitated Enroller.
High Mental Health Need due to	3+ Inpt MH < 13 months ; HH+ Eligibility ; Ineffectively Engaged - No Outpt MH < 12 months & 2+ Inpt MH/3+ ER MH ; Intensive Mobile Treatment (IMT) in past year with MH diagnosis
CORE Eligibility	This client is eligible for Community Oriented Recovery and Empowerment (CORE) services. For more information on CORE, visit: https://omh.ny.gov/omhweb/bho/core

Alerts • all available		Most Recent	
1	**Homelessness - NYC DHS Shelter**	Current	CRF BRONX HOTELS (Families with Children, General)
3	**C-SSRS (Suicide Screen)** (3 C-SSRS)	4/20/2026	BESTSELF BEHAVIORAL HEALTH, INC.

Scroll down

PSYCKES Data Sources for Individuals with Medicaid Enrollment

Clinical Summaries display information from multiple sources and are updated weekly.

PDF close

NYS Medicaid billing database For consumers who have received behavioral health diagnosis, service, or psychotropic medication paid for by Medicaid.	Weekly information on Medicaid Fee for Service claims or Managed Care encounter data, includes: • Care Coordination information • Diagnoses • Medications • Quality Flags • Outpatient Medical or Behavioral Health Services • Hospital/ER services • Crisis services • Living Support/Residential • Laboratory & Pathology • Radiology • Dental • Vision • Medical Equipment • Transportation

MAPP - Health Home and Care Management Database from DOH
For consumers in outreach or enrolled in Health Homes and Care Management programs
	Weekly information from DOH Health Home file:
	• Outreach or enrollment status
	• Health Home and Care Management provider names
	• Start and End Dates
	• Health Home/Care Management Agency
	• information from DOH website:
	  ◦ main contact name/phone number
	  ◦ referral contact name and phone number

Managed Care Enrollment Table For consumers enrolled in a Managed Care Plan/Product Line	Weekly information from MC Enrollment Table • Name of Managed Care Plan • HARP Status • Managed Care Assigned Primary Care Physician (updated quarterly)
Uniform Assessment System New York (UAS-NY) assessment platform For consumers with a Health and Recovery Plan (HARP) Home and Community Services (HCBS) Assessment Status/Results	Weekly information from UAS-NY: • HARP HCBS Assessment Status
TACT - Tracking for AOT Cases and Treatment For consumers on an Assisted Outpatient Treatment (AOT) order.	Weekly information from TACT (in the past 5 years) • AOT provider name • enrollment date • expiration date • main contact name and phone number • rationale for non-renewal

Social Determinants of Health (SDOH) Past Year - reported in billing

Other problems related to primary support group, including family circumstances

Other specified problems related to primary support group

Problems related to housing and economic circumstances

Housing instability, housed, with risk of homelessness • Homelessness unspecified

Problems related to upbringing

Non-parental relative-child conflict • Runaway [from current living environment]

Active Quality Flags • as of monthly QI report 6/1/2026

BH QARR - Improvement Measure

Adherence - Antipsychotic (Schiz)

Health Home Care Management - Adult

HARP-Enrolled - No Assessment for HCBS

High Utilization - Inpt/ER

2+ ER - BH • 2+ ER - MH • 2+ Inpatient - BH • 2+ Inpatient - MH • 4+ Inpatient/ER - BH • 4+ Inpatient/ER - MH • Clozapine Candidate with 4+ Inpatient/ER - MH

Hospital Outcome Measure Set

No Follow Up After MH ED discharge from this Hospital - 30 Days • No Follow Up After MH ED discharge from this Hospital - 7 Days • No Follow Up after MH Inpatient discharge from this Hospital - 7 Days

MH Performance Tracking Measure (as of 12/01/2025)

No Engagement after MH Inpatient • No Follow Up After MH ED Visit - 30 Days • No Follow Up After MH ED Visit - 7 Days • No Follow Up after MH Inpatient - 7 Days

SUD Performance Tracking Measure (as of 12/01/2025)

No Engagement in Opioid Use Disorder (OUD) Treatment • No Engagement in SUD Treatment • No Initiation of Medication Assisted Treatment (MAT) for New Episode of Opioid Use Disorder (OUD) • No Utilization of Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD) • No Utilization of Pharmacotherapy for Alcohol Abuse or Dependence

Treatment Engagement

Adherence - Antipsychotic (Schiz)

Vital Signs Dashboard - Adult (as of 12/01/2025)

Clozapine Candidate with 4+ Inpatient/ER - MH • No Follow Up After MH ED Visit - 30 Days • No Follow Up After MH ED Visit - 7 Days • No Follow Up after MH Inpatient - 7 Days

Diagnoses Past Year

Behavioral Health (13)	**5 Most Recent**:Schizoaffective Disorder • Tobacco related disorder • Other psychoactive substance related disorders • Cannabis related disorders • Attention Deficit Hyperactivity Disorder ... **5 Most Frequent (# of services)**:Schizoaffective Disorder(16) • Schizophrenia(14) • Cannabis related disorders(10) • Other psychoactive substance related disorders(8) • Major Depressive Disorder(8) ...
Medical (25)	**5 Most Recent**:Other anemias • Long term (current) drug therapy • Disorders of lipoprotein metabolism and other lipidemias • Other cardiac arrhythmias • Overweight and obesity ... **5 Most Frequent (# of services)**:Other joint disorder, not elsewhere classified(6) • Overweight and obesity(4) • Symptoms and signs involving appearance and behavior(4) • Encounter for screening for other diseases and disorders(4) • Persons encountering health services in other circumstances(4) ...

Scroll down

Medications Past Year	Last Pick Up	
Gabapentin (Gabapentin) • Mood Stabilizer	6/12/2026	Dose: 400 MG, 1/day • Quantity: 30
Olanzapine (Olanzapine) • Antipsychotic	6/12/2026	Dose: 5 MG, 1/day • Quantity: 30
Diphenhydramine Hcl (Banophen) • Antihistamines - Ethanolamines	4/1/2026	Dose: 25 MG, 1/day • Quantity: 30
Diphenhydramine Hcl (Diphenhydramine Hcl) • Antihistamines - Ethanolamines	4/1/2026	Dose: 25 MG, 1/day • Quantity: 30
Divalproex Sodium (Divalproex Sodium Er) • Mood Stabilizer	9/25/2025	Dose: 500 MG, 2/day • Quantity: 28
Aripiprazole (Aripiprazole) • Antipsychotic	9/24/2025	Dose: 20 MG, 1/day • Quantity: 14
Guanfacine Hcl (Guanfacine Hcl Er) • ADHD Med	9/24/2025	Dose: 2 MG, 1/day • Quantity: 14
Midazolam Hydrochloride, Injection (Midazolam Hydrochloride, Injection) • Anxiolytic/Hypnotic	9/17/2025	Dose: PER 1 MG • Quantity: null
Guaifenesin (Guaifenesin) • Expectorants	9/15/2025	Dose: 100 MG/5ML, 8.57/day • Quantity: 120
Haloperidol, Injection (Haloperidol, Injection) • Antipsychotic	9/9/2025	Dose: UP TO 5 MG • Quantity: null
Ibuprofen (Ibuprofen) • Nonsteroidal Anti-inflammatory Agents (NSAIDs)	9/2/2025	Dose: 600 MG, 2.8/day • Quantity: 14
Acetaminophen (Acetaminophen Er) • Analgesics Other	8/19/2025	Dose: 650 MG, 2/day • Quantity: 60
Lorazepam, Injection (Lorazepam, Injection) • Anxiolytic/Hypnotic	8/7/2025	Dose: 2 MG • Quantity: null
Cyclobenzaprine Hcl (Cyclobenzaprine Hcl) • Central Muscle Relaxants	7/30/2025	Dose: 10 MG, 1/day • Quantity: 14

Outpatient Providers Past Year	Last Service Date & Type	
BRIDGE BACK TO LIFE CTR INC	5/20/2026	Clinic - SU Specialty
SAMARITAN VILLAGE INC	10/2/2025	Clinic - SU Specialty
WILLIAM F RYAN COMM HLTH CTR	9/25/2025	Clinic - Medical Specialty

All Hospital and Crisis Utilization • 5 Years

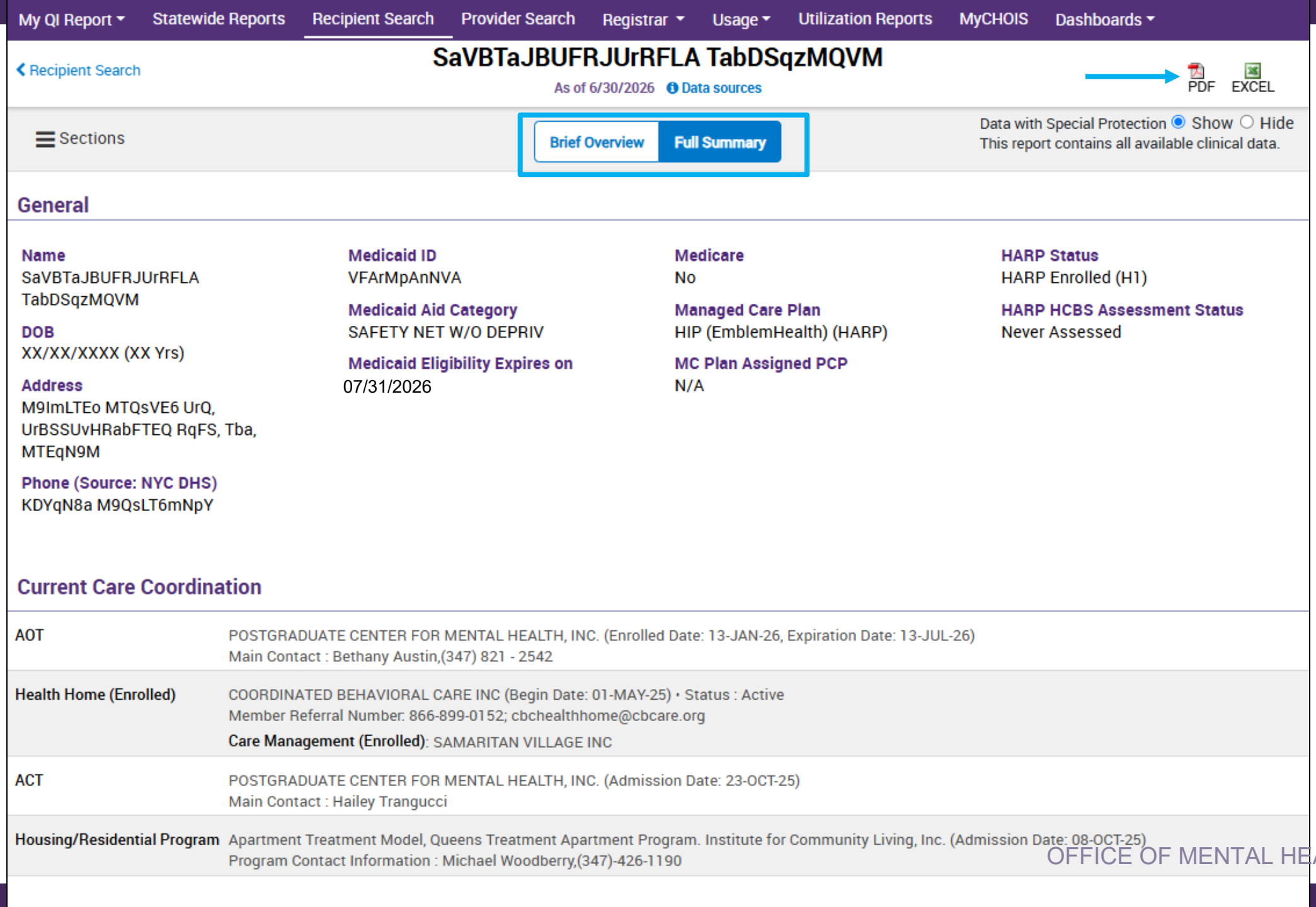
ER Visits	# Providers	Last ER Visit
27 Medical	10	10/6/2025 at BELLEVUE HOSPITAL CENTER
13 Mental Health	8	10/6/2025 at BELLEVUE HOSPITAL CENTER
3 Substance Use	3	9/15/2025 at NEW YORK CITY HEALTH AND HOSPITALS
Inpatient Admissions	**# Providers**	**Last Inpatient Admission**
8 Mental Health	3	9/24/2025 at ST LUKES ROOSEVELT HSP CTR PSYCH UN
1 Medical	1	4/15/2023 at HARLEM HOSPITAL CENTER
Crisis Services	**# Providers**	**Last Crisis Service**

No Medicaid claims for this data type in the past 5 years

Brief Overview as of 6/30/2026

View Full Summary

Export Overview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Statewide Reports
Recipient Search
Provider Search
Registrar
Usage
Utilization Reports
MyCHOIS
Dashboards
Recipient Search
SaVBTaJBUFRJUrRFLA TabDSqzMQVM
As of 6/30/2026
Data sources
PDF
EXCEL
Sections
Brief Overview
Full Summary
Data with Special Protection Show Hide
This report contains all available clinical data.
General
Name
SaVBTaJBUFRJUrRFLA TabDSqzMQVM
DOB
XX/XX/XXXX (XX Yrs)
Address
M9ImLTEo MTQsVE6 UrQ, UrBSSUvHRabFTEQ RqFS, Tba, MTEqN9M
Phone (Source: NYC DHS)
KDYqN8a M9QsLT6mNpY
Medicaid ID
VFArMpAnNVA
Medicaid Aid Category
SAFETY NET W/O DEPRIV
Medicaid Eligibility Expires on
07/31/2026
Medicare
No
Managed Care Plan
HIP (EmblemHealth) (HARP)
MC Plan Assigned PCP
N/A
HARP Status
HARP Enrolled (H1)
HARP HCBS Assessment Status
Never Assessed
Current Care Coordination
AOT
POSTGRADUATE CENTER FOR MENTAL HEALTH, INC. (Enrolled Date: 13-JAN-26, Expiration Date: 13-JUL-26)
Main Contact : Bethany Austin,(347) 821 - 2542
Health Home (Enrolled)
COORDINATED BEHAVIORAL CARE INC (Begin Date: 01-MAY-25) • Status : Active
Member Referral Number: 866-899-0152; cbchealthhome@cbcare.org
Care Management (Enrolled): SAMARITAN VILLAGE INC
ACT
POSTGRADUATE CENTER FOR MENTAL HEALTH, INC. (Admission Date: 23-OCT-25)
Main Contact : Hailey Trangucci
Housing/Residential Program
Apartment Treatment Model, Queens Treatment Apartment Program. Institute for Community Living, Inc. (Admission Date: 08-OCT-25)
Program Contact Information : Michael Woodberry,(347)-426-1190

Alerts

Alerts Incidents from NIMRS, Service invoices from Medicaid Details

Table | Graph

Alert Type	Number of Events/Meds/Positive Screens	First Date	Most Recent Date	Provider Name(s)	Program Name	Severity/Diagnosis/ Meds/Results
Treatment for Suicidal Ideation	48	11/3/2016	7/24/2025	NEW YORK CITY HEALTH AND HOSPITALS	Inpatient - MH	Suicidal Ideation
C-SSRS (Suicide Screen)	1	4/6/2020	4/6/2020	SOUTH BEACH PSYCHIATRIC CENTER		Suicidal Behavior in Lifetime
Treatment for Self inflicted Poisoning	7	12/14/2016	12/21/2019	BELLEVUE HOSPITAL CENTER	ER - Medical	Self inflicted Poisoning
Treatment for Suicide Attempt	3	2/19/2017	8/12/2017	NASER YAZIGI MD PC	Inpatient - Medical - Group - Physician - Internal Medicine	Suicide Attempt
Overdose - Opioid	1	4/14/2017	4/14/2017	CONEY ISLAND MEDICAL PRACTICE PLAN	ER - SU - Group - Physician - Internal Medicine	Overdose - Opioid
Intentional Overdose - Opioid	1	2/19/2017	2/19/2017	MAIMONIDES MEDICAL CENTER	ER - SU	Intentional Overdose - Opioid
Treatment for Self inflicted Harm/Injury	1	2/19/2017	2/19/2017	MAIMONIDES MEDICAL CENTER- MMC EMER	ER - Medical - Group - Physician - Emergency Medicine	Self inflicted Harm/Injury

Social Determinants of Health (SDOH) reported in billing

Social Determinants of Health (SDOH) reported in billing

Adult and child abuse, neglect and other maltreatment, confirmed	Adult sexual abuse, confirmed, initial encounter
Other problems related to primary support group, including family circumstances	Disappearance and death of family member • Disruption of family by separation and divorce
Personal risk factors, not elsewhere classified	Personal history of adult physical an
Problems related to education and literacy	Less than a high school diploma
Problems related to employment and unemployment	Unemployment, unspecified
Problems related to housing and economic circumstances	Sheltered homelessness • Homelessness • Homelessness unspecified • Food insecurity • Other problems related to housing and economic circumstances • Transportation insecurity • Low income • Problem related to housing and economic circumstances, unspecified
Problems related to other psychosocial circumstances	Problems related to other legal circumstances
Problems relat	
Problems relat	

Click on a SDOH condition to drill-in and view more details

Services provided for the selected Social Determinants of Health:
Sheltered homelessness

PDF Excel

Previous 1 Next

Date of Service	Service Type	Service Subtype	Provider Name	Primary, secondary, and quality flag-related diagnoses
5/2/2026	Inpatient-ER	ER - MH	NEW YORK PRESBYTERIAN HOSPITAL	Sheltered homelessness, Unspecified mood [affective] disorder

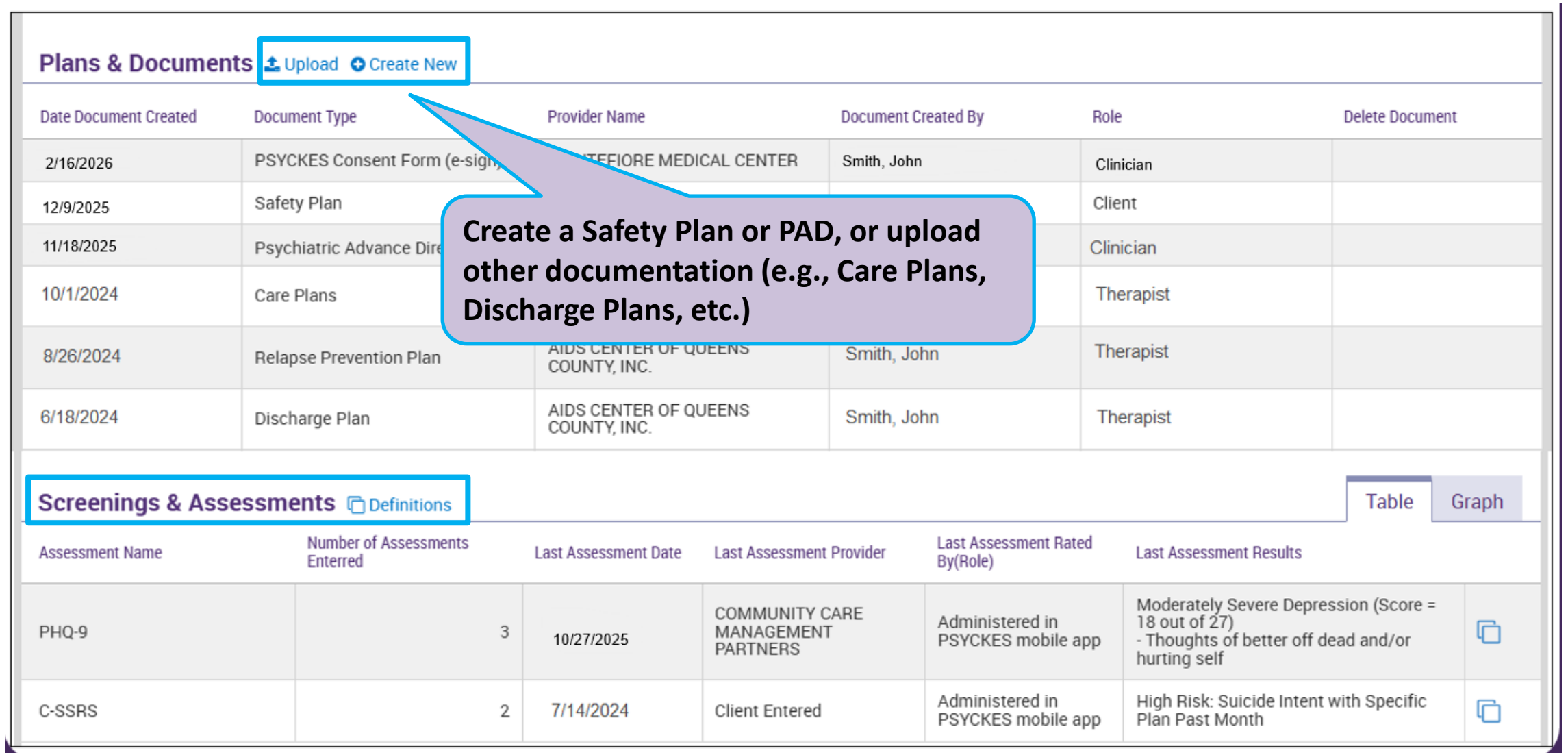
Quality Flags Section

Quality Flags as of monthly QI report 6/1/2026 Definitions

Recent | All (Graph) | All (Table)

Indicator Set	
Health Home Care Management - Adult	Eligible for Health Home Plus - No Health Home Plus Service Past 12 Months • Eligible for Health Home Plus - No Health Home Plus Service Past 3 Months • Eligible for Health Home Plus - Not Health Home Enrolled
High Utilization - Inpt/ER	10+ ER - All Cause • 2+ ER - BH • 2+ ER - MH • 2+ ER - Medical • 2+ Inpatient - BH • 2+ Inpatient - MH • 4+ Inpatient/ER - BH • 4+ Inpatient/ER - MH • 4+ Inpatient/ER - Med
Hospital Outcome Measure Set	No Follow Up after MH Inpatient discharge from this Hospital - 7 Days
MH Performance Tracking Measure (as of 12/01/2025)	Low Antipsychotic Medication Adherence - Schizophrenia • Low Mood Stabilizer Medication Adherence - Bipolar • No Follow Up after MH Inpatient - 7 Days
Readmission Post-Discharge from any Hospital	All Cause to All Cause • BH to BH • MH to MH
Readmission Post-Discharge from any Hospital(Episode Based)	Readmission (30d) from any Hosp: BH to All Cause • Readmission (30d) from any Hosp: BH to BH • Readmission (30d) from any Hosp: MH to All Cause • Readmission (30d) from any Hosp: MH to MH
Readmission Post-Discharge from this Hospital(Episode Based)	Readmission (30d) from this Hosp: BH to All Cause • Readmission (30d) from this Hosp: BH to BH • Readmission (30d) from this Hosp: MH to All Cause • Readmission (30d) from this Hosp: MH to MH
SUD Performance Tracking Measure (as of 12/01/2025)	No Engagement in SUD Treatment • No Initiation of Medication Assisted Treatment (MAT) for New Episode of Opioid Use Disorder (OUD) • No Initiation of SUD Treatment • No Utilization of Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD)
Treatment Engagement	Adherence - Mood Stabilizer (Bipolar)
Vital Signs Dashboard - Adult (as of 12/01/2025)	Eligible for Health Home Plus - No Health Home Plus Service Past 12 Months • Low Antipsychotic Medication Adherence - Schizophrenia • No Follow Up after MH Inpatient - 7 Days • Readmission (30d) from any Hosp: MH to MH

Plans & Documents, Screenings & Assessments



Plans & Documents

Upload | Create New

Date Document Created	Document Type	Provider Name	Document Created By	Role	Delete Document
2/16/2026	PSYCKES Consent Form (e-sign)	TEFIORE MEDICAL CENTER	Smith, John	Clinician	
12/9/2025	Safety Plan			Client	
11/18/2025	Psychiatric Advance Dire			Clinician	
10/1/2024	Care Plans			Therapist	
8/26/2024	Relapse Prevention Plan	AIDS CENTER OF QUEENS COUNTY, INC.	Smith, John	Therapist	
6/18/2024	Discharge Plan	AIDS CENTER OF QUEENS COUNTY, INC.	Smith, John	Therapist	

Create a Safety Plan or PAD, or upload other documentation (e.g., Care Plans, Discharge Plans, etc.)

Screenings & Assessments

Definitions | Table | Graph

Assessment Name	Number of Assessments Entered	Last Assessment Date	Last Assessment Provider	Last Assessment Rated By(Role)	Last Assessment Results
PHQ-9	3	10/27/2025	COMMUNITY CARE MANAGEMENT PARTNERS	Administered in PSYCKES mobile app	Moderately Severe Depression (Score = 18 out of 27) - Thoughts of better off dead and/or hurting self
C-SSRS	2	7/14/2024	Client Entered	Administered in PSYCKES mobile app	High Risk: Suicide Intent with Specific Plan Past Month

Diagnoses (Behavioral Health, Medical)

Behavioral Health Diagnoses

Primary, secondary, and quality flag-related diagnoses (most frequent first)

Schizoaffective Disorder • Other psychoactive substance related disorders • Schizophrenia • Cannabis related disorders • Cocaine related disorders • Substance-Induced Psychotic Disorder • Tobacco related disorder • Antisocial Personality Disorder • Hallucinogen related disorders • Alcohol related disorders • Major Depressive Disorder • Unspecified/Other Psychotic Disorders • Substance-Induced Depressive Disorder • Adjustment Disorder • Unspecified/Other Anxiety Disorder • Unspecified/Other Depressive Disorder • Other stimulant related disorders • Unspecified/Other Personality Disorder • Conduct Disorder

Medical Diagnoses

Primary, secondary, and quality flag-related diagnoses (most frequ

Certain infectious and parasitic diseases	Other sepsis • Pediculosis and phthiriasis
Codes for special purposes	COVID-19
Diseases of the circulatory system	Essential (primary) hypertension • Heart failure • Hypertensive chronic kidney disease • Occlusion and stenosis of precerebral arteries, not resulting in cerebral infarction • Other peripheral vascular diseases
Diseases of the eye and adnexa	Glaucoma • Other disorders of conjunctiva • Other cataract

Click on a diagnosis to drill-in and view more details such as date of service, service type & subtype, provider, and other diagnoses

Services provided for the selected Diagnosis:
Schizoaffective Disorder

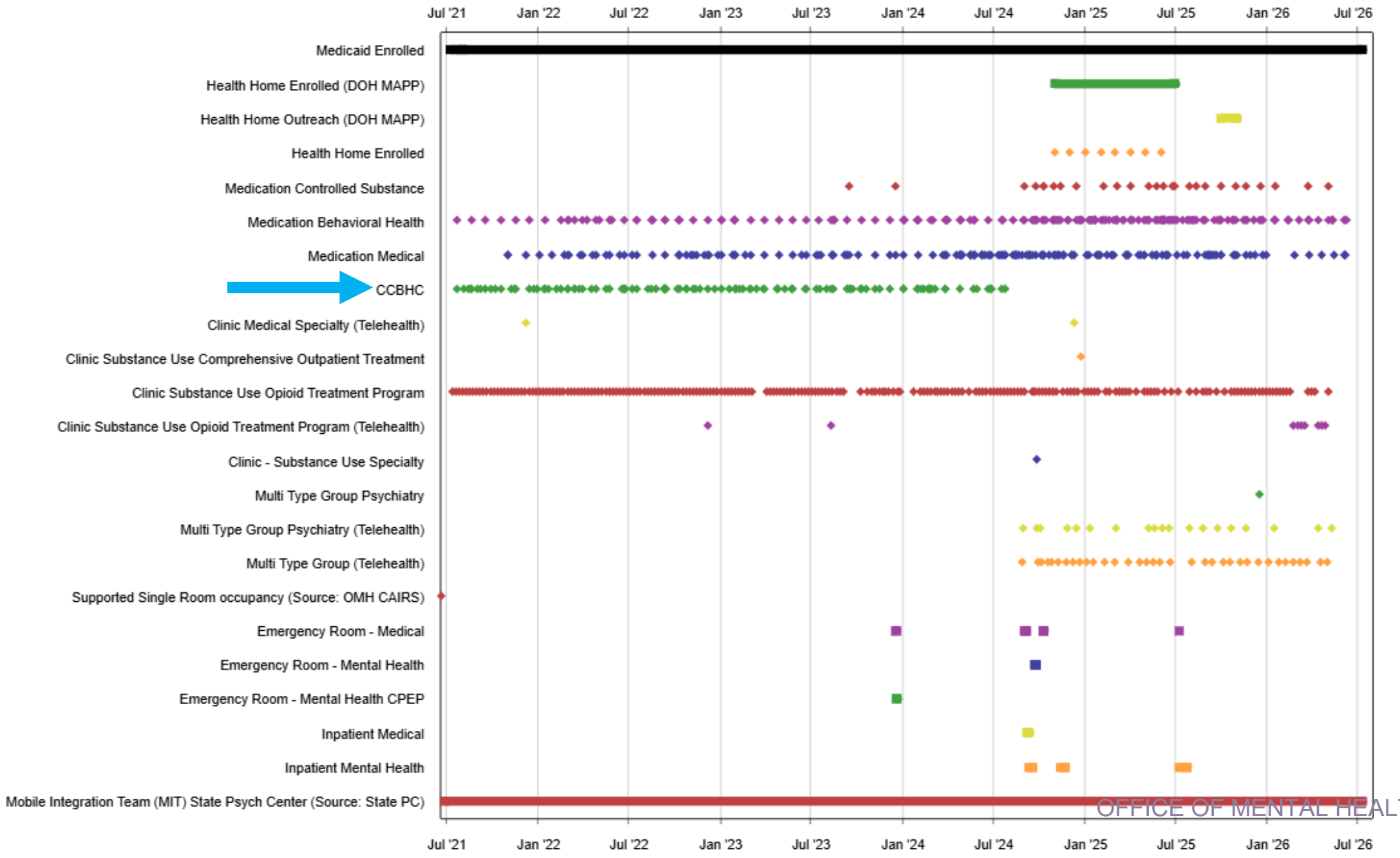
PDF Excel

Previous 1 2 3 4 5 6 7 8 9 10 ... 17 Next

Date of Service	Service Type	Service Subtype	Provider Name	Primary, secondary, and quality flag-related diagnoses
4/12/2026	Inpatient-ER	ER - MH - CPEP	ST LUKES ROOSEVELT HSP CTR	Schizoaffective disorder, unspecified
12/19/2025	Inpatient-ER	ER - MH - Group - Physician - Emergency Medicine	ICAHN SCHOOL OF MEDICINE AT MOUNT S	Schizoaffective disorder, unspecified

Integrated View of Services Over Time

Table | Graph



Outpatient Behavioral Health

Behavioral Health Services

Details | Table | Graph

Service Type	Provider	First Date Billed	Last Date Billed	Number of Visits	Most Recent Primary Diagnosis	Procedures (Last 3 Months)
CCBHC	SAMARITAN VILLAGE INC	10/28/2024	5/14/2026	28	Autistic disorder	- COMM BH CLINIC SVC PER DIEM, OFFICE O/P EST LOW 20 MIN, PREV MED CNSL INDIV APPRX 15 - COMM BH CLINIC SVC PER DIEM, OFFICE O/P EST LOW 20 MIN - COMM BH CLINIC SVC PER DIEM, PSYTX W PT 45 MINUTES
Clinic - Medical Specialty	SEGUNDO RUIZ BELVIS D & T CTR	10/13/2022	9/3/2025	5	Encounter for routine child health examination without abnormal findings	- Alcohol/Drug Screening, Developmental Screen W/Score
Clinic - Unspecified Specialty	SEGUNDO RUIZ BELVIS D & T CTR	9/28/202				

All Behavioral Health Services for SAMARITAN VILLAGE INC Provider

PDF | Excel

First | Previous | 1 | 2 | 3 | 4 | 5 | 6 | Next | Last

Date of Service/First Visit	Service Type	Provider	Primary, secondary, and quality flag-related diagnoses	Procedures	Practitioner
5/14/2026	CCBHC	SAMARITAN VILLAGE INC	Attention-deficit hyperactivity disorder, predominantly inattentive type, Autistic disorder	COMM BH CLINIC SVC PER DIEM, OFFICE O/P EST LOW 20 MIN, PREV MED CNSL INDIV APPRX 15	
4/16/2026	CCBHC	SAMARITAN VILLAGE INC	Attention-deficit hyperactivity disorder, predominantly inattentive type, Autistic disorder	COMM BH CLINIC SVC PER DIEM, OFFICE O/P EST LOW 20 MIN	
3/12/2026	CCBHC	SAMARITAN VILLAGE INC	Attention-deficit hyperactivity disorder, predominantly inattentive type, Autistic disorder	COMM BH CLINIC SVC PER DIEM, OFFICE O/P EST LOW 20 MIN, PREV MED CNSL INDIV APPRX 15	

Outpatient Medical Services

Medical Outpatient Services

Details | Table | Graph

Service Type	Provider	First Date Billed	Last Date Billed	Number of Visits	Most Recent Primary Diagnosis	Most Recent Procedures (Last 3 Months)
Clinic - Medical Specialty	BRONXCARE HOSPITAL CENTER	4/15/2022	5/22/2026	11	Person consulting for explanation of examination or test findings	- Body Mass Index Docd, Bp Scrn Perf Rec Interval, Calc Bmi Abv Up Param F/U, Exercise Class, Heart Failure Composite, Office O/P Est Low 20 Min, Weight Mgmt Class
Clinic - Medical Specialty	E&A MEDICAL SOLUTIONS LLC	7/10/2024	7/10/2024	1	Other chronic pain	- Office O/P New Low 30 Min
Nurse Practitioner	POLIMENI PAT EMILIE MERECIDO	4/5/2023	4/5/2023	1	Encounter for general adult medical examination without abnormal findings	- Behavior Counsel Obesity 15m, Body Mass Index Docd, Depression Screen Annual, Exercise Class, Heart Failure Composite, High Inten Beh Couns Std 30m, Med List Docd In Rcrd, Prev Visit Est Age 18-39, Pure Tone Hearing Test Air, Visual Acuity Screen, Weight Mgmt Class
Urgent Care - Medical Dx	MODERN PHYSICIAN SERVICES PC	11/21/2022	11/21/2022	1		- Office O/P New Mod 45 Min
Physician - Unspecified	ZHANG XIAO	9/21/2022	9/21/2022	1		- Off/Op Est May X Req Phy/Qhp, Sars-Cov-2 Covid19 W/Optic

Crisis Services

Crisis Services

Details

Table | Graph

Service Type	Provider	Admission/Date of Service	Discharge/Date of Service	#Visits/ Length of Stay	Most Recent Primary Diagnosis	Most Recent Procedures (Last 3 Months)	
Mobile Crisis - DOHMH	King County CPEP Crisis Outreach Team	4/16/2026	4/16/2026	1	Other Psychotic Disorder	- Face-to-face contact; Transported: No	
Mobile Crisis - Follow-up	KINGS COUNTY HOSPITAL CENTER	4/16/2026	4/16/2026	1	Depression, unspecified	- Crisis Interven Svc, 15 Min	
Mobile Crisis - DOHMH	King County CPEP Crisis Outreach Team	4/14/2026	4/14/2026	1	Other Psychotic Disorder	- Face-to-face contact; Transported: No	
Mobile Crisis - Response	KINGS COUNTY HO	4/14/2026	4/14/2026	1	Depression, unspecified	- Crisis Interven Svc, 15 Min	

All Crisis Services for King County CPEP Crisis Outreach Team Provider

PDF Excel

Previous 1 Next

Date of Service/ First Visit	Service Type	Provider	Primary, secondary, and quality flag-related diagnoses	Admission/Date of Service	Discharge/Date of Service	Procedure
4/16/2026	Mobile Crisis - DOHMH	King County CPEP Crisis Outreach Team	Other Psychotic Disorder	4/16/2026	4/16/2026	Face-to-face contact; Transported: No
4/14/2026	Mobile Crisis - DOHMH	King County CPEP Crisis Outreach Team	Other Psychotic Disorder	4/14/2026	4/14/2026	Face-to-face contact; Transported: No

Hospital/ER Services

Hospital/ER Services Details

Table | Graph

Service Type	Provider	Admission	Discharge Date/Last Date Billed	Length of Stay	Most Recent Primary Diagnosis	Procedure(s) (Per Visit)
ER - MH - CPEP	ST LUKES ROOSEVELT HSP CTR	3/17/2026	3/17/2026	1	Adjustment disorder with disturbance of conduct	- Psych Diagnostic Evaluation
ER - SU	NEW YORK PRESBYTERIAN HOSPITAL	3/13/2026	3/13/2026	1	Alcohol abuse with intoxication, unspecified	- Hematocrit
ER - SU	QUEENS HOSPITAL	3/9/2026	3/9/2026	1	Alcohol use, unspecified with intoxication, unspecified	- Emergency Dept Visit Mod Mdm
ER - SU	NEW YORK PRESBYTERIAN HOSPITAL INC	3/8/2026	3/8/2026	1	Alcohol use, unspecified with intoxication, unspecified	- Glucose Blood Test
ER - MH	QUEENS HOSPITAL	2/27/2026	2/27/2026	1	Schizophrenia, unspecified	- Basic Metabolic Pnl Total Ca
ER - MH	QUEENS HOSPITAL	2/26/2026	2/26/2026	1	Schizophrenia, unspecified	-
ER - Medical	NYU LANGONE HOSPITALS	2/3/2026	2/3/2026	1	Other symptoms and signs concerning food and fluid intake	- Emergency Dept Visit Sf Mdm
ER - Medical	BROOKDALE HOSPITAL MEDICAL CENTER	1/28/2026	1/28/2026	1	Abrasion, right foot, initial encounter	- X-Ray Exam Of Foot
ER - SU	QUEENS HOSPITAL	1/5/2026	1/5/2026	1	Alcohol abuse with intoxication, unspecified	- Emergency Dept Visit Mod Mdm
ER - SU	ST BARNABAS HOSPITAL	1/2/2026	1/2/2026	1	Alcohol abuse, uncomplicated	- Ther/Proph/Diag Inj Iv Push
ER - Medical	LENOX HILL HOSPITAL	12/31/2025	12/31/2025	1	Encounter for other specified special examinations	- Emergency Dept Visit Low Mdm

My QI Report

About My QI Report

- Tool for managing quality improvement efforts
- Updated monthly
- Eligible Population (denominator): clients or events/episodes plus other parameters depending on quality indicator specifications
- Number with QI Flag (numerator): clients or events/episodes that meet criteria
- Compare prevalence rates for provider agency, region, state
- Filter report by Complex Needs population, program type (e.g., CCBHC, ACT, etc.), client residence or provider location region/county
- Drill down into list of recipients who meet criteria for flag
- Reports can be exported to Excel and PDF

Understanding My QI Report

- Attributing clients to agency QI reports:
  - Billing: Clients linked to provider agency if billed by agency in the past 9 months
  - This rule is used to automatically link clients to providers so that current clients are included in the report each month
- Period of observation for the quality indicator:
  - Assessed by a measure, varies for each measure
  - For example, the period of observation for the High Utilization quality indicator is 13 months

My QI Report | Statewide Reports | Recipient Search | Provider Search | Registrar | Usage | Utilization Reports | Dashboards

MAIN STREET AGENCY

View: Standard | PDF | Excel

Quality Improvement As of 06/01/2026 | **Performance Tracking** As of 12/01/2025

No filters selected | Filters | Reset

Indicator Set

Quality Improvement Indicators as of 06/01/2026 Run monthly on all available data to help rapidly address quality improvement concerns.

Indicator Set	Population	Eligible Population/ Episode	# with QI Flag	%	Regional %	Statewide %	25% 50% 75% 100%
BH QARR - Improvement Measure	All	1,505	448	29.8	35.7	35.8	29.80 35.70 35.80
General Medical Health	All	18,849	2,711	14.4	11.4	12.7	14.40 11.40 12.70
Health Home Care Management - Adult	Adult 18+	2,162	2,037	94.2	86.4	89.9	94.20 86.40 89.90
High Utilization - Inpt/ER	All	18,850	8,555	45.4	27.9	19.2	45.40 27.90 19.20
Polypharmacy	All	2,242	210	9.4	13.7	11.6	9.40 13.70 11.60
Preventable Hospitalization	Adult	17,663	331	1.9	1.4	0.9	1.90 1.40 0.90
Readmission Post-Discharge from any Hospital(Episode Based)	All	16,000	5,477	34.2	25.4	15.8	34.20 25.40 15.80
Readmission Post-Discharge from this Hospital(Episode Based)	All	5,294	847	16	24.8	16.1	16.00 24.80 16.10
Treatment Engagement	Adult 18-64	836	392	46.9	37.6	34.3	46.90 37.60 34.30

My QI Report | Statewide Reports | Recipient Search | Provider Search | Registrar | Usage | Utilization Reports | Dashboards

MAIN STREET AGENCY

View: Standard | PDF | Excel

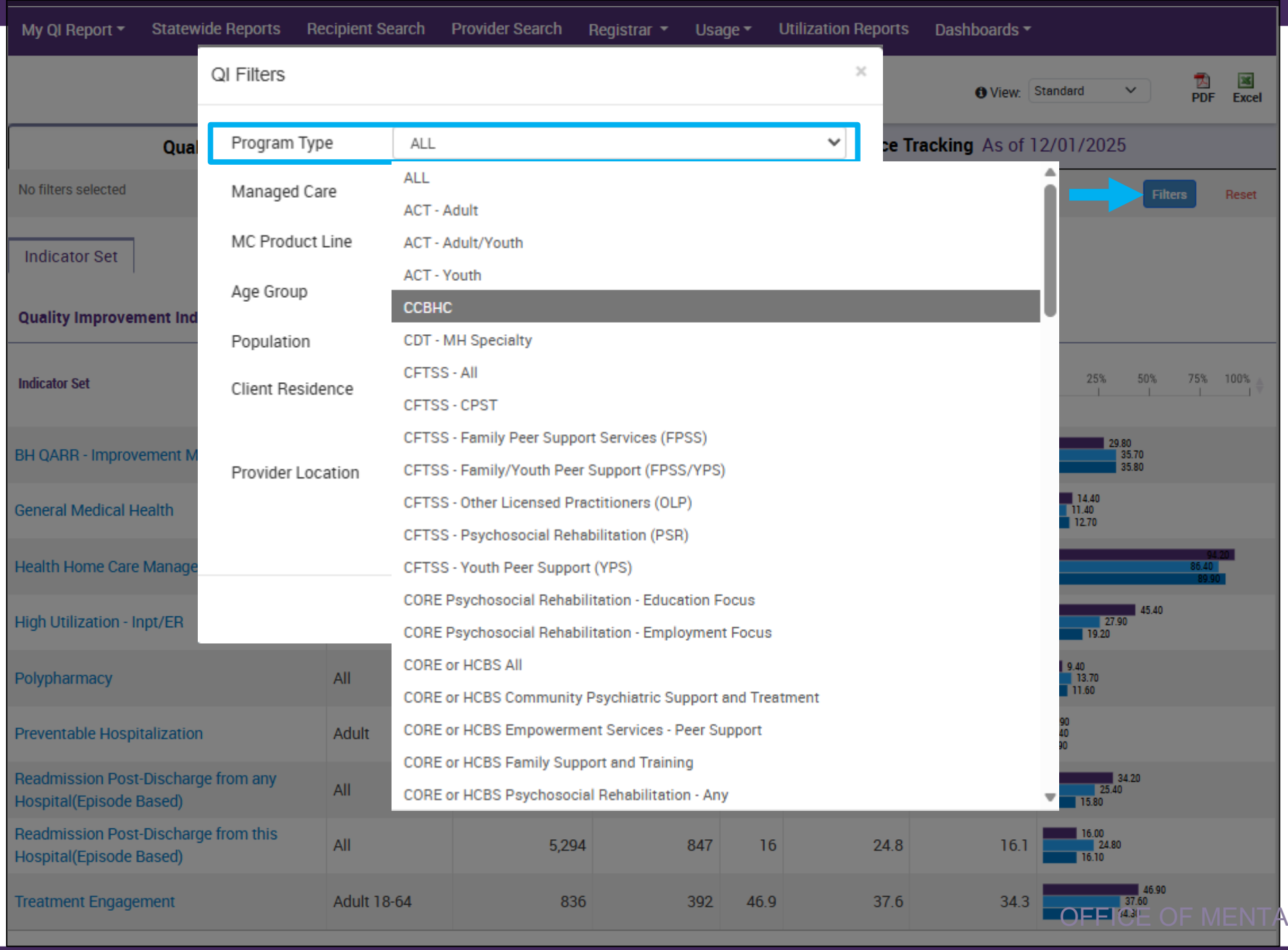
Quality Improvement As of 06/01/2026 | **Performance Tracking** As of 12/01/2025

No filters selected | Filters | Reset

Indicator Set

Performance Tracking Indicators as of 12/01/2025 Run with an intentional lag of 6+months to allow for complete data.

Indicator Set	Population	Eligible Population/ Episode	# with QI Flag	%	Regional %	Statewide %	25% 50% 75% 100%
General Medical Performance Tracking Measure	All	5,491	2,102	38.3	36.5	38.7	38.30 / 36.50 / 38.70
Hospital Outcome Measure Set	All	97	49	50.5	55.5	58.9	50.50 / 55.50 / 58.90
MH Performance Tracking Measure	All	1,632	1,133	69.4	58.8	57	69.40 / 58.80 / 57.00
SUD Performance Tracking Measure	Adol & Adult (13+)	2,539	2,282	89.9	83.6	79.8	89.90 / 83.60 / 79.80
Vital Signs Dashboard - Adult	Adult	5,498	2,902	52.8	51.3	48	52.80 / 51.30 / 48.00
Vital Signs Dashboard - Child	Child & Adol	1,337	398	29.8	23.2	26.7	29.80 / 23.20 / 26.70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QI Filters
Program Type
ALL
Managed Care
MC Product Line
Age Group
Population
Client Residence
Provider Location
ALL
ACT - Adult
ACT - Adult/Youth
ACT - Youth
CCBHC
CDT - MH Specialty
CFTSS - All
CFTSS - CPST
CFTSS - Family Peer Support Services (FPSS)
CFTSS - Family/Youth Peer Support (FPSS/YPS)
CFTSS - Other Licensed Practitioners (OLP)
CFTSS - Psychosocial Rehabilitation (PSR)
CFTSS - Youth Peer Support (YPS)
CORE Psychosocial Rehabilitation - Education Focus
CORE Psychosocial Rehabilitation - Employment Focus
CORE or HCBS All
CORE or HCBS Community Psychiatric Support and Treatment
CORE or HCBS Empowerment Services - Peer Support
CORE or HCBS Family Support and Training
CORE or HCBS Psychosocial Rehabilitation - Any
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Health Home Care Manage
High Utilization - Inpt/ER
Polypharmacy
Preventable Hospitalization
Readmission Post-Discharge from any Hospital(Episode Based)
Readmission Post-Discharge from this Hospital(Episode Based)
Treatment Engagement
All
Adult
All
All
Adult 18-64
5,294
847
16
24.8
16.1
836
392
46.9
37.6
34.3

My QI Report | Statewide Reports | Recipient Search | Provider Search | Registrar | Usage | Utilization Reports | MyCHOIS | Dashboards

MAIN STREET AGENCY

View: Standard | PDF | Excel

Quality Improvement As of 06/01/2026 | **Performance Tracking** As of 12/01/2025

PROGRAM TYPE: CCBHC

Filters | Reset

Indicator Set

Quality Improvement Indicators as of 06/01/2026 Run monthly on all available data to help rapidly address quality improvement concerns.

Indicator Set	Population	Eligible Population/ Episode	# with QI Flag	%	Regional %	Statewide %	25% 50% 75% 100%
BH QARR - Improvement Measure	All	362	129	35.6	36.3	38.7	35.60 36.30 38.70
General Medical Health	All	1,682	430	25.6	16.6	23.8	25.60 16.60 23.80
Health Home Care Management - Adult	Adult 18+	684	599	87.6	83.1	87.3	87.60 83.10 87.30
High Utilization - Inpt/ER	All	1,682	558	33.2	29.7	21.8	33.20 29.70 21.80
Polypharmacy	All	554	128	23.1	16.3	18.3	23.10 16.30 18.30
Preventable Hospitalization	Adult	1,624	23	1.4	1.3	0.7	1.40 1.30 0.70
Readmission Post-Discharge from any Hospital(Episode Based)	All	865	208	24	26.1	18	24.00 26.10 18.00
Readmission Post-Discharge from this Hospital(Episode Based)	All	0	0	0	25.1	18.6	0.00 25.10 18.60
Treatment Engagement	Adult 18-64	340	128	37.6	37.2	37.3	37.60 37.20 37.30

Quality Improvement As of 06/01/2026 | **Performance Tracking** As of 12/01/2025

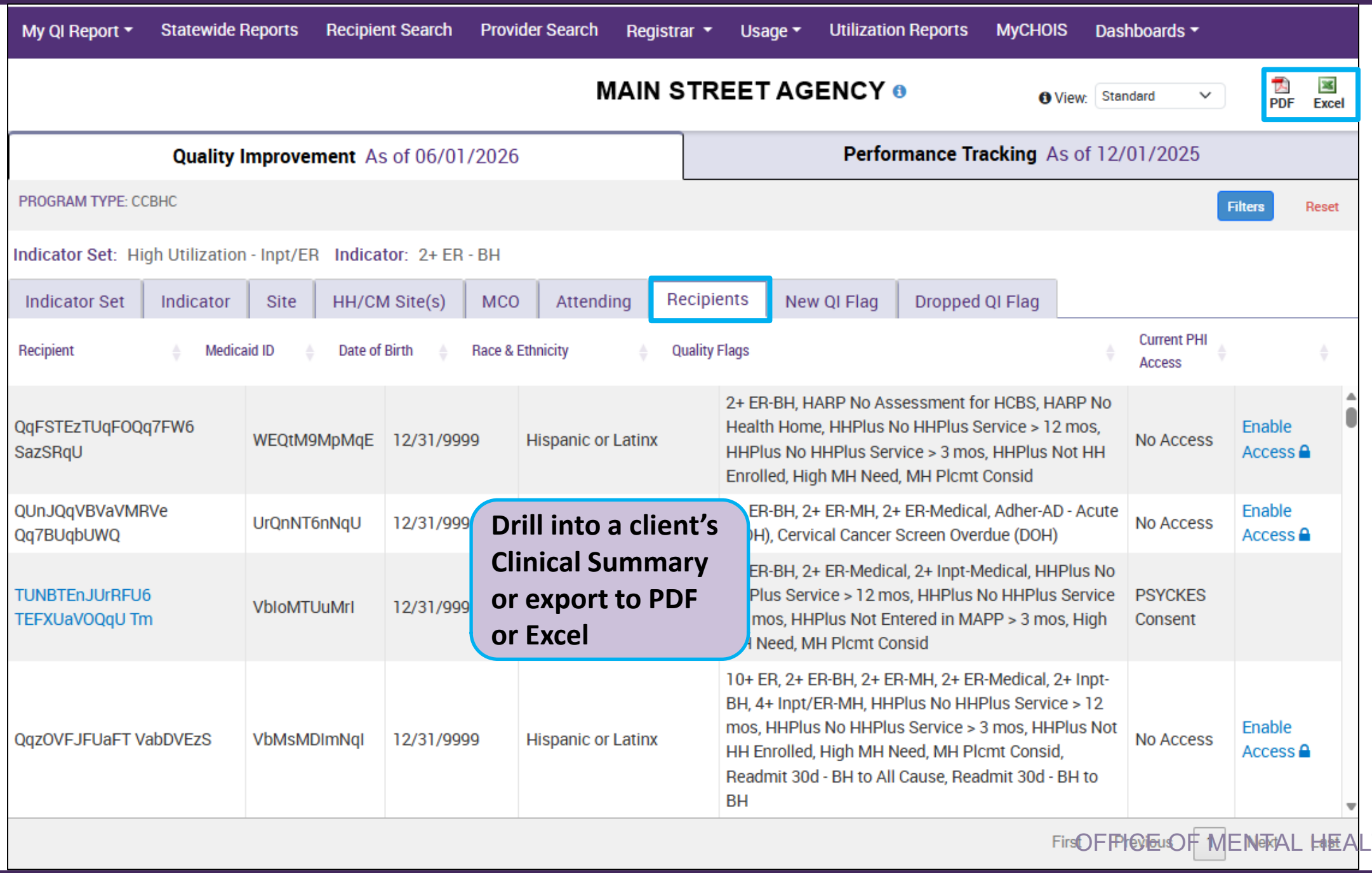
PROGRAM TYPE: CCBHC

Filters Reset

Indicator Set: High Utilization - Inpt/ER

Indicator Set | Indicator

Indicator	Population	Eligible Population/ Episode	# with QI Flag	%	Regional %	Statewide %	25% 50% 75% 100%
1	All	1,682	50	3	2.3	1.4	3.00 2.30 1.40
The percentage of individuals with 2 or more BH (Behavioral Health: MH and/or SUD) ER visits in the past 13 months.	All	1,682	0	0	0.1	0.1	0.00 0.10 0.10
2+ ER - BH	All	1,682	125	7.4	6.1	3.6	7.40 6.10 3.60
2+ ER - Medical	All	1,682	452	26.9	23.4	17.8	26.90 23.40 17.80
2+ ER - MH	All	1,682	62	3.7	3.5	2.4	3.70 3.50 2.40
2+ Inpatient - BH	All	1,682	115	6.8	5.9	3.4	6.80 5.90 3.40
2+ Inpatient - Medical	All	1,682	71	4.2	4.6	2.2	4.20 4.60 2.20
2+ Inpatient - MH	All	1,682	45	2.7	2.8	1.7	2.70 2.80 1.70
4+ Inpatient/ER - MH	All	1,682	34	2	2.3	1.3	2.00 2.30 1.30
Clozapine Candidate with 4+ Inpatient/ER - MH	0-64	22	21	95.5	95.8	93.2	95.50 95.80 93.20
2+ Inpatient / 2+ ER - Summary	**All**	**1,682**	**558**	**33.2**	**29.7**	**21.8**	33.20 29.70 21.80


My QI Report
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Dashboards
MAIN STREET AGENCY
View: Standard
PDF
Excel
Quality Improvement As of 06/01/2026
Performance Tracking As of 12/01/2025
PROGRAM TYPE: CCBHC
Filters
Reset
Indicator Set: High Utilization - Inpt/ER Indicator: 2+ ER - BH
Indicator Set
Indicator
Site
HH/CM Site(s)
MCO
Attending
Recipients
New QI Flag
Dropped QI Flag
Recipient
Medicaid ID
Date of Birth
Race & Ethnicity
Quality Flags
Current PHI Access
QqFSTEzTUqFOQq7FW6 SazSRqU
WEQtM9MpMqE
12/31/9999
Hispanic or Latinx
2+ ER-BH, HARP No Assessment for HCBS, HARP No Health Home, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, High MH Need, MH Plcmt Consid
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QUnJQqVBVaVMRVe Qq7BUqbUWQ
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ER-BH, 2+ ER-MH, 2+ ER-Medical, Adher-AD - Acute
H), Cervical Cancer Screen Overdue (DOH)
No Access
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TUNBTEnJUrRFU6 TEFXUaVOQqU Tm
VbIoMTUuMrI
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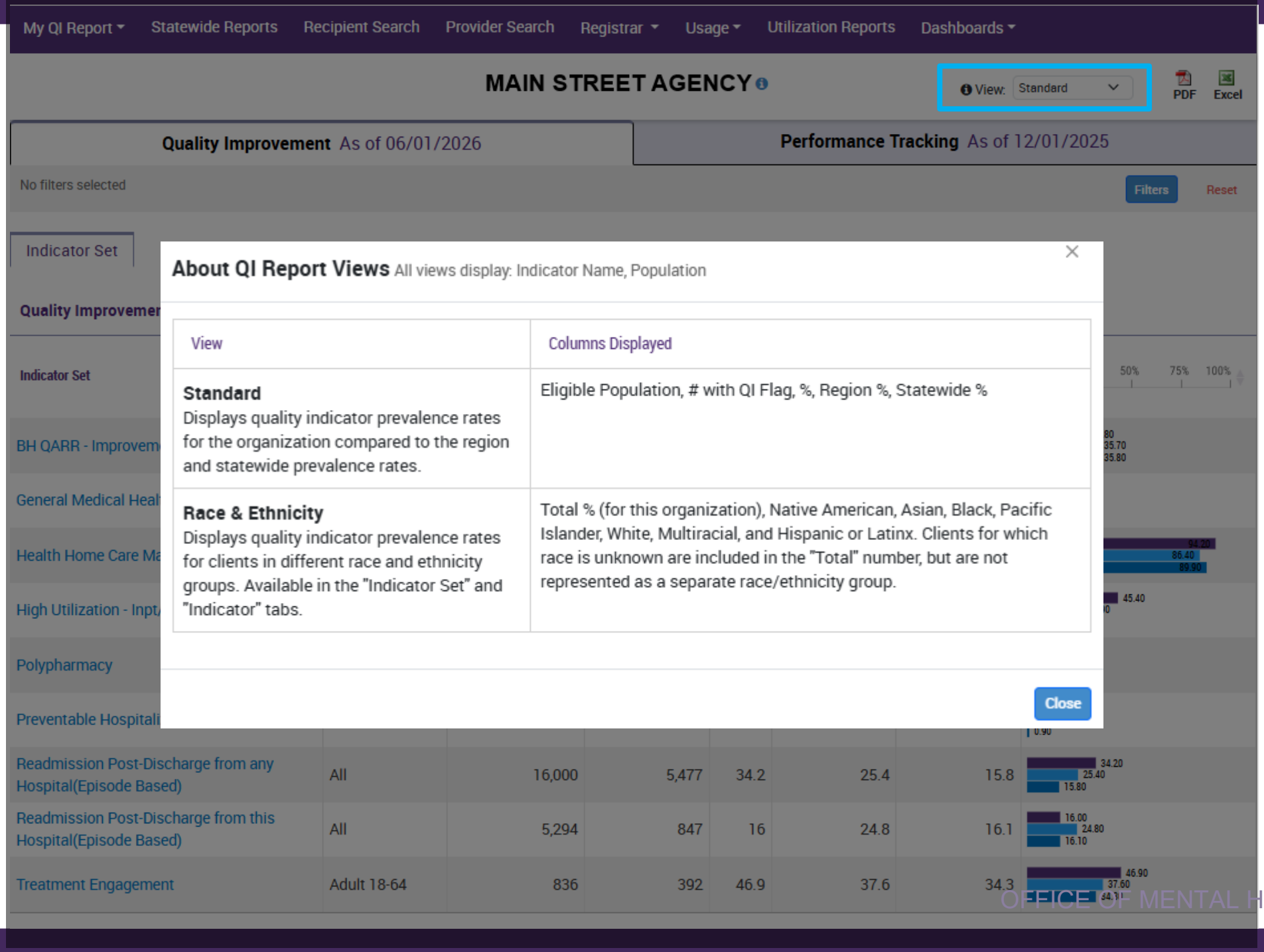
ER-BH, 2+ ER-Medical, 2+ Inpt-Medical, HHPlus No
Plus Service > 12 mos, HHPlus No HHPlus Service
mos, HHPlus Not Entered in MAPP > 3 mos, High
Need, MH Plcmt Consid
PSYCKES Consent
QqzOVFJFUaFT VabDVEzS
VbMsMDImNqI
12/31/9999
Hispanic or Latinx
10+ ER, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2+ Inpt-BH, 4+ Inpt/ER-MH, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, High MH Need, MH Plcmt Consid, Readmit 30d - BH to All Cause, Readmit 30d - BH to BH
No Access
Enable Access
Drill into a client's Clinical Summary or export to PDF or Excel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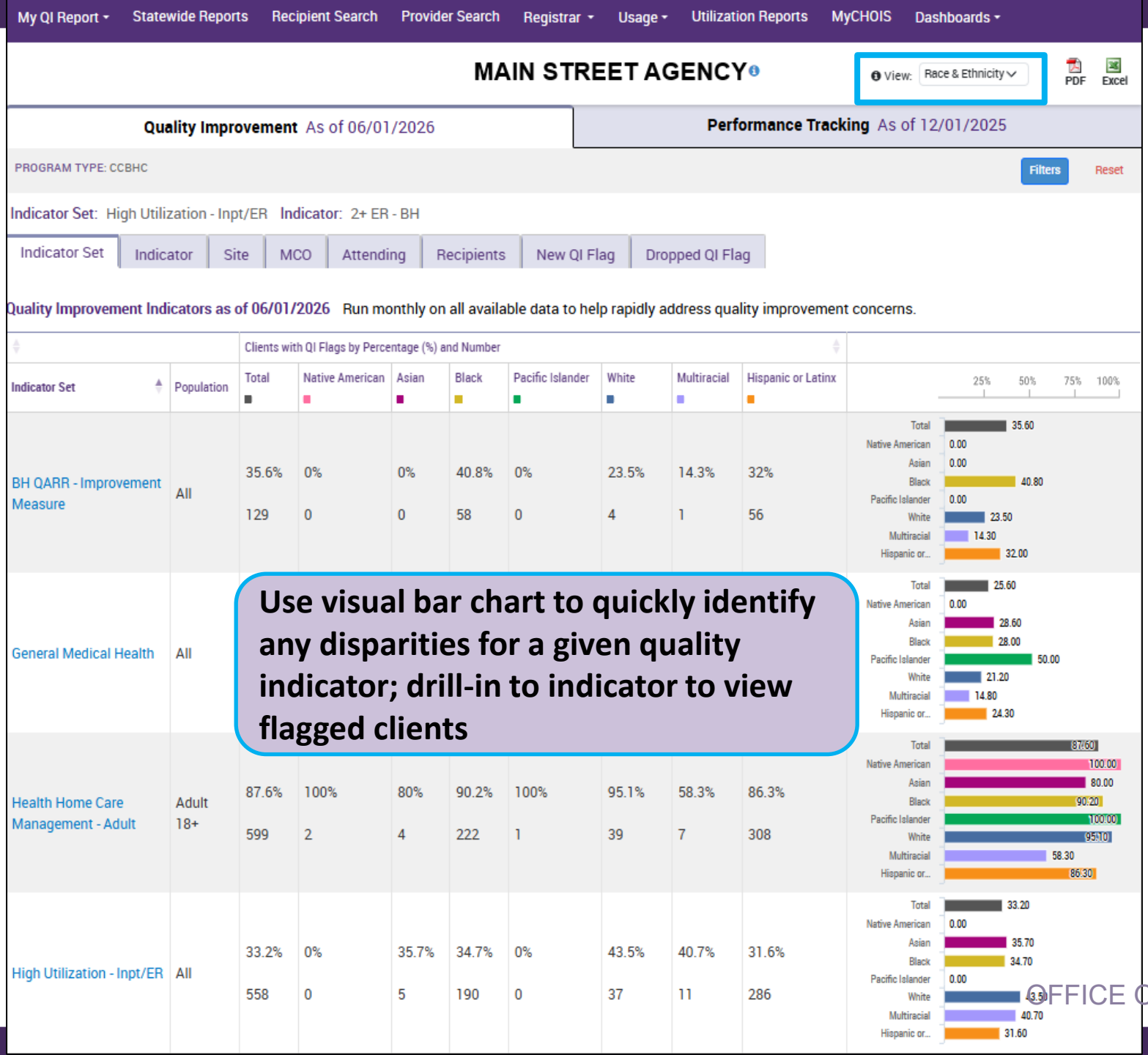
Recipient Search
Provider Search
Registrar
Usage
Utilization Reports
Dashboards
MAIN STREET AGENCY
View: Standard
PDF
Excel
Quality Improvement As of 06/01/2026
Performance Tracking As of 12/01/2025
No filters selected
Filters
Reset
Indicator Set
About QI Report Views All views display: Indicator Name, Population
View
Columns Displayed
Standard
Displays quality indicator prevalence rates for the organization compared to the region and statewide prevalence rates.
Eligible Population, # with QI Flag, %, Region %, Statewide %
Race & Ethnicity
Displays quality indicator prevalence rates for clients in different race and ethnicity groups. Available in the "Indicator Set" and "Indicator" tabs.
Total % (for this organization), Native American, Asian, Black, Pacific Islander, White, Multiracial, and Hispanic or Latinx. Clients for which race is unknown are included in the "Total" number, but are not represented as a separate race/ethnicity group.
Close
Readmission Post-Discharge from any Hospital(Episode Based)
All
16,000
5,477
34.2
25.4
15.8
Readmission Post-Discharge from this Hospital(Episode Based)
All
5,294
847
16
24.8
16.1
Treatment Engagement
Adult 18-64
836
392
46.9
37.6
34.3


My QI Report
Statewide Reports
Recipient Search
Provider Search
Registrar
Usage
Utilization Reports
MyCHOIS
Dashboards
MAIN STREET AGENCY
View: Race & Ethnicity
PDF
Excel
Quality Improvement As of 06/01/2026
Performance Tracking As of 12/01/2025
PROGRAM TYPE: CCBHC
Filters
Reset
Indicator Set: High Utilization - Inpt/ER Indicator: 2+ ER - BH
Indicator Set
Indicator
Site
MCO
Attending
Recipients
New QI Flag
Dropped QI Flag
Quality Improvement Indicators as of 06/01/2026 Run monthly on all available data to help rapidly address quality improvement concerns.
Clients with QI Flags by Percentage (%) and Number
Indicator Set
Population
Total
Native American
Asian
Black
Pacific Islander
White
Multiracial
Hispanic or Latinx
25%
50%
75%
100%
BH QARR - Improvement Measure
All
35.6%
129
0%
0
0%
0
40.8%
58
0%
0
23.5%
4
14.3%
1
32%
56
Total 35.60
Native American 0.00
Asian 0.00
Black 40.80
Pacific Islander 0.00
White 23.50
Multiracial 14.30
Hispanic or... 32.00
General Medical Health
All
Total 25.60
Native American 0.00
Asian 28.60
Black 28.00
Pacific Islander 50.00
White 21.20
Multiracial 14.80
Hispanic or... 24.30
Use visual bar chart to quickly identify any disparities for a given quality indicator; drill-in to indicator to view flagged clients
Health Home Care Management - Adult
Adult 18+
87.6%
599
100%
2
80%
4
90.2%
222
100%
1
95.1%
39
58.3%
7
86.3%
308
Total 87.60
Native American 100.00
Asian 80.00
Black 90.20
Pacific Islander 100.00
White 95.10
Multiracial 58.30
Hispanic or... 86.30
High Utilization - Inpt/ER
All
33.2%
558
0%
0
35.7%
5
34.7%
190
0%
0
43.5%
37
40.7%
11
31.6%
286
Total 33.20
Native American 0.00
Asian 35.70
Black 34.70
Pacific Islander 0.00
White 43.50
Multiracial 40.70
Hispanic or... 31.60

Accessing PSYCKES

How to Get Access to PSYCKES

When Your Agency Does Have Access

- PSYCKES access for individual staff is managed by your agency's Security Manager
  - Security Manager is appointed by your CEO/ED
  - Agency can have multiple Security Managers
  - Contact PSYCKES-Help to find out your agency's Security Manager
  - Security Manager uses Authorization Management System (AMS) to create user accounts and grant PSYCKES
- Self-Service Console instructional email will be sent to new users and will contain a User ID to login to the Self-Service Console to request/activate token
- PSYCKES access should be revoked when user no longer needs access or leaves agency

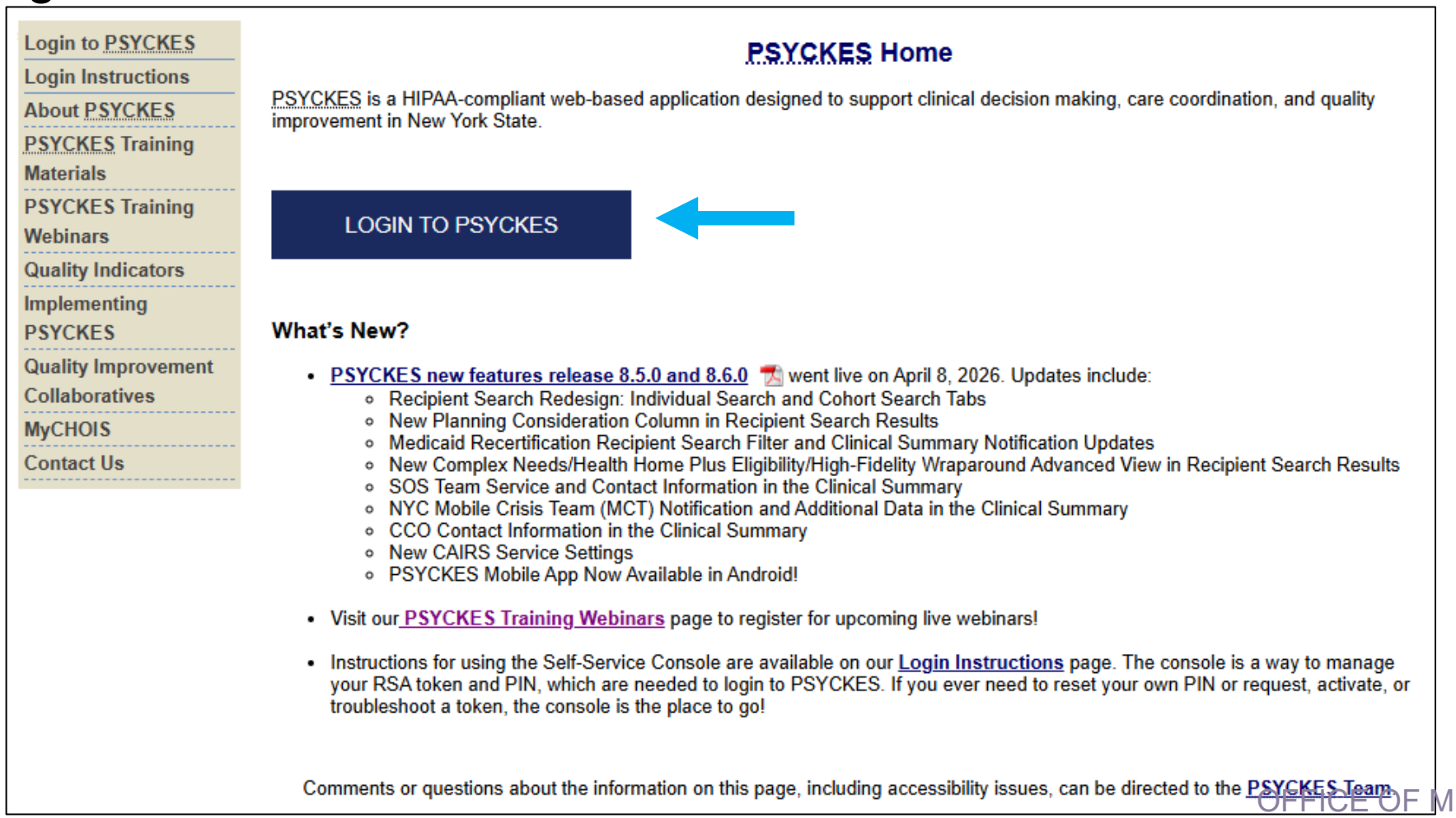
How to Get Access to PSYCKES - Agency

When Your Agency Does Not Have Access

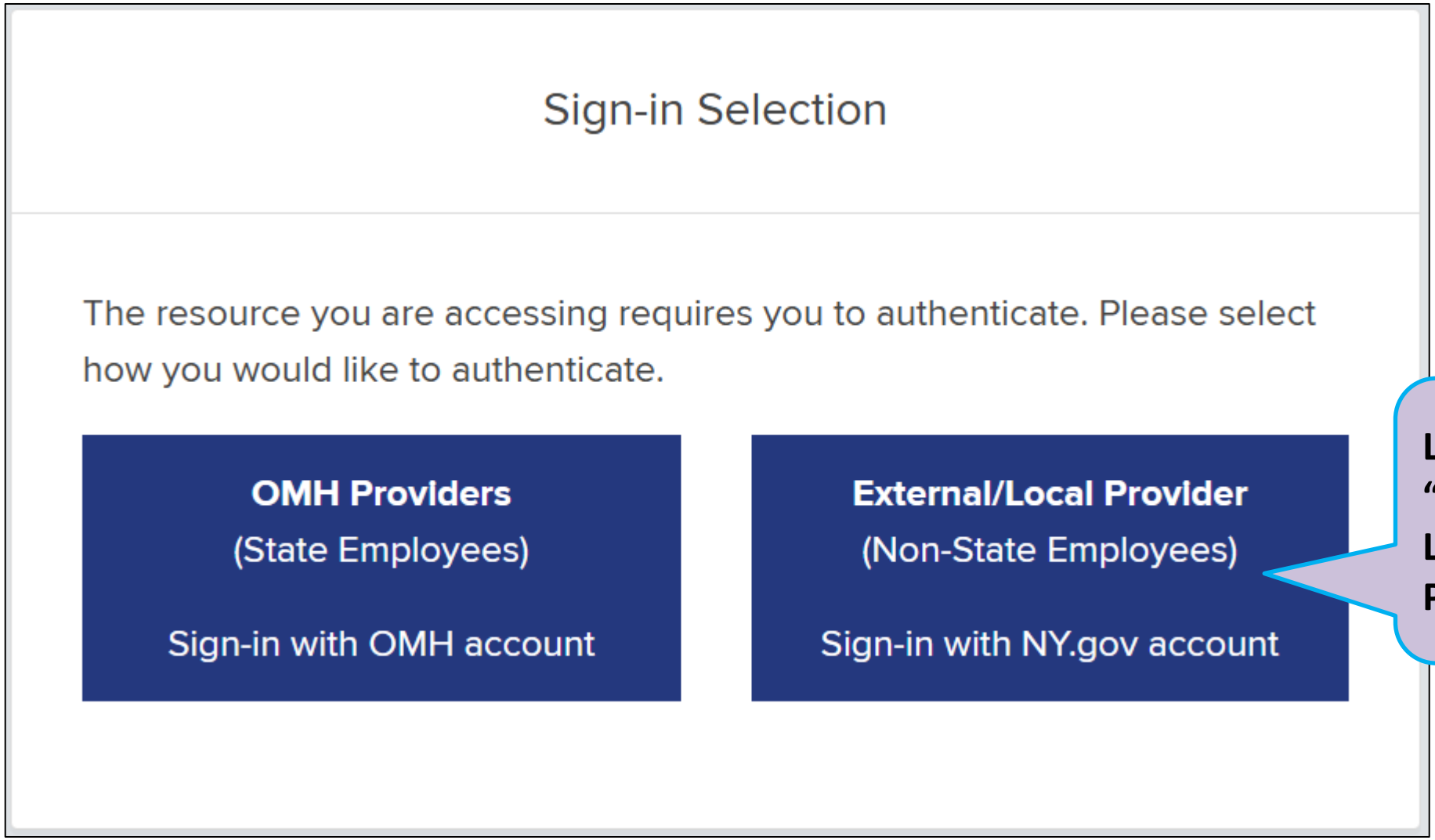
- Complete and return documentation to PSYCKES Helpdesk to obtain agency access to PSYCKES
  - PSYCKES Access Online Contact Form (Survey Monkey)
  - CEO/ED signs PSYCKES Confidentiality Agreement (PDF)
  - Resources for access available on PSYCKES website in the “PSYCKES Implementation” section
- CEO/ED signs electronic CNDA for access to Authorization Management System (AMS)
- Designate Security Manager(s)
- Security Manager enrolls PSYCKES users
- Security Manager revokes PSYCKES access when staff no longer requires access

How to Login to PSYCKES

- Go to PSYCKES homepage: www.psyckes.org
- Click “Login to PSYCKES”



How to Login to PSYCKES – External/Local Provider



How to Login to PSYCKES – User ID and Passcode

RSA SecurID

The resource you are accessing requires you to authenticate using your RSA SecurID token.

Enter your username and token passcode.

Username

L0000MHH

Passcode

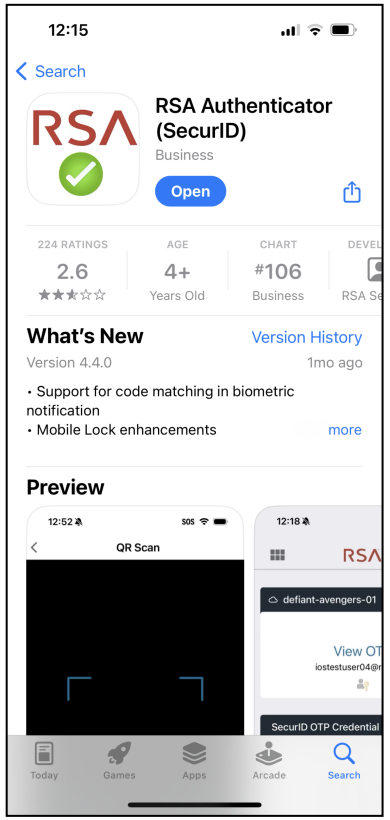
••••••••

Sign In

Enter your assigned PSYCKES user ID

Type in your passcode (generated from your RSA token & PIN) into the "Passcode" box.

Then click "Sign In".



We want your feedback!

User Feedback

- We'll be asking a short series of questions to gather your feedback!
- **To participate, please use the chat box on the bottom righthand corner of your WebEx screen**
- Please feel free to submit more than one suggestion!

User Feedback – Question 1

Question #1: Would you like to see any enhancements added to Recipient Search?

- For example, new filters (e.g., population filters, new demographic or social needs options)? New service settings (e.g., Enhanced Step Down)?

User Feedback – Question 2

Question #2: Are there any additional data sources you'd like to see added to PSYCKES?

- For example, cost-related data, OTDA, school/employment-related data, etc.?

User Feedback – Question 3

Question #3: Would you like to see functionality updates within the application?

- For example, multi-select capabilities within more filters, create additional lookback periods, etc.?

User Feedback – Specific Requests

- If you're interested in adding specific features to PSYCKES, here's how you can make a request:
  - Email PSYCKES-Help@omh.ny.gov and include the following information:
    - Description of the feature you'd like to be added (please be as detailed as possible)
    - Purpose the new feature would serve
    - How this new feature could help a larger group of users

Training & Technical Support

Training & Technical Support Resources

- For more PSYCKES resources, please go to our website at: www.psyckes.org
- If you have any questions regarding the PSYCKES application, please reach out to our helpdesk:
  - 9:00AM – 5:00PM, Monday – Friday
  - PSYCKES-help@omh.ny.gov
- If you're having issues with your token or logging in, contact the OMH helpdesk:
  - OMH (Non-OMH/Non-State PC Employee) Helpdesk:
    - 518-474-5554, option 2; healthhelp@its.ny.gov

Questions?