

Using PSYCKES for CCBHCs

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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

Psychiatric Clinical Knowledge Enhancement System (PSYCKES)

- A secure, HIPAA-compliant online application for sharing Medicaid claims and encounter data and other state administrative data
- Designed to support data-driven clinical decision-making, care coordination and quality improvement

Ongoing data updates

- Clinical Summary (updated weekly)
- Quality Indicator reports (updated monthly)

Who is Viewable in PSYCKES?

- Over 12 million NYS Medicaid enrollees (currently or past)
 - Fee for service claims
 - Managed care enrollees, all product lines
 - Dual-eligible (Medicare/Medicaid) and Medicaid/Commercial
- Behavioral Health Population (any history of):
 - Psychiatric or substance use service,
 - Psychiatric or substance use diagnosis, OR
 - Psychotropic medication
- Provides all data general medical, behavioral health, 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 concerns in order to inform the treating provider or care coordinator, and to support clinical review and quality improvement.
- 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

- Recipient Search
 - Step 1: Enter recipient identifier(s) and click "Search"
 - Medicaid ID

• First Name (at least the first character is required, if entered)

• Social Security Number (SSN)

- Last Name (full last name required, if entered)
- Date of Birth (DOB) (enter to improve search results when searching with name)

My QI Report -	Statewide Reports	Recipient Search	Provider Search	Registrar -	Usage -	Utilization Reports	MyCHOIS	Dashboards -	
			Rec	ipient Sea	arch		Limit results to	50 V Sea	arch Reset
Recipient Identif	iers					Search in:	: 🔵 Full Data	abase 🔿 MAIN STR	REET AGENCY
AB12345C	Medicaid ID		SSN	First	Name	Last Nam	ne	DOB MM/DD/YY	YY

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- Step 2: Confirm client match and select "Enable Access"
 - If there's no match, select "Modify Search"

My QI Report -	Statewide Reports R	ecipient Search	Provider	Search Registrar -	· Usage - Utilization Rep	orts Adult Home	Dashboards -	
Modify Search				1 Recipients	Found			▶ 💌 PDF Excel
Medicaid ID	AB123	345C						
Review recipients	in results carefully befor	e accessing Cli	nical Summ	nary.		Max	timum Number of Ro	ows Displayed: 50
Name (Gender - Age)	Unique Identifiers	DOB	Race & Ethnicity	Address	Medicaid Quality Flags	Medicaid Managed Care Plan	Current PHI Access	
DOE JANE F - 60	Medicaid ID: AB12345C	01/01/1964	Black	123 MAIN STREET MAIN CITY, NY 12345	10+ ER, 2+ ER-BH, 2+ ER- MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, Adher-AP, 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, No ICM after MH ED, No MH ED F/U 7d (DOH), No MH ED F/U 7d (DOH) - Adult , POP Cloz Candidate, POP High User	Fidelis Care New York	No Access	Enable Access

- Step 3: Select the appropriate level of access and click "Next"
 - If you'd like to learn more about what each access level entails, click the "About Access Levels" link

My QI Report -	Statewide Reports	Recipient Search Provider Search Registrar	 Usage Utilization Reports 	Adult Home	Dashboards -	
< Modify Search		PHI Access for DOE, JANE (F - 60)		×		DF Exce
Medicaid ID		Select the level of access	About acces	s levels		
Review recipients	in results carefully l	The client signed consent			Anvinnum Number of D	Jours Displayed: F
Name (Gender - Age)	Unique Identifiers	 Client signed a PSYCKES Consent Client signed a BHCC Patient Information S 	Sharing Consent	naged n	Current PHI Access	iows Displayed. 5
		Client signed a DOH Health Home Patient I	nformation Sharing Consent			
DOE JANE F - 60	DE NE Medicaid ID: AB12 - 60	Provider attests to other reason for ac Client gave Verbal PSYCKES Consent This is a clinical emergency	cess	New	No Access	Enable Access 🖴
		Provider attests to serving the client Will link client to your agency, but will not provide acce	ss to clinical summary			
		Client is currently served by or being transf	erred to my agency			
DEVEKEE			Cancel	Next		

- Step 4: Confirm client's identity
- Step 5: Select "Enable" or "Enable and View Clinical Summary"

My QI Report -	Statewide Reports	Recipient Search	Provider Search	Registrar -	Usage -	Utilization Reports	Adult Hom	ie	Dashboards -		
Modify Search		PHI Access for D	OE, JANE (F - (60)			×			🔂 📓	 el
Medicaid ID		Confirm this i	s the correct i	ndividual k	pefore e	nabling					
Review recipients	in results carefully I	Unique Identifiers: Date Of Birth: 01/0 Address:123 MAIN	Medicaid ID: AB1234 1/1964 STREET, MAIN CITY, I	15C NY 12345				Maxi	imum Number of Ro	ows Displayed: 5	0
Name (Gender - Age)	Unique Identifiers	How do you k	now this is th	e correct p	erson?		nageo	d	Current PHI Access		
		Provider attes	sts to client identity	/							
DOE JANE F - 60	Medicaid ID: AB12	Client provide Identification 1 Identification 2	d 1 photo ID or 2 fo select select	orms of non-ph	noto ID		New		No Access	Enable Access 🔒	
		MAIN STREET automatically with	AGENCY will be giv billed service).	en access to all a	available dat	a for 3 years (renews					
		Previous	Car	ncel Enable	Enable a	and View Clinical Summa	iry				

 You'll now see the updated access level reflected in the "Current PHI Access" column!

My QI Report +	Statewide Reports R	ecipient Search	Provider	Search Registrar •	- Usage - Utilization Rep	orts Adult Home	Dashboards -	
K Modify Search				1 Recipients	Found			🔂 💌 PDF Excel
Medicaid ID	AB12	345C						
Review recipients	in results carefully befor	re accessing Cli	nical Summ	nary.		Ма	kimum Number of F	ows Displayed: 50
Name (Gender - Age)	Unique Identifiers	DOB	Race & Ethnicity	Address	Medicaid Quality Flags	Medicaid Managed Care Plan	Current PHI Access	
DOE JANE F - 60	Medicaid ID: AB12345C	01/01/1964	Black	123 MAIN STREET MAIN CITY, NY 12345	10+ ER, 2+ ER-BH, 2+ ER-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER- MH, Adher-AP, 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, No ICM after MH ED, No MH ED F/U 7d (DOH), No MH ED F/U 7d (DOH), No MH ED F/U 7d (DOH) - Adult , No Utilization of Pharmacotherapy (DOH), POP Cloz Candidate, POP High User	Fidelis Care New York	PSYCKES Consent	Update Access 🗋

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

My QI Report -	Statewide Reports	Recipient Search	Provider Search	Registrar -	Usage -	Utilization Report	s MyCHOIS	Dashboards -	
			Rec	cipient Se	earch		Limit results to	50 V Search	Reset
Recipient Identif	fiers	In	dividual Searcl	1		Search	ı in: 🔘 Full Dat	tabase 🔵 MAIN STREE	T AGENCY
AB00000A	Medicaid ID		SSN	Firs	t Name	Last N	lame	DOB MM/DD/YYYY	
Characteristics a	as of 06/02/2025		Gro	up Search					
Age Rar Ra Ethnio	nge	То	Gender	 ✓ ✓ ✓ ✓ 	Reg	gion			▼
Special Population	ns			Socia	l Determina	nts of Health (SDO	H)	Past	1 Year 🗸 🗸
Hiç	Population gh Need Population AOT Status				H Conditions (re Problems related t Problems related t Problems related t	eported in billing) to upbringing to social environment to physical environment	SDOH Cond	ditions: Selected	
Но	Alerts omelessness Alerts Complex Needs				Problems related t Problems related t Problems related t	to other psychosocial ci to medical facilities and to life management diffi			

Sp	ecial Populations			
	Population			
	High Need Population		• 	
Search for clients	nigh Need Fopulation		~	
with a history of	AOT Status		~	
, suicide attempts,	, Alerts		~	
ideations, or opioid overdose	Homelessness Alerts	Alerts - Any below		
by using the	Complex Needs	Suicide Attempt (Medicaid/NIMRS) past 1 year		
"Alerts" filter		Suicide Attempt (Medicaid/ NIMRS)		
		Suicidal Ideations (Medicaid)		
N	Anaged Care Plan & Medicaid	Self-Inflicted Harm/ Injury (Medicaid)		
		Self-Inflicted Poisoning (Medicaid)		
	Managed Care	Overdose - Opioid past 1 year	~	
		Overdose - Opioid (Intentional) past 1 year		
	MC Product Line	Overdose - Opioid (Unintentional) past 1 year	~	
	Medicaid Enrollment Status	Overdose - Opioid past 3 years	~	
		Overdose - Opioid (Intentional) past 3 years		
	Medicaid Restrictions	Overdose - Opioid (Unintentional) past 3 years	~	
		Overdose Risk - Concurrent Opioid & Benzodiazepine		
	Ouality Flag as of 05/01/2025	Registry - Suicide Care Pathway - active at any agency		
	,	Registry - High Risk List - active at any agency		
F	HARP Enrolled - Not Health Home Enro	Ile Registry - COVID-19 - active at any agency		
H	HARP-Enrolled - No Assessment for HC	B OMH Unsuccessful Discharge		OF MENIAL HEALTH
E	ligible for Health Home Plus - Not Hea	ith Home Enrolled		

	Spec	ial Populations	
		Populatio	on 🗸
		High Need Populatio	on 🗸
Search for		AOT Statu	us
homelessness aler	ts	Alert	rts 🗸
such as: Any, Shelt Outreach, Unsheltered past 1	er,	Homelessness Alert	Any (DHS/Medicaid) or Outreach (DHS) or Unshe
year, etc. Select up	o to	Complex Need	ds Homelessness: All Sources
4 alerts per search	-		Any past 1 year (DHS/Medicaid)
	Ma	naged Care Plan & Medicaid	d Homelessness: NYC DHS Any (DHS)
		Managed Care	Any past 1 year (DHS) Shelter (DHS)
		MC Product Line	Shelter past 1 year (DHS)
		Medicaid Enrollment Status	✓ Outreach (DHS)
		Medicaid Restrictions	Outreach past 1 year (DHS) Behavioral Health Shelter past 1 year (DHS)
			Safe Haven or Stabilization Shelter past 1 year (DHS)
	Qu	ality Flag as of 05/01/2025	Homelessness: Medicaid
	HAF	RP Enrolled - Not Health Home Enrolled - No Assessment for H	Irolle Any past 1 year (Medicaid)
	Elig	ible for Health Home Plus - Not He	ealt Vinsheltered past 1 year (Medicaid)
	Elig	ible for Health Home Plus - No Hea	ealth Sheltered past 1 year (Medicaid)

Special Populations Social Determinants of H **Complex Needs** SDOH Conditions (reported in Any Complex Need ▼ Any Complex Need ited to upbringing Any Complex Need ted to social environn re Pla Search for individuals General Eligibility Criteria (All Ages) with ANY Complex Need Any General Eligibility Criteria criteria, or specific Mana AOT active or expired in past year criteria (e.g., AOT ACT enrolled or discharged in past year MC Pro active/expired past Intensive Mobile Treatment (IMT) in past year with MH diagnosis year, HH+ service past hrollme HH+ service in the past year with MH diagnosis year w/ MH dx, etc.) 3+ Inpt MH < 13 months aid Re: Select up to 4 criteria 4+ ER MH < 13 months per search. 3+ inpatient medical visits in past 13 months and have schizophrenia or bipolar past year Quanty Flag as of 1 Services: Speci Ineffectively Engaged: No Outpt MH < 12 months with 2+ Inpt MH or 3+ ER MH State PC Inpatient Discharge < 12 months HARP Enrolled - Not H HARP-Enrolled - No As CNYPC Release < 12 months Eligible for Health Hon Homeless in past 6 months + SMI Eligible for Health Hon Suicide attempt: Any history Eligible for Health Hon Current / Homicidal ideation in past year and 1+ MH ED/CPEP/IP in past year HH Enrolled, Eligible fc High Mental Health Ne Opioid overdose in past year Service Util Mental Health Placem Additional Eligibility Criteria for Children & Adolescents (0-20 years) Antipsychotic Polypha Any Eligibility Criteria for Child & Adol (0-20) Antipsychotic Two Plu Service Setting: K3 Serious Emotional Disturbance in past year Antipsychotic Three Pl -Inpatient - EIAL HEALTH 22 Psychiatric Inpatient in past year Antidepressant Two Pl Antidepressant Three I Residential Treatment Facility in past year +-Living Support Psychotropics Three P

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Social Determinants of Health (SDOH)

Social Determinants of Health (SDOH))	Past 1 Year 🗸			
SDOH Conditions (reported in billing)	SDOH Conditions: Selected				
 Problems related to life management difficulty Problems related to housing and economic circumstances Financial insecurity Unsheltered homelessness Transportation insecurity 					
Select a domain category or expand the domain category to select a specific SDOH condition within that domain (up to 4 different SDOH filters can be selected at one time)	Social Determinants of Health (SDO SDOH Conditions (reported in billing) -Problems related to life management diffi -Problems related to housing and economi -Financial insecurity Unsheltered homelessness -Transportation insecurity -Sheltered homelessness	H) Past 1 Year ✓ SDOH Conditions: Selected Problems related to housing and economic circumstar Financial insecurity Sheltered homelessness Problems related to education and literacy Less than a high school diploma 			

Quality Flags

Quality Flag as of 05/01/2025	Definitions	Services: Specific Provid
Low Mood Stabilizer Medication Adherence - Bipolar (DUH Performance No Follow Up after MH Inpatient - 7 Days (DOH Performance Tracking) No Follow Up After MH ED Visit - 7 Days (DOH Performance Tracking) No Diabetes Screening - Schizophrenia/Bipolar on Antipsychotic (DOH No Metabolic Monitoring (Gluc/HbA1c and LDL-C) Child & Adol on Antip No Metabolic Monitoring (Gluc/HbA1c) Child & Adol on Antipsychotic (DOH	е тгаскіпд) Performance Tracking) osychotic (DOH Performance T DOH Performance Tracking)	rac ^{Li} You can select
No Metabolic Monitoring (LDL-C) Child & Adol on Antipsychotic (DOH P No Diabetes Monitoring - DM & Schizophrenia (DOH Performance Track No Follow Up after MH Inpatient - 30 Days (DOH Performance Tracking) No Follow Up After MH ED Visit - 30 Days (DOH Performance Tracking)	king)	up to 4 quality flags per search!
No Engagement after MH Inpatient No Intensive Care Management after MH ED Visit No Intensive Care Management after MH Inpatient No CV Monitoring - CV & Schizophrenia (DOH Performance Tracking) No Psychosocial Care - Child & Adol on Antipsychotic (DOH Performance	ce Tracking)	
Prevention Quality Indicator 92 (PQI 92) (DOH Performance Tracking) MH Performance Tracking Measure Summary (DOH Performance Tracking No Initiation of Medication Assisted Treatment (MAT) for New Episode No Utilization of Medication Assisted Treatment (MAT) for Opioid Use I Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD) N	king) of Opioid Use Disorder (OUD) (Disorder (OUD) (DOH Performa of Sustained 6 Months (DOH P	(DOH Performance Tracking) nce Tracking) erformance Tracking)
No Follow Up After High-Intensity Care for SUD (30 days) (DOH Perform	ance Tracking)	

Medication & Diagnosis

Medication & Diagnosis as of 05/01/202	Past 1 Year 🗸
Prescriber Last Name	
Drug Name	Active Drug
Active medication (past 3 months) requi	ng Prior Authorization
Psychotropic Drug Class*	Non-Psychotropic Drug Class* medication or
ADHD Med Antidepressant Antipsychotic Antipsychotic - Long Acting Injectable (LAI) Anxiolytic/Hypnotic Medication Assisted Treatment for OUD (MAT Mood Stabilizer	gesics and Anesthetics Infective Agents Obesity Agents liabetic UDD
BH Diagnoses	Medical Diagnoses
Any BH Diagnosis Any MH Diagnosis -Acute Stress Disorder -Anxiety Disorders	 Certain conditions originating in the perina Certain infectious and parasitic diseases Codes for special purposes Congenital malformations, deformations and periods and p
Individual Diagnosis enter name or ICD-10 # Given 1+ v	
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Services: Specific Provider

Services: Specific Pro	ovider as of 05/01/202	25	Past 1 Year 🗸	
Provider	MAIN STREET AGENC	Y		
Region		✓ County	~	
Current Access			~	
Service Utilization		✓ Nu	Imber of Visits	
Service Setting: Tel -Care Coordination -Crisis Service -Living Support/Resid -Outpatient - MH -Any OMH Outpatient -ACT - MH Speciation -CCBHC	lehealth coded dential tient Specialty I alty	Service Detail: Selected	In the "Services: Specifi Provider" section you c search for individuals receiving specific servic types (e.g., CCBHC, Care Management, etc.) from your agency	c an e e n n

Services by Any Provider

Services by Any Provider as of 05/01/2025	Past 1 Year 🗸
Provider	
Region Con	unty 🗸
Service Utilization	Number of Visits
Service Setting: Telehealth coded Service Detail: Selec	cted
Inpatient - ER	
Living Support/Residential	
Other	In the 'Services by Any Provider'
-Outpatient - DD	section, you can search for
-Outpatient - MH	individuals you've served, who have
-Any OMH Outpatient Specialty MH Services	received different types of services
ACT - MH Specialty	(e.g., CORE, PROS, CFTSS, ACT, etc.)
ССВНС	from other providers in NYS.
CDT - MH Specialty	
CFTSS - CPST	
CFTSS - Crisis Intervention	
CFTSS - Family Peer Support Services (FPSS)	
CETSS - Family/Youth Peer Support (EPSS/YPS)	
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Services by Any Provider

Region		County
Service Utilization	ER - MH Dx/Svc/CPEP	✓ Number of Visits 1+ ✓
Service Setting: 🔲 Te	I, Clinic MH - ALL	elected 2+
Care Coordination	ER - ALL ER - BH Dx/Svc/CPEP	3+ 5+
Foster Care	ER - MH Dx/Svc/CPEP ER - Medical Dx/Svc	10+ 20+
Inpatient - ER	ER - SU Dx/Svc	
Living Support/Resi	Inpatient - ALL	You can also search for high
Outpatient - DD	Inpatient - BH	utilizers by using the 'Service
Outpatient - MH	Inpatient - Medical	Utilization' and 'Number of Visits'
Outpatient - Medica	Inpatient - SU	dropdowns.
	l Specialty	
Outpatient - Medica Outpatient - SU		
– – Outpatient - MH – – Outpatient - Medica	Inpatient - Medical Inpatient - SU I Specialty	dropdowns.

My QI Report -	Statewide Rep	orts Recipie	ent Search	Provider S	Search Registra	ır - Usage -	Utilization Repo	rts MyCł	HOIS Da	ishboards -		
K Modify Search				1,	,128 Recipie	ents Foun	d		D View: Star	ndard 🗸	DF E	迷 Excel
[Provider Spe	cific] Provider	MAIN	STREET AG	ENCY					Care	e Coordination		
AND [Provider Spe	cific] Service Sett	ing: CCBHC	-						High	h Need/High Risk		
									M Outp	patient Providers	vs Displayed	500
											jis bisplayed.	
Name 🔺	Medicaid ID	DOB 🍦	Gender 🌲	Race & Ethnicity		Medicaid Quality F	Flags	Medicai	d Managed e Plan	Current PHI Access		÷
QUJCQVRJRUnMTo m SaFOSUNF	RbYuMDEn Mb6	MSyvLpEvN 92	R6 LQ NT6	White	Adher-AD - Recov Cancer Screen Ov Overdue (DOH), Co	ery (DOH), Adhe erdue (DOH), Ce olorectal Screer	r-AD <12wks, Breast ervical Cancer Screen n Overdue (DOH)	Healthfire Inc.	st PHSP,	PSYCKES Consent		
QUJFTFNPT8m VqbMTEbBTQ	RV2nMTYu Nq6	NCyoMCyn OTUv	TQ LQ N9Y	White	MH Plcmt Consid					No Access	Enable Access	
QUJSQU7BTSm QUrZ QQ	RrEsM92nM bA	NoyoLpEvO T2	R6 LQ M92	Asian	Cervical Cancer S Medical	creen Overdue ((DOH), No Outpt			PSYCKES Consent		
QUJSQU7BTSm UqFJUaE	SEEq0D6t0 F2	MSynOCyn OT2s	R6 LQ NDa	Asian	Cervical Cancer S MH Plcmt Consid	creen Overdue ((DOH), High MH Need,			AHN IPA BHCC Consent		
QUJSQUrTTqui QqzEWQ TQ	RqUoM9IuO EQ	M8ynOSynO Tao	TQ LQ MpM	Unknown	High MH Need, M	H Plcmt Consid				Health Home Consent		
QUNDTrJORVJPLA QVVSRUnJQQ	RbEoN9Ym Mq6	N8ynM8yo MDEn	R6 LQ MTM	Unknown	On the r	oculto pr		Fidelis Ca	are New	No Access	Enable Access	
QUNDTrjorvjpla Svnbrezsqq	RUuuMTUp MVE	OSyrLpImM Da	R6 LQ MTU	Unknown	into a cli	ient's Cli	nical Summa	ary	e New	PSYCKES Consent		
QUNFVaVETom SqbNQaVSTFa	QqqmN9An NV6	NCyoNCynO Taq	R6 LQ MpE	Hispanic or Latinx	(with ap	propriat	e access), ts to PDF or		: PHSP,	No Access	Enable Access	
QUNFVaVETom TUFERUnJTaU	QqIqMDanM F2	NCyoM8ynO T2n	R6 LQ NTQ	Hispanic or Latinx	Excel, or Advance	change d Views	to one of ou	ur		Verbal PSYCKES Consent		
QUNVTbRPLA VqbMTEbBTQ	RVeqM9Yv Mq2	NCyoOCyo MDEp	TQ LQ MTI	White				HIP (Emb	lemHealth)	No Access	Enable Access	
QUZ0QUmi TUFSWUFN RA	RFQvMpap MUI	OSynOCyoM DAg	R6 LQ M9A	Unknown				Healthfirs	st PHSP,	No Access	Enable Access	

L HEALTH 29

My QI Report -	Statewide Rep	ports Recipient	Search	Provider S	Search	Registra	ir - Usage-	- Utilization	Reports	MyCHOIS	Das	shboards -		
K Modify Search				1,	,128	Recipie	ents Four	nd		O View:	Stand	lard 🗸	DF Ex	Cel
[Provider Spec	cific] Provider	MAIN STI	REET AG	ENCY										
AND [Provider Spec	cific] Service Sett	ing: CCBHC												
Name 🔺	Medicaid ID	About Search R Care Plan, Current PH	lesults II Access	Views All vie	ews displa	ay: Name, Me	edicaid ID, Date o	of Birth, Gender, R	ace & Ethnie	city, Managed 🗙	xim	Current PHI Access	ows Displayed:	50
QUrBUaFMLA	QUEpODMr	Results View	Colum	ns Displayed								PSYCKES		1
REFSTEVORQ RQ	Mau	Standard	Quali	y Flags								Consent		
QUrBWUEi QUrBTaRB TA	QbAqN9Uq NUI	Care	HARF Statu	Status (H Co s (k Code), He	ode), HAR ealth Hon	RP HCBS As	sessment Date nrolled), Care N	e (most recent), e Management Na	Children's V me (Enrolle	Waiver ed), ACT		No Access	Enable Access 🔒	
		Coordination	(Activ	er (Active), O e), MC Produc	ct Line, C	CORE Eligible	cnosis Program le.	h (Enrolled), AUI	Status, Au	01 Provider		AHN IPA BHCC		
QUrCUazTRSm QVJJQUvOQQ	RVQuMDU\ NVe	High Need/High Risk	OMH High Statu	Unsuccessful Fidelity Wrapa s, AOT Expirat	l Dischar around (L tion Date	ige, Transitic Likely Eligibl e, Suicide Ri	on Age Youth (1 le), Health Hom isk, Overdose R	TAY-BH) OPWDD 1e Plus-Eligible, I 1isk and PSYCKE) NYSTART- Homelessn S Registrie	-Eligible, ness, AOT es		Consent, RHS IPA BHCC Consent		
QUrFTbRBLA REzNRUvJQqi TQ	QqEtNpIoM bM	Hospital Utilization	Num! Healt	er of hospital h and Medical	lizations I	in past year	r broken out by	ER and Inpatier	nt and Beha	avioral		No Access	Enable Access 🔒	
QUrFU8m QUZSQU6	RrUoMpQs MVA	Outpatient	Primary Care Physician Assignment (Assigned by MC Plan), Mental Health Outpatient Provider, Medical Outpatient Provider, Substance Use Outpatient Provider, and COBE or Adult						atient ORE or Adult		PSYCKES Consent			
QUrFU8m QUnFUA	RrUoMpQs Maq	Providers	HCBS Service Provider columns each include provider name, most recent service past year, and # visits/services past 1 year.							PSYCKES Consent				
											ł			
QUrMQUvJLA QUrSSUu	Vq2oNp2rC FA									Close		Health Home Consent		
					C - AP, (DOH)	No MH Inpt - Adult, No (F/U 7d (DOH), Outpt Medical	No MH Inpt F/U	17d					
QUvERVJTTqui UbbBT6	RFUqNT2qO VM	OCyoN8ynO T2q	TQ LQ NTA	White	HARP Home,	No Assessn , Low Asthm	ment for HCBS, na Med Ratio (D	HARP No Healt OOH), MH Plcmt	h H	lealthPlus		No Access	Enable Access	-

My QI Report - S	tatewide Reports	Recipient S	Search P	rovider Search	Registrar - Usage-	Utilization R	eports MyCHOIS I	Dashboards -
Kodify Search				415 I	Recipients Found	l	0	fiew: High Need/High Risk ✔ E
[Provider Specif	ic] Provider	MAIN STR	REET AGENO	CY				
AND [Provider Specif	ic] Service Setting:	CCBHC						
							Мах	imum Number of Rows Displayed:
Applicable data is displa	ayed only for recipie	ents with conser	nt or ER acce	SS.				
Name	▲ Medicaid ID 🍦	DOB 🔶	Gender 🍦	Race & Ethnicity	Medicaid Managed Care Plan	Current PHI Access	OMH Unsuccessful Discharge	Transition Age Youth (TAY-BH)
QUrCUazTRSm QVJJQUvOQQ	RVQuMDUv NVe	NoypMCyo MDAq	R6 LQ M9A	White		AHN IPA BHCC Consent, RHS IPA BHCC Consent		
QUrFU8m QUnFUA	RrUoMpQs Maq	NSynOCyo MDAs	R6 LQ MT6	Unknown	Healthfirst PHSP, Inc.	PSYCKES Consent		Yes
QUrMQUvJLA QUrSSUu	Vq2oNp2r0 FA	MoypMCyn OTao	R6 LQ MpM	Asian		Health Home Consent		
QUvERVJTTqui UbbBT6	RFUqNT2qO VM	OCyoN8ynO T2q	TQ LQ NTA	White	HealthPlus	No Access		
QUvERVJTTqui VFbORUVTSEE	QqetMDUm Mqu	OCytLpEvOT E	R6 LQ MpM	Black	Molina Healthcare of New York	PSYCKES Consent		
QUvEVUfBU8m Uqb)	QaaoN9Ap Click here	MTElM96lM TarOQ	TQ LQ N9U	Hispanic or Latinx	Hamaspik Choice	No Access		
QUvHRUmi QaVUVF	Q SEPOIPTEQO	OSyoNoynO TQq	R6 LQ ODA	White		No Access		
QUvOVUv0SUFUTom REzOTaE TQ	E Np6nM	MSytLpEvN 9A	R6 LQ N9U	Unknown	UnitedHealthcare Community Plan	No Access		

TAL HEALTH 31

My QI Report -	Statewide Reports	Recipient Sear	ch Provider Sea	rch Registrar - Usa	ge - Utilization R	eports MyCHC	DIS Dashbo	oards -	
Modify Search			41	5 Recipients Fou	Ind		O View: H	igh Need/High Ri	sk 🗸 📓 Exce
[Provider Spec	ific] Provider	MAIN STREET	AGENCY						
AND [Provider Spec	ific] Service Setting:	CCBHC							
							Maximum N	lumber of Rows	Displayed: 500
Applicable data is disp	layed only for recipient	ts with consent or	ER access.						
Name	OPWDD NYSTART	-Eligible 🍦 High F	Fidelity Wraparound – Likely Eligible	Health Home Plus-Eligible 🍦	Homele Homelessness (Medicaid/DHS) Past 1 year	Homelessness (Medicaid/DHS) Any	AOT Status	AOT Expiration \$ Date	Suicide Atte (Medicaid/N Past 1 ye
QUrCUazTRSm QVJJQUvOQQ						Yes			Yes
QUrFU8m QUnFUA		Yes							
QUrMQUvJLA QUrSSU	lu			Yes					
QUvERVJTTqui UbbBT	6								
QUvERVJTTqui VFbORUVTSEE				Yes			AOT-Active Court Order	1/17/2026	
QUvEVUfBU8m UqbYV	/Ey			Click here					
QUvHRUmi QaVUVFa (QQ			to scroll					
QUvOVUv0SUFUTom REzOTaE TQ				•					

- F

AL HEALTH 32

My QI Report - St	atewide Rep	orts Recipient S	Search Provider	Search Registra	r∓ Usage∓ l	Jtilization Reports	MyCHOIS Dashb	oards -	
K Modify Search				415 Recipier	nts Found		O View:	High Need/High Risk	Exce
[Provider Specific	:] Provider	MAIN STRI	EET AGENCY						
AND [Provider Specific] Service Setti	ng: CCBHC							
							Maximum I	Number of Rows D	isplayed: 50
Applicable data is display	yed only for re	cipients with conser	nt or ER access.						
			Suicid	le Risk		Overdo	se Risk	PSYCKES Reg	jisteries
Name	AOT Expiration Date	Suicide Attempt (Medicaid/NIMRS)∲ Past 1 year	Suicidal Ideations (Medicaid)	Self - Inflicted Harm / 🗍 Injury(Medicaid)	Self-Inflicted Poisoning (Medicaid)	Overdose - Opioid past 1 year	Overdose Risk - Concurrent Opioid & Benzodiazepine past 1 year	High Risk List 🝦 Registry	Suicide Care 🍦 Pathway
QUrCUazTRSm QVJJQUvOQQ		Yes					Yes		
QUrFU8m QUnFUA			Yes						
QUrMQUvJLA QUrSSUu									
QUvERVJTTqui UbbBT6									
QUvERVJTTqui VFbORUVTSEE	/17/2026			Yes		Yes			
QUvEVUfBU8m UqbYVEy	/								
QUvHRUmi QaVUVFa QQ	1								
QUvOVUv0SUFUTom REzOTaE TQ									

AL HEALTH 33

My QI Report - Statewide Reports	Recipient Search Provider Search Reg	gistrar - Usage-	Utilization Reports	MyCHOIS Dashl	boards -	
	Recipie	ent Search		Limit results 50 to	Search Reset	
Recipient Identifiers			Search in:	Full Database	○ MAIN STREET AGENCY	
Medicaid ID	SSN	First Name	Last Nam	e [DOB	
AB00000A					MM/DD/YYYY	
Characteristics as of 06/02/2025 Age Range Race Ethnicity Special Populations	What other filte would you like Recipie	ers or fu to see nt Sear	unctiona includeo ch?	ality d in	✓ ✓ Past 1 Year ✓	
Population	~	SDOH Conditions (r	eported in billing)	SDOH Conditions: Se	elected	
High Need Population	~	Problems related	to upbringing			
AOT Status	~	Problems related	to physical environment			
Alerts	✓	Problems related	to other psychosocial ci to medical facilities and			
Homelessness Alerts		-Problems related	to life management diffi 🖵			
Complex Needs	•					

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
- POP Intensive Care Transition Services
- Active Medicaid Restrictions
- Alerts
- Social Determinants of Health (SDOH)
- Quality Flags
- Plans & Documents
- BH/Medical Diagnoses

- 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 OFFICE OF MENTAL HEALTH 37

IVOS

My QI Report - Statewide F	Reports Recipient Search	Provider Search Regist	rar	ilization Reports	MyCHOIS Dashb	oards -
Recipient Search		QUFSTqui As of 6/2/2025	SaFTTqu Data sources			<mark>™</mark> PDF
		Brief Overview	Full Summary		Data with Special Pr This report contains	rotection O Show O Hide all available clinical data.
DOB: XX/XX/XXXX (XX Yrs) Address: NDEq Vm MTItVE6 UrQ, T Phone (Source: NYC DHS): KDAni	TaVX WUzSSm, Tba, MTAmM92 M8a MpQrLTYtODa	Medicaid ID: WVetMpEtOUe Managed Care Plan: Health MC Plan Assigned PCP : N/	first PHSP, Inc. (Mainstr A	HARP Sta eam) HARP HCI Medicaid	tus: BH High-Risk/ HAI BS Assessment Status Eligibility Expires on: 1	RP Eligible (H9) s: Never Assessed 2/1/2025
Current Care Coordination						
Health Home (Enrolled) CC Me Ca	DORDINATED BEHAVIORAL CARE ember Referral Number: 866-899- are Management (Enrolled): SAM	E INC (Begin Date: 01-APR-25 0152; cbchealthhome@cbca ARITAN VILLAGE INC	5) • Status : Active are.org			
NYC Dept of Homeless 12 Services Shelter: M Sh	27TH STREET KELLY SAFE HAVE lost Recent Placement Date: 12-9 helter Director Contact : Aimee P	N (Single Adult, General) • M SEP-24 (Exit Date: 06-MAY-2 oulin : 9292031001, Aimee.P	IANHATTAN 5 Exit Reason: Hospita 'oulin@cucs.org	lized - Psychiatric)		
Intensive Mobile Treatment Ce (IMT) na	enter for Urban Community Servi atalie.nokes@cucs.org	ces (CUCS) Manhattan IMT	I (Admission Date: 13-D	EC-24) • Main Conta	ct: Natalie Nokes, (877	7) 498-2791,
Notifications						
Complex Needs due to 44	+ ER MH < 13 months , HH+ Eligil neffectively Engaged: No Outpt M	bility , Homeless in past 6 m H < 12 months with 2+ Inpt I	onths + SMI , Homicida MH or 3+ ER MH , Inten	l ideation in past yea sive Mobile Treatme	r and 1+ MH ED/CPEF nt (IMT) in past year w	P/IP in past year , ith MH diagnosis
Health Home Plus Eligibility Th	his client is eligible for Health Ho	me Plus due to: 4+ ER MH <	13 months, Ineffective	ly Engaged - No Outp	t MH < 12 months & 2	+ Inpt MH/3+ ER MH
Alerts · all available		Most Recent				Scroll
17 Homelessness - NYC DH	HS Shelter	Current	127TH STREET KELLY	SAFE HAVEN (Singl	e Adult, General)	down
2 Treatment for Suicidal lo	deation (2 Inpatient)	1/2/2025	ST BARNABAS HOSP	ITAL (Inpatient - MH)		

Social Determinants of Health (SDOH) Past Year - reported in billing								
Problems related to employment and unemployment Unemployment, unspecified								
Problems related to housing and economic circumstances Homelessness unspecified • Sheltered homelessness								
Active Quality Flags • as of monthly QI report 5/1/2025	Diagnoses P	Past Year						
General Medical Health	Behavioral	5 Most Recent: Major Depressive Disorder • Generalized Anxiety Disorder •						
No Outpatient Medical Visit > 1Yr	Health (7)	Adjustment Disorder • Tobacco related disorder • Other stimulant related disorders 5 Most Frequent (# of services):Adjustment Disorder(3) • Major						
High Utilization - Inpt/ER								
2+ ER - BH		Depressive Disorder(2) · Generalized Anxiety Disorder(2) ·						
MH Performance Tracking Measure (as of 11/01/2024)		Unspecified/Other Psychotic Disorders(2) · Tobacco related disorder(1)						
No Follow Up After MH ED Visit - 30 Days • No Follow Up After MH ED Visit - 7 Days	Medical (11)	 5 Most Recent:Open wound of neck • Injury of unspecified body region • COVID-19 • Open wound of wrist, hand and fingers • Poisoning by, adverse effect of and underdosing of diuretics and other and unspecified drugs, medicaments and biological substances 5 Most Frequent (# of services):Open wound of neck(4) • Injury of unspecified body region(2) • COVID-19(2) • Open wound of wrist, hand and fingers(2) • Open wound of elbow and forearm(2) 						
SUD Performance Tracking Measure (as of 11/01/2024)								
Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD) Not Sustained 6								
No Follow Up after SUD ER Visit (7 days) • No Initiation of Medication Assisted								
Treatment (MAT) for New Episode of Opioid Use Disorder (OUD) • No Initiation of SUD								
Treatment								
Medications Past Year	Last Pick Up							
Hydroxyzine Hcl (Hydroxyzine Hcl) • Anxiolytic/Hypnotic	4/25/2025	Dose: 50 MG, 2.67/day • Quantity: 240						
Levetiracetam (Levetiracetam) • Anticonvulsants - Misc.	8/2/2024	Dose: 500 MG, 3/day • Quantity: 42						
Fluoxetine Hcl (Fluoxetine Hcl) • Antidepressant	7/30/2024	Dose: 20 MG, 1/day • Quantity: 30						
Nicotine (Nicotine) • Withdrawal Management	7/30/2024	Dose: 21 MG/24HR, 1/day • Quantity: 28 down						
Trazodone Hcl (Trazodone Hcl) • Antidepressant	7/30/2024	Dose: 50 MG, 1/day • Quantity: 30						

Outpatient Providers Past Year Last Service Date & Type	All Hospital and Crisis Utilization • 5 Years
SAMARITAN VILLAGE INC 2/15/2025 CCBHC	ER Visits # Providers Last ER Visit
CENTER FOR URBAN COMMUNITY 12/13/2024 Intensive Mobile Treatment	(IMT) 29 Mental Health 6 4/16/2025 at ST LUKES ROOSEVELT HSP CTR
	12 Medical 6 4/6/2025 at ST LUKES ROOSEVELT HSP CTR
JANIAN MEDICAL CARE PC 10/15/2024 Physicians Group - Psychia	try 25 Substance Use 6 12/4/2024 at ST LUKES ROOSEVELT HSP CTR
ELMHURST HOSPITAL CENTER 6/5/2024 Clinic - MH Specialty	Inpatient Admissions # Providers Last Inpatient Admission
	3 Substance Use 3 3/4/2025 at AREBA CASRIEL INSTITUTE
	1 Medical 1 12/24/2024 at ST LUKES ROOSEVELT HSP CTR
	8 Mental Health 6 12/10/2024 at ST LUKES ROOSEVELT HSP CTR
	Crisis Services # Providers Last Crisis Service
	1 Mobile Crisis 1 10/13/2024 at KINGS COUNTY HOSPITAL CENTER
Safety Plans Most Recent	
3 Safety Plan 3/18/2024	COMMUNITY CARE MANAGEMENT PARTNERS
Brief	Overview as of 6/2/2025
View Full S	Immary 🕒 Export Overview

My QI Report + State	ewide Reports	Recipient Search	Provider Search	Registrar 🗸	Usage -	Utilization Reports	MyCHOIS	Dashboards -	
Recipient Search			QUF As of 6	STqui Sal	-TTqu a sources			DF EXCEL CCD	
Sections			Brief Ov	verview Full	Summary		Data with S This report	Special Protection \odot Show \bigcirc Hide contains all available clinical data.	
General									
Name QUFSTqui SaFTTqu DOB XX/XX/XXXX (XX Yrs) Address NDEq Vm MTItVE6 UrQ, TaVX WUZSSm, Tba, MT Phone (Source: NYC DH KDAnM8a MpQrLTYtODa Current Care Coordi	, TAmM92 IS) Pa ination	Medicaid ID WVetMpEtOUe Medicaid Aid C SSI Medicaid Eligit	ategory bility Expires on	Med No Mar Hea MC N/A	licare Naged Care I Ithfirst PHS Plan Assign	Plan :P, Inc. (Mainstream) ned PCP	HARP BH Hig HARP Never	Status h-Risk/ HARP Eligible (H9) HCBS Assessment Status Assessed	
Health Home (Enrolled)	Health Home (Enrolled) COORDINATED BEHAVIORAL CARE INC (Begin Date: 01-APR-25) • Status : Active Member Referral Number: 866-899-0152; cbchealthhome@cbcare.org Care Management (Enrolled): SAMARITAN VILLAGE INC								
NYC Dept of Homeless Services Shelter:	127TH STRE Most Recent Shelter Direc	ET KELLY SAFE HAVE Placement Date: 12- tor Contact : Aimee F	EN (Single Adult, Ger SEP-24 (Exit Date: 0 Poulin : 9292031001,	neral) • MANHA 16-MAY-25 Exit F Aimee.Poulin@	FTAN Reason: Hosj Ocucs.org	oitalized - Psychiatric)			
Intensive Mobile Treatment (IMT)	t Center for Ur natalie.nokes	ban Community Serv s@cucs.org	ices (CUCS) Manhat	tan IMT I (Admi	ssion Date: 1	3-DEC-24) • Main Conta	ict: Natalie Noł	kes, (877) 498-2791,	

Alerts

Alerts Incidents from NIM	IRS, Service invoices from Med	licaid 🗋 Details				Table Gra	aph
Alert Type	Number of Events/Meds/Positive Screens	First Date	Most Recent Date	Provider Name(s)	Program Name	Severity/Diagnosis/ Meds/Results	
Homelessness - NYC DHS Shelter	16	11/30/2017		127TH STREET KELLY SAFE HAVEN	Single Adult, General		Ū
Treatment for Suicidal Ideation	17	3/4/2014	4/17/2025	PHYSICIAN AFFILIATE GROUP OF NEW	ER - MH - Group - Physician - Emergency Medicine	Suicidal Ideation	G
Treatment for Self inflicted Poisoning	3	12/21/2024	1/2/2025	ST BARNABAS HOSPITAL	Inpatient - MH	Self inflicted Poisoning	G
PHQ-9 (depression screening and monitoring)	3	9/14/2020	3/18/2024	COMMUNITY CARE MANAGEMENT PARTNERS		Moderately Severe Depression (Score = 18 out of 27) - Thoughts of better off dead and/or hurting self	Ō
C-SSRS (Suicide Screen)	2	9/14/2020	3/22/2023	NEW YORK CITY HEALTH AND HOSPITALS CORPORATION CORRECTIONAL HEALTH SERVICES		High Risk: Suicide Intent with Specific Plan Past Month	G

Social Determinants of Health (SDOH)

Social Determinants of Health (SDOH) reported in billing										
Adult and child abuse, neglect and other maltreatment, confirmed	dult and child abuse, neglect and Adult sexual abuse, confirmed, initial encounter ther 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 ar	ick on a SDOH								
Problems related to education and literacy	Less than a high school diploma	ndition to drill-in								
Problems related to employment and unemployment	Unemployment, unspecified	d view more details								
Problems related to housing and economic circumstances	Problems related to housing and economic circumstances • 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 circumstanc	ces								
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							
5/2/2025 Inpatient-El	R ER - MH	NEW YORK PRESBYTERIAN HOSPITAL	Sheltered homelessness, Unspecified mood [affective] disorder							

OFFICE OF MENTAL HEALTH 43

Quality Flags

Quality Flags as of monthly	y QI report 5/1/2025 C Definitions	Recent	All (Graph)	All (Table)		
Indicator Set						
General Medical Health	No Outpatient Medical Visit > 1Yr					
Health Home Care Management - Adult	Eligible for Health Home Plus - No Health Home Plus Service Past 12 Months • Eligible for Health Home Plus - • Eligible for Health Home Plus - Not Health Home Enrolled • HARP Enrolled - Not Health Home Enrolled •	No Health Ho HARP-Enrolle	me Plus Service d - No Assessme	Past 3 Months nt for HCBS		
High Utilization - Inpt/ER	10+ ER - All Cause • 2+ ER - BH • 2+ ER - MH • 2+ Inpatient - BH • 2+ Inpatient - MH • 4+ Inpatient/ER - BH • 4+ Inpatient/ER - MH					
Hospital Outcome Measure Set	No Follow Up After MH ED discharge from this Hospital - 7 Days					
MH Performance Tracking Measure (as of 11/01/2024)	Low Antipsychotic Medication Adherence - Schizophrenia • No Follow Up After MH ED Visit - 7 Days • No Int No Intensive Care Management after MH Inpatient	ensive Care N	lanagement after	r MH ED Visit •		
Preventable Hospitalization	Preventable Hosp Diabetes					
SUD Performance Tracking Measure (as of 11/01/2024)	No Follow Up after SUD ER Visit (30 days) • No Follow Up after SUD ER Visit (7 days) • No Utilization of Pha	rmacotherapy	for Alcohol Abus	se or Dependence		
Vital Signs Dashboard - Adult (as of 11/01/2024)	Eligible for Health Home Plus - No Health Home Plus Service Past 12 Months • Low Antipsychotic Medication After MH ED Visit - 7 Days	Adherence - S	Schizophrenia •	No Follow Up		

Plans & Documents, Screenings & Assessments

Plans & Documents 1 Upload O Create New											
Date Document Created	Document Type	Provider Name		Document C	reated By	Role		Delete Docum	ent		
1/23/2025	PSYCKES Consent Form	ONTEFIORE MEDIC	CAL CENTER	Administe	red in iOS	N/A					
12/9/2024	Safety Plan Create a Sa	afety Plan or P	AD, or uplo	oad		Clier	nt				
11/18/2024	Psychiatric Adva other docu	umentation (e.	g., Care Pla	ans,	James	Clini	cian				
10/1/2024	Care Plans Discharge	Plans, etc.)			าท	The	rapist				
8/26/2024	Relapse Prevention Plan	AIDS CENTER OF QUEENS COUNTY, INC.			Smith, John Therapist		rapist				
6/18/2024	Discharge Plan	AIDS CENTER OF QUEENS COUNTY, INC.		Smith, Jo	hn	The	rapist				
Screenings & Asse	SSMENTS							Table	Graph		
Assessment Name	Number of Assessments Enterred	Last Assessment Date	Last Assessment	Provider	Last Assessment Rate By(Role)	ed	Last Assessment Results				
PHQ-9	3	8/15/2024	COMMUNITY C MANAGEMENT PARTNERS	ARE	Administered in PSYCKES mobile a	арр	Moderately Severe Depres 18 out of 27) - Thoughts of better off de hurting self	ssion (Score = ead and/or	G		
C-SSRS	2	7/14/2024	Client Entered		Administered in PSYCKES mobile a	рр	High Risk: Suicide Intent v Plan Past Month	with Specific	G		

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 • Tobe p related disorder • Antisocial Personality Disorder • Hallucinogen related disorders • Alcohol related disorders • Major Depressive Disorder • Unspecified/Other Psychotic Disorder • 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, seco Certain infectious and parasitic	ndary, and quality flag-related diagnoses (most freque	Click on a diagnosis to drill-in and view more details such as date of	
diseases	outer sepsis of real culosis and praimasis	service, service type & subtype,	
Codes for special purposes	COVID-19	provider, and other diagnoses	
Diseases of the circulatory system	Essential (primary) hypertension • Heart failur resulting in cerebral infarction • Other periphe	re • Hypertensive chronic kidney disease • Occidsion and stenos tral vascular diseases	is of precerebral arteries, not
Diseases of the eye and adnexa	Glaucoma • Other disorders of conjunctiva •	Other cataract	

Services provide Schizoaffective Diso	ed for the selected Diagn	osis:		DF Excel	:
			Previous 1 2 3	4 5 6 7 8 9 10 17 Nex	xt
Date of Service 🗸	Service Type	Service Subtype	Provider Name	Primary, secondary, and quality flag-related diagnoses	÷
4/16/2025	Inpatient-ER	ER - MH - CPEP	ST LUKES ROOSEVELT HSP CTR	Schizoaffective disorder, unspecified	
3/4/2025	Inpatient-ER	ER - MH - Group - Physician - Emergency Medicine	ICAHN SCHOOL OF MEDICINE AT MOUNT S	Schizoaffective disorder, unspecified	

OFFICE OF MENTAL HEALTH 46

Integrated View of Services Over Time





TH 47

Outpatient Behavioral Health & Medical Services

Service Type	Provider	First Date Billed	Last Date Billed	Number of Visits	Most Recent Primary Diagnosis	Most Recent Procedures (Last 3 Months)	
ССВНС	SAMARITAN VILLAGE INC	2/25/2022	2/15/2025	78	Post-traumatic stress disorder, unspecified	- Comm Bh Clinic Svc Per Diem	C
Intensive Mobile Treatment (IMT) (Source: DOHMH)	CENTER FOR URBAN COMMUNITY SERVICES (CUCS) MANHATTAN IMT I	12/13/2024	12/13/2024	1		-	C
Clinic - MH Specialty	NEW YORK PSYCHOT AND COUNS CT	3/15/2024	3/15/2024	1	Major depressive disorder, recurrent severe without psychotic features	- Med Serv Eve/Wkend/Holiday, Office O/P Est Sf 10 Min	C
Clinic - SU Specialty	BUFFALO BEACON CORP	8/24/2023	10/17/2023	6	Opioid dependence, uncomplicated	- Alcohol/Subs Interv 15-30mn - Alcohol And/Or Drug Services - Alcohol And/Or Drug Assess	C
Clinic - SU Specialty (Telehealth)	BUFFALO BEACON CORP	9/1/2023	9/29/2023	4	Opioid dependence, uncomplicated	- Office O/P Est Low 20 Min - Alcohol/Subs Interv >30 Min - Alcohol/Subs Interv 15-30mn	C
ACT - MH Specialty	FEDERATION OF ORGANIZATIONS FOR THE	11/30/2022	4/30/2023	6	Schizophrenia, unspecified	- Assert Comm Tx Pgm Per Diem	C
Clinic - MH Specialty - State Psych Center (Source: State PC)	CENTRAL NEW YORK PSYCHIATRIC CENTER	8/14/2021	8/14/2021	1	Other unknown and unspecified cause of morbidity and mortality	-	C
Medical Outpatient	t Services 🕞 Details					Table Gra	oh
Service Type	Provider	First Date Billed	Last Date Billed	Number of Visits	Most Recent Primary Diagnosis	Most Recent Procedures (Last 3 Months)	
Physician Group	SUNSET MEDICAL IMAGING PC	2/14/2025	2/14/2025	1	Stress incontinence (female) (male)	- Anal/Urinary Muscle Study, Cystometrogram W/Vp&Up, Urinary Reflex Study, Vascular Study	C
Clinic - Medical Specialty	LINCOLN MEDICAL/MENTAL HLTH	1/6/2024	1/6/2024	1	Pneumonia, unspecified organism	- Sarscov2&Inf A&B&Rsv Amp Prb	ſ

L HEALTH 48

Crisis Services

Crisis Services	🗋 Details					Table Gra	oh
Service Type	Provider	Admission/ First Billed	Discharge Date/ Last Date Billed	#Visits/ Length of Stay	Most Recent Primary Diagnosis	Most Recent Procedures (Last 3 Months)	
Crisis Intervention Service - Telephonic Follow-up (Telehealth)	NEIGHBORHOOD CENTER INC	7/31/2024	7/31/2024	1	Mental disorder, not otherwise specified	- Crisis Interven Svc, 15 Min	0
Crisis Residential Services - Residential Crisis Support	ASSOC REHAB CM & HOUSING INC	5/26/2024	5/26/2024	1	Schizophrenia, unspecified	- Crisis Interven Waiver/Diem	Ō
Crisis Intervention Service - Mobile Crisis Response	ST JOSEPHS HOSPITAL HEALTH CE	1/22/2024	1/22/2024	1	Alcohol dependence with intoxication, unspecified	- Crisis Intervention Mental H	Ū
Crisis Intervention Service - Telephonic Response (Telehealth)	LIBERTY RESOURCES INC	4/14/2021	4/14/2021	1	Illness, unspecified	- Crisis Interven Svc, 15 Min	0

Hospital/ER Services

Hospital/ER Serv	ices 🗇 Details					Table G	aph
Service Type	Provider	Admission	Discharge Date/Last Date Billed	Length of Stay	Most Recent Primary Diagnosis	Procedure(s) (Per Visit)	
ER - MH - CPEP	HARLEM HOSPITAL CENTER	3/26/2025	3/26/2025	1	Alcohol use, unspecified, uncomplicated	- Psych Diagnostic Evaluation	G
ER - Medical	HARLEM HOSPITAL CENTER	3/25/2025	3/25/2025	1	Pain in left foot	- Complete Cbc W/Auto Diff Wbc, Diphenhydramine Hcl 50mg, Drug Screen Quantalcohols, Emergency Dept Visit Mod Mdm, Hepatic Function Panel, Metabolic Panel Total Ca	G
ER - Medical	LENOX HILL HOSPITAL	3/24/2025	3/24/2025	1	Fracture of alveolus of maxilla, initial encounter for closed fracture	- Ct Head/Brain W/O Dye, Ct Maxillofacial W/O Dye, Emergency Dept Visit Mod Mdm	G
ER - SU	ST BARNABAS HOSPITAL	2/18/2025	2/18/2025	1		- Assay Glucose Blood Quant, Complete Cbc W/Auto Diff Wbc, Comprehen Metabolic Panel, Ct Head/Brain W/O Dye, Ct Neck Spine W/O Dye, Drug Screen Quantalcohols, Emergency Dept Visit Mod Mdm, Haloperidol Injection, Inj Midazolam Hydrochloride, Ther/Proph/Diag Inj Iv Push	6
Inpatient - MH	METROPOLITAN HOSPITAL CENTER	1/23/2025	2/5/2025	13	Schizoaffective disorder, bipolar type	- Medication Management	G

My QI Report

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 - Us	age- U	tilization Reports	MYCHOIS D	ashboards-		
			Quality Indicate	REET AC	GENC /01/2025	Y •	• View:	Standard	✓ 🔁 🕱 PDF Excel	
SITE: ALL PROGRAM TYPE: ALL /	AGE GROUP:	ALL POPULATION: ALL	MC PRODUCT LINE: A	LL CLIENT REGION	ALL CLIE	INT COUNTY: ALL PF	ROVIDER REGION: AL	L PROVIDER	Filtero Repet	
Indicator Set	Qua	lity Impro	ovement	Indicat	ors	(As Of O	5/01/2	0 25) I	Run month	ly on all available data as of run d
Quality Improvement Indic	ators (As	Of 05/01/2025)	Run monthly on all avail	able data as of run da	ate					
Indicator Set		 Population 	Eligible Population/ Episode	# with QI Flag≑	\$ \$	Regional %	Statewide %	25%	50% 75% 100%	
BH QARR - Improvement Measu	re	All	2,746	944	34.4	36.2	32.7	34.40 36.21 32.70	1	
General Medical Health		All	15,682	4,211	26.9	16.2	12.7	26.90 16.20 12.70		
Health Home Care Management	- Adult	Adult 18+	4,169	3,003	72	81.9	88.2		72.00 81.90 88-20	
High Utilization - Inpt/ER		All	15,686	4,292	27.4	26.9	20.5	27.40 26.90 20.50		
Polypharmacy		All	5,107	982	19.2	16.1	12.2	19.20 16.10 12.20		
Preventable Hospitalization		Adult	13,654	141	1	0.9	0.8	1.00 0.90 0.80		
Readmission Post-Discharge fro Hospital(Episode Based)	m any	All	5,324	909	17.1	16.1	14.3	17.10 16.10 14.30		
Readmission Post-Discharge fro	m this							20.00		

Performance Tracking Indicators (As Of 11/01/2024) Run with intentional lag of 6+ months to allow for complete data

Performance Tracking Indicators (As	s Of 11/01/2024)	Run with intentional la	g of 6+ months to allo	w for com	plete data		
Indicator Set	▲ Population ≑	Eligible Population/‡ Episode	# with QI Flag≑	5	Regional %	Statewide %	25% 50% 75% 100%
General Medical Performance Tracking Measure	All	5,111	1,988	38.9	38.7	38	38.00 38.70 38.00
Hospital Outcome Measure Set	All	0	0	0	56.6	62.5	0.00 56.60 62.50
MH Performance Tracking Measure	All	3,598	2,038	56.6	55.4	55.4	55.40 55.40 55.40
SUD Performance Tracking Measure	Adol & Adult (13+)	3,928	3,031	77.2	75.2	79.4	77.20 75.20 79.40

Quality Improvement Indicators (As	s Of 05/01/2025) Ru	In monthly on all avail	able data as of run da	te				
Indicator Set	Population	Eligible Population/ Episode	# with QI Flag	%	Regional %	Statewide %	25% 50% I	75% 100%
BH QARR - Improvement Measure	All	2,746	944	34.4	36.2	32.7	34.40 36.20 32.70	
General Medical Health	All	15,682	4,211	26.9	16.2	12.7	26.90 16.20 12.70	
Health Home Care Management - Adult	Adult 18+	4,169	3,003	72	81.9	88.2		72.00 81.90 88:20
High Utilization - Inpt/ER	All	15,686	4,292	27.4	26.9	20.5	27.40 26.90 20.50	
Polypharmacy	All	5,107	982	19.2	16.1	12.2	19.20 16.10 12.20	
Preventable Hospitalization	Adult	13,654	141	1	0.9	0.8	1.00 0.90 0.80	
Readmission Post-Discharge from any Hospital(Episode Based)	All	5,324	909	17.1	16.1	14.3	17.10 16.10 14.30	
Readmission Post-Discharge from this Hospital(Episode Based)	All	5	1	20	16.6	14.3	20.00 16.60 14.30	
Treatment Engagement	Adult 18-64	2,328	801	34.4	35	33.3	34.40 35.00 33.30	

Performance Tracking Indicators (As Of 11/01/2024) Run with 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	5,111	1,988	38.9	38.7	38	38.90 38.70 38.00
Hospital Outcome Measure Set	All	0	0	0	56.6	62.5	0.00 56.60 62.50
MH Performance Tracking Measure	All	3,598	2,038	56.6	55.4	55.4	56.60 55.40 55.40
SUD Performance Tracking Measure	Adol & Adult (13+)	3,928	3,031	77.2	75.2	79.4	77.20 75.20 79.40
Vital Signs Dashboard - Adult	Adult	5,946	2,979	50.1	49.1	48.7	50.10 49.10 48.70
Vital Signs Dashboard - Child	Child & Adol	2,394	646	27	31.7	27.6	27.00 31.70 27.60

OFFICE OF MENTAL HEALTH 56

My QI Report -	tatewide Reports	Recipient Search	Provider Search	Registrar - Us	age- l	Itilization Reports	MyCHOIS D	ashboards-	
			MAIN S Quality Indica	TREET A	GEN(CY O	O View:	Standard ¥	DF Excel
SITE: ALL PROGRAM TY COUNTY: ALL MANAGE	/PE: ALL AGE GROUP: D CARE: ALL	: ALL POPULATION: ALL	MC PRODUCT LINE: /	ALL CLIENT REGION	I: ALL CLI	ENT COUNTY: ALL P	ROVIDER REGION: AL	L PROVIDER Filte	ro Recet
Indicator Set									
Quality Improveme	ent Indicators (As	s Of 05/01/2025)	Run monthly on all ava	ilable data as of run o	late				
Indic	ator Set	 Population 	Population/ Episode	# with QI Flag	¢	Regional %	Statewide %	25% 50%	75% 100%
BH QARR - Improveme	nt Measure	All	2,746	944	34.4	36.2	32.7	34.40 36.20 32.70	
General Medical Health	h	All	15,682	4,211	26.9	16.2	12.7	26.90 16.20 12.70	
Health Home Care Mar	nagement - Adult	Adult 18+	4,169	3,003	72	81.9	88.2		72.00 81.90 88 ¹ 20
High Utilization - Inpt/E	ER	All	15,686	4,292	27.4	26.9	20.5	27.40 26.90 20.50	
Polypharmacy		All	5,107	982	19.2	16.1	12.2	19.20 16.10 12.20	
Preventable Hospitaliz	ation	Adult	13,654	141	1	0.9	0.8	1.00 0.90 0.80	
Readmission Post-Disc Hospital(Episode Base	charge from any :d)	All	5,324	909	17.1	16.1	14.3	17.10 16.10 14.30	
Readmission Post-Diso Hospital(Episode Base	charge from this :d)	All	5	1	20	16.6	14.3	20.00 16.60 14.30	
Treatment Engagemen	ıt	Adult 18-64	2,328	801	34.4	35	33.3	34.40 35.00 33.30	
Performance Track	king Indicators (A	As Of 11/01/2024)	Run with intentional l	ag of 6+ months to al	low for com	plete data			
Indic	ator Set	 Population 	Eligible Population/ Episode	# with QI Flag	÷ * ÷	Regional %	Statewide %	25% 50%	75% 100%
General Medical Perfor Measure	rmance Tracking	All	5,111	1,988	38.9	38.7	38	38.90 38.70 38.00	
Hospital Outcome Mea	asure Set	All	0	c	0	56.6	62.5	0.00 F	6.60 62.50
MH Performance Track	king Measure	All	3,598	2,038	56.6	55.4	55.4	5	66.60 5.40 5.40
SUD Performance Trac	king Measure	Adol & Adult (13+)	3,928	3,031	77.2	75.2	79.4		77.20 75.20 79.40

E OF MENTAL HEALTH 57



My QI Report - Statewide Reports	Recipient Search Pr	ovider Search R	egistrar - Usa	ge- U	tilization Reports	MyCHOIS Da	ishboards-
		MAIN ST Quality Indicator	REET AC	GEN(CY º	• View:	Standard V DF Excel
PROGRAM TYPE: CCBHC							Filtero
Indicator Set							
Quality Improvement Indicators (A	As Of 05/01/2025) Run	monthly on all availat	ole data as of run dat	e			
Indicator Set	▲ Population ≑	Eligible Population/ ‡ Episode	# with QI Flag \doteqdot	÷ ¢	Regional %	Statewide %	25% 50% 75% 100%
3H QARR - Improvement Measure	All	1,283	488	38	36.6	35.9	38.00 36.60 35.90
Seneral Medical Health	All	8,156	2,298	28.2	27.2	25.2	28.20 27.20 25.20
Health Home Care Management - Adult	Adult 18+	1,587	1,395	87.9	84.4	85.9	(87/90) 84.40 85/90
ligh Utilization - Inpt/ER	All	8,156	1,793	22	30.9	22.6	22.00 30.90 22.60
Polypharmacy	All	2,572	413	16.1	20.2	19.5	16.10 20.20 19.50
Preventable Hospitalization	Adult	6,187	30	0.5	0.7	0.6	0.50 0.70 0.60
Readmission Post-Discharge from any Hospital(Episode Based)	All	1,919	301	15.7	20.2	18.6	15.70 20.20 18.60
Readmission Post-Discharge from this Hospital(Episode Based)	All	0	0	0	21.8	19.6	0.00 21.80 19.60
Treatment Engagement	Adult 18-64	1,030	396	38.4	37.4	36.4	38.40 37.40 36.40
Performance Tracking Indicators	(As Of 11/01/2024) R	un with intentional lag	of 6+ months to allo	w for comp	olete data		
Indicator Set	▲ Population ≑	Eligible Population/ ‡ Episode	# with QI Flag $\stackrel{\scriptscriptstyle +}{_{\scriptscriptstyle \mp}}$	5 ¢	Regional %	Statewide %	25% 50% 75% 100%
eneral Medical Performance Tracking Jeasure	All	2,528	958	37.9	40.3	41.4	37.90 40.30 41.40
lospital Outcome Measure Set		0	0	0	54.1	54.8	0.00 54.10 54.80
IH Performance Tracking Measure	All	1,853	1,036	55.9	54.8	53.3	55.90 54.80 53.30
SUD Performance Tracking Measure	Adol & Adult (13+)	1,981	1,509	76.2	73.6	73.3	76.20 73.60 73.30

E OF MENTAL HEALTH 59

		MAIN ST Quality Indicato	REET AGE	IVCY	0	O View:	Standard V DF E	3 xcel
PROGRAM TYPE: CCBHC							Filtera	set
Indicator Set: MH Performance Tracking M	easure							
Indicator Set Indicator								
Indicator	Population	Eligible Population/ Episode	# with QI Flag	* ¢	Regional %	Statewide %	25% 50% 75% 1 I I I	100%
. No Follow Up for Child on ADHD Med - nitiation	Child	88	24	27.3	25.2	22.7	27.30 25.20 22.70	
2. No Follow Up for Child on ADHD Med - Continuation	Child	36	6	16.7	23	19.8	16.70 23.00 19.80	
3. Antidepressant Medication Discontinued - Acute Phase	Adult	455	193	42.4	41.9	41.3	42.40 41.90 41.30	
4. Antidepressant Medication Discontinued - Recovery Phase	Adult	455	241	53	54.1	54.3	53.00 54.10 54.30	
The percentage of Mental Health Inpatient discharges among individuals ages 6 years and older that are not	Adult	395	159	40.3	37.9	37.8	40.30 37.90 37.80	
followed up by a Mental Health Outpatient visit within 7 days after the discharge.	Adult	646	314	48.6	50.2	48	48.60 50.20 48.00	
7. No Follow Up after MH Inpatient - 7 Days	6+	302	119	39.4	35.9	33.8	39.40 35.90 33.80	
8. No Follow Up After MH ED Visit - 7 Days	6+	311	109	35	32.9	37.9	35.00 32.90 37.90	
9. No Diabetes Screening - Schizophrenia/Bipolar on Antipsychotic	Adult	814	224	27.5	22.5	22.3	27.50 22.50 22.30	
10. No Metabolic Monitoring (Gluc/HbA1c and LDL-C) Child & Adol on Antipsychotic	Child & Adol (1 to 17)	148	95	64.2	60.1	60.4	64.20 60.10 60.40	
11. No Metabolic Monitoring (Gluc/HbA1c) Child & Adol on Antipsychotic	Child & Adol (1 to 17)	148	65	43.9	40.9	41.4	43.90 40.90 41.40	
12. No Metabolic Monitoring (LDL-C) Child & Adol on Antipsychotic	Child & Adol (1 to 17)	148	93	62.8	59.1	58.6	62.80 59.10 58.60	
I 3. No Diabetes Monitoring - DM & Schizophrenia	Adult	74	24	32.4	40.7	32.5	32.40 40.70 32.50	
4. No Follow Up after MH Inpatient - 30 Days	6+	302	46	15.2	14.5	14.9	15.20 14.50 14.90	
5. No Follow Up After MH ED Visit - 30 Days	6+	311	47	15.1	14.7	19.8	15.10 14.70 19.80	

F MENTAL HEALTH 60

My QI Report - Statewid	de Reports Recip	pient Search Provid	er Search	Registrar - I	Jsage- Utiliza	tion Reports MyC	HOIS	Dashboards -			
		N	IAIN ST Quality Indicate	TREET A or Overview As Of	GENCY 0 05/01/2025		🚯 Vie	W: Standard	~	₿ PDF	💌 Excel
PROGRAM TYPE: CCBHC									Filter	s	Reset
Indicator Set: MH Performa	nce Tracking Meas	sure Indicator: 14. N	lo Follow Up	after MH Inpat	ient - 30 Days						
Indicator Set Indicator	Site HH/CI	M Site(s) MCO	Attending	Recipients	New QI Flag	Dropped QI Flag					
Recipient	Medicaid ID 👙	DOB	Race	& Ethnicity 🔶		Quality Flags	÷	Current PHI Access	÷		A V
REZCVUNLSQ TEbMTEbBT6	QVYnMTQsMb2	MDIIM9IIMTas or or	ill into a nical Sur export t Excel	client's mmary co PDF	2+ ER-Medical, 4 Overdue (DOH), H HHPlus No HHPl Need, MH Plcmt IP, No Gluc/HbA1 MH ED, No ICM a No MH ED F/U 30 (DOH) - Adult, No MH ED F/U 7d (D 30d (DOH), No M No MH Inpt F/U 7 (DOH) - Adult	PP(A), Breast Cancer IARP No Health Hom us Service > 3 mos, F Consid, No Engage a c & LDL-C - AP, No ICI fter MH Inpt, No LDL- Dd (DOH), No MH ED MH ED F/U 7d (DOH 0H) - Adult , No MH I H Inpt F/U 30d (DOH 7d (DOH), No MH Inpt	Screen e, ligh MH fter MH M after -C - AP, F/U 30d), No npt F/U) - Adult, : F/U 7d	No Access	Er Ac	nable ccess 🔒	
TEFGTrJNRQ SabMTA	QVYmNDInNae	MDQIMD6IMTatNm	White		2+ Inpt-BH, Adhe Assessment for I Home, MH Plcmt LDL-C - AP, No LD (DOH), No MH Inp MH Inpt F/U 7d (r-MS (DOH), HARP N HCBS, HARP No Heal Consid, No Gluc/Hb DL-C - AP, No MH Inpt pt F/U 30d (DOH) - Ac DOH), No MH Inpt F/	o th A1c & F/U 30d Jult, No U 7d	No Access	Er Ac	nable access 🕯	,

My QI Report - Statewide Repo	rts Recipient Search Pro	ovider Search Regis	trar - Usage- Utiliza	ation Reports My	CHOIS Dast	nboards -	
		MAIN STRE Quality Indicator Over	EET AGENCY (view As Of 05/01/2025	0	🗘 🔿 View: 🛛	Standard 🗸	DF Excel
PROGRAM TYPE: CCBHC	bout QI Report Views Il views display: Indicator Name, Po	pulation			×	Filter	s Reset
Ouality Improvement Indica	View	Columns D	isplayed				
Indicator Set	Standard Displays quality indicator preva rates for the organization comp the region and statewide preva rates.	alence pared to Eligible P lence	opulation, # with QI Flag, %, F	Region %, Statewide %		25% 50%	75% 100%]]∲
General Medical Health	Race & Ethnicity Displays quality indicator preva rates for clients in different rac ethnicity groups. Available in th	alence Total % (f e and for which	or this organization), Native lander, White, Multiracial, and race is unknown are include	k, ilients r, but	35.90 28.20 27.20 25.20		
Health Home Care Management -	"Indicator Set" and "Indicator" t	abs.	presented as a separate race	e/etnnicity group.	- 6		87!90 84.40 85!90
High Utilization - Inpt/ER					Close	22.00 30.90 22.60	
Polypharmacy	All	2,572	413 16.1	20.2	19.5	16.10 20.20 19.50	
Preventable Hospitalization	Adult	6,187	30 0.5	0.7	0.6	.50 .70 .60	
Readmission Post-Discharge from any	/	1.010	201 15.7	20.2	19.6	15.70	



AL HEALTH 63

Hispanic or Latinx

55.60



E OF MENTAL HEALTH 64

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 Security Management System (SMS) to create user accounts and grant PSYCKES
- Self-Service Console instructional email will be sent to new users and will contain a User ID and temporary password 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

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 OMH Security Management System (SMS)
- 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: <u>www.psyckes.org</u>

Click "Login to PSYCKES"

Login to PSYCKES	PSYCKES Home
Login Instructions	
About PSYCKES	PSYCKES is a HIPAA-compliant web-based application designed to support clinical decision making, care coordination, and quality improvement in New York State
PSYCKES Training	
Materials	
PSYCKES Training	
Webinars	LOGIN TO PSYCKES
Quality Indicators	
Implementing	
PSYCKES	What's New?
Quality Improvement	• Pelezse 8.2.0 - December 2024 =
Collaboratives	A new "Complex Needs" flag has been added to the PSYCKES application. The purpose of this flag is to assist providers in
MyCHOIS	identifying people who need a higher level of service prior to discharge due to complex needs. Users can run searches to identify
Contact Us	criteria will have the flag. The specific criteria are displayed in their Clinical Summary's "Notification" section.
	 Instructions for how to use the Self-Service Console are available on our <u>Login Instructions</u> page. The console is a way to manage your RSA token and PIN, which are needed to login to PSYCKES. If you ever need to reset your own PIN or request,

activate, or troubleshoot a token, the console is the place to go!

Comments or questions about the information on this page, including accessibility issues, can be directed to the **PSYCKES Team**.

How to Login to PSYCKES



How to Login to PSYCKES



Training & Technical Support

Training & Technical Support

- For more PSYCKES resources, please go to our website at: <u>www.psyckes.org</u>
- 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; <u>healthhelp@its.ny.gov</u>
Questions?