

Patient Characteristics Survey 2013 Training



What is PCS?

- The PCS is the primary source of information about individuals served by the Mental Health system in NY State
- All public programs that provide Mental Health services in NY State participate
- 170,000 individuals received Mental Health services in 6,000 programs during the PCS week in 2011

Why do we need PCS?

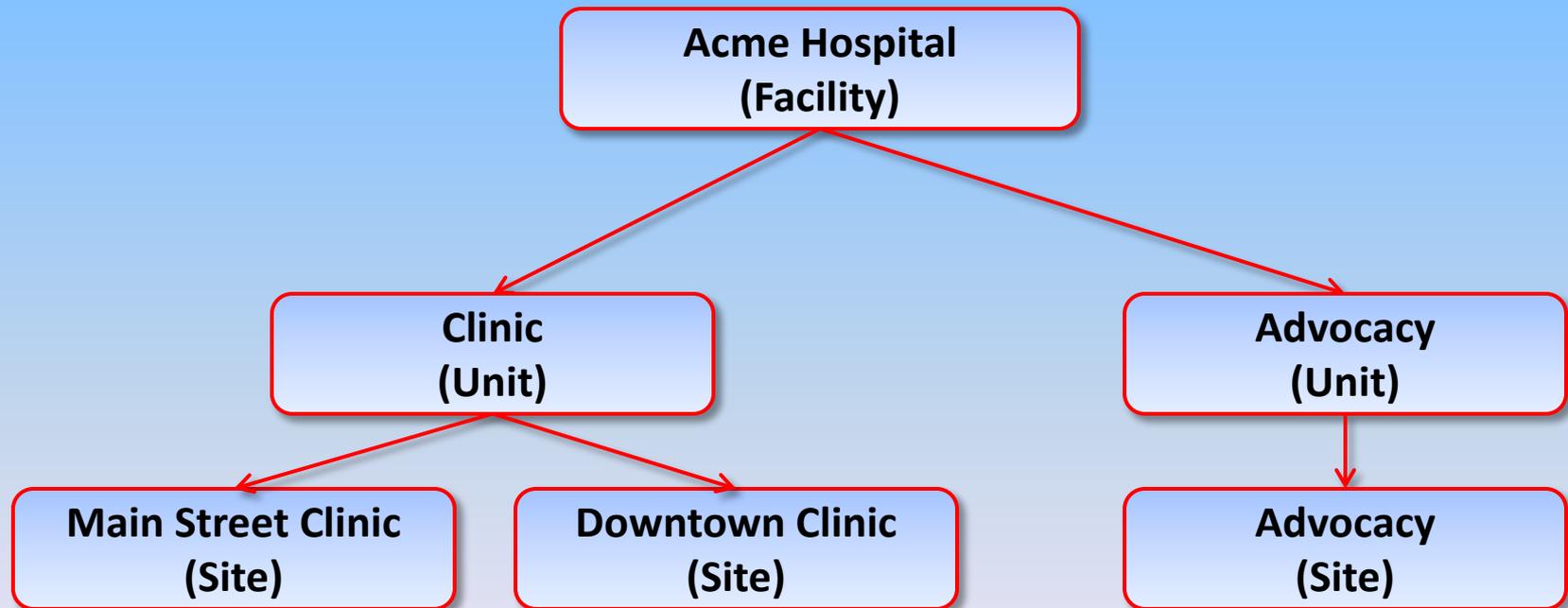
- Information gathered is used to support implementation and evaluation of new programs
- PCS supplies required data for continued receipt of Federal funding through the Community Mental Health Block Grant (approx. \$25 million in FFY 2011)
- PCS portal offers rapid access to statewide data

Important Definitions

- **Facility Survey** – conducted through MHPD prior to PCS, collects data about *providers* of MH services
- **Patient Characteristics Survey** – conducted every other year, collects data about *consumers* of MH services

Facility/Unit/Site

- **Facilities** are divided into **Units**, and some of these Units are further divided into **Sites** (FUS)



Important Definitions

- **PCS Coordinator** is the person at your facility who serves as OMH's contact during PCS
- **Security Manager** is the person who uses SMS to grant access to Supervisors and Submitters, add users and update passwords

PCS Roles

- **Submitter** – A User assigned to enter data and view/print reports in PCS for the Units or Sites with which the User is associated.
- **Supervisor** – A User allowed to see and enter data for ALL Unit/Sites at the Facility, and to upload and download Facility data and reports. The Supervisor also certifies that the Facility has completed its data entry by locking Unit/Sites when they are done or explains why a particular Unit/Site has not provided data.

Changes since the 2011 Application

- New Questions
 - Expanded Gender Identity question
 - Sexual Orientation question
- All Facilities permitted to Upload Data
- New PCS Home page with helpful info
 - Contact information for PCS Coordinator
 - New progress bar tracking data entry
- Better sorting features will make application run faster

Logging in to PCS

go to <https://pcs.omh.ny.gov>

or the PCS Website at

www.omh.ny.gov/omhweb/pcs/submissions



NEW YORK STATE
Office of Mental Health

Statement of Access and Confidentiality

WARNING: This computer system is solely for the use of authorized users for official purposes. Users of this system have no expectation of privacy in its use. To ensure that the system is functioning properly, individuals using this computer system are subject to having all of their activities monitored and recorded by system personnel. Use of this system evidences an express consent to such monitoring.

Unauthorized or improper use of this system may result in administrative disciplinary action and civil and criminal penalties. By continuing to use this system you indicate your awareness of, and consent to, these terms and conditions of use. If you do not agree to the conditions stated in this warning, LOG OFF IMMEDIATELY.

Please identify by entering your user ID and password or passcode.

User ID:

Password or Passcode:

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You can use your token or password to log in. Remember if using a token to enter your PIN, followed immediately by the 6 digits of the token.

New York State **om** Office of Mental Health

Patient Characteristics Survey 2013
Survey for the week ending 10/27/2013

User: Helen Sacher
PCS Role: PCS Supervisor
Facility: Test Facility

PCS Home Submission Supervisor QA Reports Help Log Off

Welcome to PCS 2013

Please complete PCS by 11/20/2013.

Welcome to the Home Page of the 2013 Patient Characteristics Survey (PCS). The survey information is collected for the week of October 21 through October 27, 2013. Choose your task by selecting from the menu at the top of this page.

[PCS Coordinator](#)
[List of Security Managers](#)
[List of PCS Users](#)

Due Date
November 20

Days Left
10

Percent of Submissions Received (Total Submissions in 2013 / Total Submissions in 2011):

16%

Percent of Unit/Sites that are Locked:

20%

The following table is a list of all the Unit/Sites that are participating in the Patient Characteristics Survey. When each Unit/Site has finished data entry, a PCS Supervisor must go to the [Supervisor Page](#) and Lock its data. This signifies to OMH that data entry for that site is complete. When a particular Unit/Site is locked, neither further data entry nor editing will be possible unless a PCS Supervisor subsequently unlocks it. **When 100% of your Unit/Sites are locked, you have completed the PCS.**

- Clicking on "**Submissions 2013**" for a particular row will bring you to the list of submissions for that Unit/Site. If "**Submissions 2013**" is not an active link, then you are a submitter who is not authorized to view data for this Unit/Site.
- Clicking on "**Number of Users**" for a particular row will display the names of users who have permission from their [Security Manager](#) to view and edit the data for that Unit/Site. If this column displays a zero, then there are no users authorized and no list will be shown.
- If you feel you need authorization for additional Unit/Sites, please contact your facility's [Security Manager](#) to obtain it.

Show Unit/Site(s) I Have Access to
 Show All Unit/Site(s)

Unit-Site Code	Unit Name	Site Name	Program Type Name	Submissions 2011	Submissions 2013	Unit/Site Locked?	Reason for No Data (RFND)	Number of Users
007-1000	Clinic Treatment	Clinic Treatment	Clinic Treatment	135	4	No		18
016-1000	PROS East	PROS East	Comprehensive PROS with Clinical Treatment	157	86	No		18
017-1000	PROS North	PROS North	Comprehensive PROS with Clinical Treatment	47	13	No		18
020-1000	Community Support Prgms-C&F	Community Support Prgms-C&F	Family Support Services - Children & Familv		6	No		22
Totals:				1567	263			

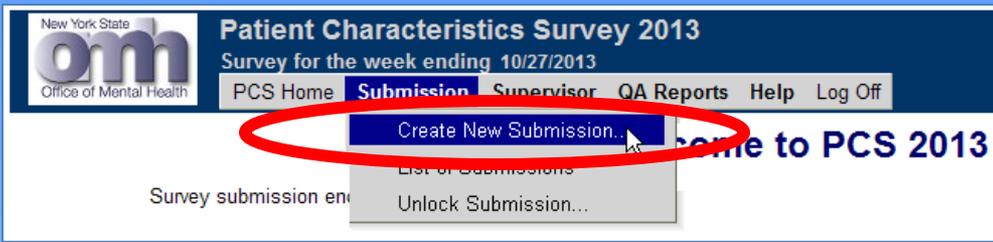
Banner highlights important PCS info

PCS Coordinator contact info

Countdown calendar lists number of days left to complete PCS

New Progress bar tracks submissions

PCS Home Page



Clicking “Create New Submission” in menu...

Create New Submission

Enter/Edit Submission

Data Source:

Facility Code	<input type="text" value="2222"/>	Facility Name	<input type="text" value="Test Facility"/>
1. Unit Code	<input type="text"/>	2. Site Code	<input type="text"/>
Unit Name			
<input type="text" value="Make Your Selection"/>			<input type="button" value="v"/>
Site Name			
<input type="text" value="Make Your Selection"/>			<input type="button" value="v"/>
Program Code	<input type="text"/>		
Program Name <input type="text"/>			
3a. Client's First Name		3b. Client's Last Name	
<input type="text"/>		<input type="text"/>	
4. Date of Birth			
mm	dd	yyyy	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
5. Gender Identity			
<input type="radio"/> Male	<input type="radio"/> Female	<input type="radio"/> Transgender Man (female at birth)	<input type="radio"/> Transgender Woman (male at birth) <input type="radio"/> Unknown

...brings up a new Submission.

Begin by selecting the correct unit from the “Unit Name” drop down menu.

If your unit has multiple sites, you will need to select the correct site from the “Site Name” drop down menu.

Creating a Submission

Enter/Edit Submission		Data Source:	PCS Data Entry	
Facility Code	<input type="text" value="2222"/>	Facility Name	<input type="text" value="Test Facility"/>	
1. Unit Code	<input type="text" value="008"/>	2. Site Code	<input type="text" value="1002"/>	
Unit Name				
<input type="text" value="ACME Mohawk Clinic"/>				
Site Name				
<input type="text" value="ACME Mohawk Satellite 2"/>				
Program Code	<input type="text" value="2100"/>			
Program Name				
<input type="text" value="Clinic Treatment"/>				
3a. Client's First Name		3b. Client's Last Name		
<input type="text" value="John"/>		<input type="text" value="Smith"/>		
4. Date of Birth				
<i>mm</i>	<i>dd</i>	<i>yyyy</i>		
<input type="text" value="01"/>	<input type="text" value="01"/>	<input type="text" value="1955"/>		
5. Gender Identity				
<input checked="" type="radio"/> Male	<input type="radio"/> Female	<input type="radio"/> Transgender Man (female at birth)	<input type="radio"/> Transgender Woman (male at birth)	<input type="radio"/> Unknown
<input type="button" value="Next"/>		<input type="button" value="PCS Home"/>		

Once a Unit and Site are selected, these fields auto populate.

Enter Client's Name, DOB and Gender.

Clicking "Next" checks for duplicate entries, then allows you to continue to the next screen.

•Questions with round check boxes are “select one”

•Questions with square check boxes are “select all that apply”

3a. Client's First Name <input type="text" value="John"/>		3b. Client's Last Name <input type="text" value="Smith"/>	
4. Date of Birth mm dd yyyy <input type="text" value="01"/> <input type="text" value="01"/> <input type="text" value="1955"/>			
5. Gender Identity <input checked="" type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender Man (female at birth) <input type="radio"/> Transgender Woman (male at birth) <input type="radio"/> Unknown			
6. Sexual Orientation <input checked="" type="radio"/> Straight or heterosexual <input type="radio"/> Bisexual <input type="radio"/> Unknown <input type="radio"/> Lesbian, gay, or homosexual <input type="radio"/> Other			
7. Hispanic Ethnicity <input checked="" type="radio"/> No, not Hispanic/Latino <input type="radio"/> Yes, Hispanic/Latino <input type="radio"/> Unknown			
8. Race <i>(Select all that apply)</i> <input checked="" type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Asian			
9. Living Situation <i>(Inpatient programs report residence before admission)</i> <input type="radio"/> Private residence (home, apartment, rooming house, hotel, motel, supported housing, supported SRO)			

PCS Questions

Living Situation

- Inpatient programs report on PRIOR Living Situation unless:
 - Client transferred directly from another inpatient setting
 - Client has been in residence in this inpatient setting for over one year
- All other programs report on CURRENT Living Situation

PCS Questions

- ONLY complete surveys for clients who received services during the survey week.

- Check off each day that the client received services in this program

35. Admission Date, Current Episode

Admitted on:

Program does not do formal admission paper work

Unknown admission date

36. Criminal Justice or Juvenile Justice Status *(Select the first outcome that applies)*

None

Criminal Procedure Law (CPL) 330.20

Article 10-Sex Offender Management & Treatment (SOMTA)

NYS Dept. of Correctional Services Prisoner

County/City Jail, Court Detention or Police lockup Prisoner (including CPL 730 and CL 508 referrals)

Parolee (adults)

Probationer (adults)

PINS (Person in Need of Supervision)

Adjudicated Juvenile Delinquent or Offender

Alternative to Incarceration (ATI) status, Mental Health Court, Court Diversion

Other criminal justice status

Unknown whether or not client has a criminal justice or juvenile justice status

37. Date Last Served Before 06/26/2013 by THIS Program

Served on:

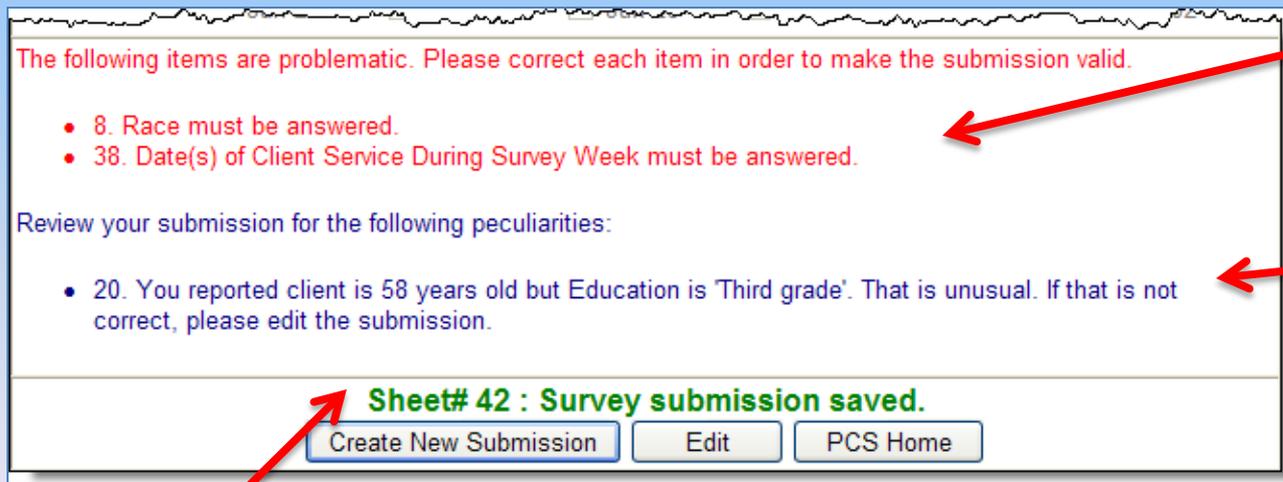
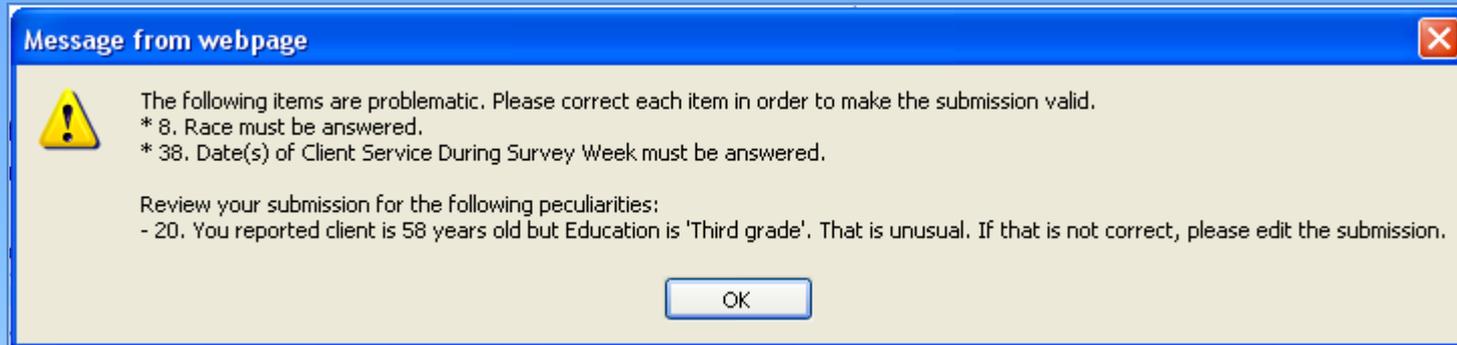
Never served by this program

Unknown date last served

38. Date(s) of Client Service During Survey Week *(Select all that apply)*

Oct 21 Oct 22 Oct 23 Oct 24 Oct 25 Oct 26 Oct 27

Problems and Peculiarities



•Red problematic items must be corrected

•Blue peculiar items should be reviewed.

The sheet number is displayed here, making it easier to look up this submission again later.

Data imported from CAIRS or MHARS

- After selecting a Unit and Site, note that the data source indicates information pulls in from CAIRS

- Select a Client from the drop down list

- If Client is not on the list, enter by clicking here

Enter/Edit Submission

Data Source: CAIRS

Facility Code	<input type="text"/>	Facility Name	<input type="text"/>	
1. Unit Code	<input type="text" value="016"/>	2. Site Code	<input type="text" value="1000"/>	
Unit Name				
PROS East <input type="button" value="v"/>				
Site Name				
PROS East <input type="button" value="v"/>				
Program Code	<input type="text" value="6340"/>			
Program Name <input type="text" value="Comprehensive PROS with Clinical Treatment"/>				
<small>The Unit/Site you've selected imports the answers to many questions from the CAIRS system. As such, please select a client from this CAIRS roster to begin entering his/her information. Don't see the client you are looking for? Then, to save yourself from entering the client's information twice, you are advised to go to the CAIRS system and enter the admission form for the client. Once this is done and you refresh this screen, the client will be visible in this roster. If you are unable to enter the data into the CAIRS system at this time then you can enter the client directly into this PCS system, returning to the CAIRS at a later date to enter the admission form for the client.</small>				
Client	<input type="button" value="Enter data for a different client"/>			
Make Your Selection <input type="button" value="v"/>				
3a. Client's First Name <input type="text"/>		3b. Client's Last Name <input type="text"/>		
4. Date of Birth				
mm	dd	yyyy		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
5. Gender Identity				
<input type="radio"/> Male	<input type="radio"/> Female	<input type="radio"/> Transgender Man (female at birth)	<input type="radio"/> Transgender Woman (male at birth)	<input type="radio"/> Unknown
<input type="button" value="Next"/>		<input type="button" value="PCS Home"/>		

Select a Client from the List

Unit Name
PROS East

Site Name

First Name	Last Name	Date of Birth	Gender	Id from CAIRS/MHARS	Sheet Number
John	ABEFCGBKEIC	19520822	M	1430691	
John	ABEKFKEBIKK	19641207	M	1430496	
John	ABFBCGDCKKD	19540516	M	1593152	
John	ABFCJHCIEJC	19420410	M	1430704	
John	ABGBCCHBHEF	19710213	M	1430477	
John	ABGGKDCBIJI	19420601	M	1430383	
John	ABGIIHCBEJK	19801225	M	1462607	
John	ABGJCDIBHJ	19780210	M	1430832	12
John	ABHJGHBJCCH	19771221	M	1534438	
John	ABICIEBEHG	19600720	M	1430480	

Make Your Selection

3a. Client's First Name

3b. Client's Last Name



- The drop down list will show all Clients currently admitted to your program

- If a Client is not on the list, you will be able to add them directly by scrolling to the bottom of the list and choosing “Add New Client”

If a Submission has already been created for a particular Client in this program, a sheet number will indicate this

List of Submissions

Use the filter box to cut the list down for easier searching

List of Submissions

Unit Name: 

Site Name: 

The following table displays all the submissions for your facility (or for the Unit/Site selected in the Filter Box**)

Unit-Site Code	Unit Name	Site Name	Sheet Num.	Client's First Name	Client's Last Name	Valid?	Number Problematic*	Number Unknown	View	Edit	Delete	Copy	Creator Name	Update Name	Date Last Saved
003-1000	Blended Case Management	Blended Case Management	33	Sara	Jones	Y	0	1					Helen Sacher		2013/08/19
003-1000	Blended Case Management	Blended Case Management	41	Bill	Smeth	N	3	5					Helen Sacher		2013/08/19
006-1000	Test Unit D	Test Unit D	20	Bill	Smeth	N	3	5					Helen Sacher		2013/08/19
008-1002	ACME Mohawk Clinic	ACME Mohawk Satellite 2	42	John	Smith	Y	0	0					Helen Sacher	Helen Sacher	2013/08/30
009-1000	Advocacy (test whether added to PCS)	Advocacy (test whether added to PCS)	1	Bill	Smeth	N	3	5					Helen Sacher	Helen Sacher	2013/08/19

Totals:
Number of submissions: 13
Number of submissions valid: 2

* **A Problematic Item** is either of:
a. a response that conflicts with another response, such as "Date of Admission" preceding "Date of Birth," or
b. an item that remains unanswered (i.e., a "missing" response.)

** **Filter Notes:**
a. If you do not see a particular Unit/Site in the list, then you are a submitter who does not have access to that site. If you feel you need access to the site then please return to the Home Page to find your Security Manager who can grant you that access.
b. Choosing "all sites" may result in a slower response time which could be substantial if sorting the submissions.
c. If you opened this page using a link on another page in the PCS application, list of submissions for the selected link will be displayed. Filter box will not be displayed in this case.

Print All Submissions with Sheet Numbers
From: To:

Note that if the Edit and Delete icons are missing, this submission is in a Unit that is locked. See your PCS Supervisor to unlock the unit if you need to edit this sheet.

Print one or more submissions using the Print feature

Copy Submission

The Copy Submission box appears right under the List of Submissions when you choose the Copy icon in the row of the sheet you wish to copy

Copy Submission

Sheet Number: 1 Client Name: John Smith

FROM:

Unit Name: ACME Mohawk Clinic

Site Name: ACME Mohawk Satellite 1

TO***:

Unit Name:

Site Name:

Once you have copied a submission, you will be returned to the List of Submissions.

Please note that

1. copying a submission does **not** delete it from the originating Unit/Site.
2. copied submissions do not include diagnosis codes, dates of service, admission dates, or the dates last served before the survey week. After copying, you must edit the new submission to complete these few items.

*** If you do not see a particular Unit/Site in this list, then either:

- A. You are a submitter that does not have access to that Unit/Site, **OR**
- B. The Unit/Site is locked and must be unlocked by a Supervisor before further submissions may be entered.

Select the Unit and Site you wish to copy to, then click Copy Submission

Copy Submission – Duplicate Records

Copy Submission

Sheet Number: 1 Client Name: John Smith
FROM:
Unit Name: ACME Mohawk Clinic
Site Name: ACME Mohawk Satellite 1
TO***:

Unit Name:

Site Name:

There are survey records with the same name, DOB, gender. Is this the same person?
If this may be the same person, select a sheet number to view and edit the existing submission:
If this is **not** the same person, press 'Continue with Copy' button to create a copy of the submission.

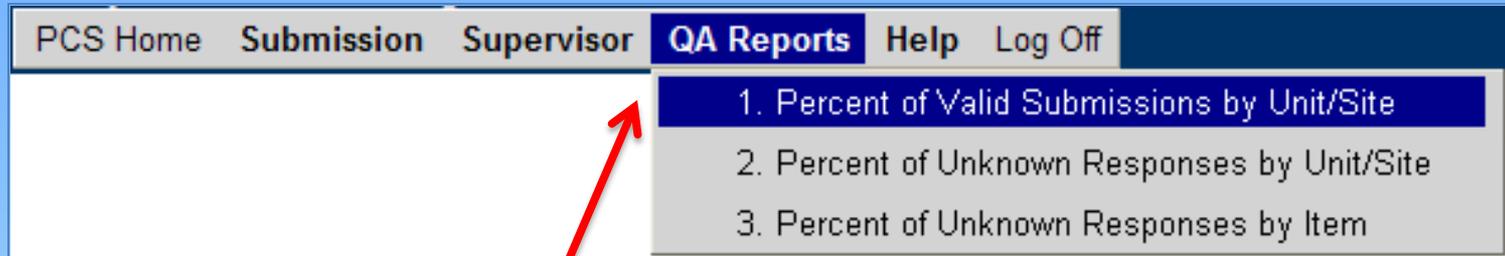
Once you have copied a submission, you will be returned to the List of Submissions.
Please note that

1. copying a submission does **not** delete it from the originating Unit/Site.
2. copied submissions do not include diagnosis codes, dates of service, admission dates, or the dates last served before the survey week. After copying, you must edit the new submission to complete these few items.

*** If you do not see a particular Unit/Site in this list, then either:
A. You are a submitter that does not have access to that Unit/Site, OR
B. The Unit/Site is locked and must be unlocked by a Supervisor before further submissions may be entered.

If a record with the same name already exists in the new Unit/Site, PCS will ask if you wish to view the existing record, or continue with the copy

Viewing Reports



Select a QA Report from the menu

Quality Assurance Reports help improve the quality of the data submitted to OHM.

QA Reports

Percent of Valid Submissions by Unit/Site

The following table is a list of all the Unit/Sites that are participating in the Patient Characteristics Survey. For each Unit/Site, the percent of valid submissions is displayed. In order for the PCS Supervisor to "Lock" a Unit/Site, all submissions within it must be valid. When all of your Unit/Sites are "Locked," you have completed the PCS.

- Clicking on a number in either of the columns "Submissions Total," "Submissions Valid," or "Submissions Invalid" will bring you to the respective list of submissions for that Unit/Site. If a particular row in the table does **not** have active links, then you are a submitter who is not authorized to view data for that Unit/Site. If you feel you need access to that Unit/Site then please contact your [Security Manager](#) who can grant you authorization.
- If "Percent Valid" displays "na" then there are **no submissions for that Unit/Site**.

Show Unit/Site(s) I Have Access to Show All Unit/Site(s)

Unit-Site Code	Unit Name	Site Name	Program Type Name	Submissions Total	Submissions Valid	Submissions Invalid	Percent Valid
002-1000	Test Facility - HCBS Waiver	Test Facility - HCBS Waiver	Home and Community Based Services (HCBS) Waiver	4	0	4	0
008-1002	ACME Mohawk Clinic	ACME Mohawk Satellite 2	Clinic Treatment	1	1	0	100
009-1000	Advocacy (test whether added to PCS)	Advocacy (test whether added to PCS)	Advocacy/Support Services	1	0	1	0
Totals:				14	2	12	14.29

Print

QA Report 1: Percent of Valid Submissions by Unit/Site

Allows Users to see how many submissions require corrections to make them valid

QA Reports

Percent of Unknown Responses by Unit/Site

The following table is a list of all the Unit/Sites that are participating in the Patient Characteristics Survey.

- Clicking on "**Submissions Total**" for a particular row will bring you to the list of submissions for that Unit/Site. If "**Submissions Total**" is not an active link, then you are a submitter who is not authorized to view data for this Unit/Site.
- If you feel you need authorization for additional Unit/Sites, please contact your facility's [Security Manager](#) to obtain it.

Show Unit/Site(s) I Have Access to Show All Unit/Site(s)

Unit-Site Code	Unit Name	Site Name	Program Type Name	Submissions Total	Percent of 'unknown' answers	Rating (1-5) 5=Best
002-1000	Test Facility - HCBS Waiver	Test Facility - HCBS Waiver	Home and Community Based Services (HCBS) Waiver	4	7.35%	1
003-1000	Blended Case Management	Blended Case Management	Blended Case Management	4	7.84%	1
008-1002	ACME Mohawk Clinic	ACME Mohawk Satellite 2	Clinic Treatment	1	0.00%	5
009-1000	Advocacy (test whether added to PCS)	Advocacy (test whether added to PCS)	Advocacy/Support Services	1	9.80%	3

Note: "Rating" is a measure of each site's usage of the response "Unknown". It compares your site's percent of "unknown" responses with all other sites of same program type. Sites which use "unknown" least often are given the highest rating (they are given a "5" on a scale of 1 to 5). If "Rating" displays blank then there are no submissions for that site. If "Rating" displays "n/a" then there is no baseline data of that particular program type for comparison.

QA Report 2: Percent of Unknown Responses by Unit/Site:

Compares your facility's percent of unknown responses to those of all other sites of the same type in the state

QA Reports

Percent of Unknown Responses by Item

Show Unit/Site(s) I Have Access to Show All Unit/Site(s)

Unit Name:

Site Name:

You are viewing the report for: 009-1000 Advocacy
Program Type: 1760 Advocacy/Support Services Number of sites statewide: 360

Item	Percentage of Unknown	Rating* (1-5) 5=Best
06 Sexual Orientation	0.00%	5
07 H	0.00%	5
23h DD - Hearing or Visual Impairment	0.00%	5
24 Chronic Medical Condition	0.00%	5

**Note: "Rating" is a measure of each site's usage of the response "Unknown" by item number. It compares your site's percent of "unknown" responses for each item in the survey with all other sites of similar program type. For each item, sites which use "unknown" least often are given the highest rating of "5" on a scale of 1 to 5. If "Rating" displays "n/a" then there is no baseline data for that particular program type for comparison.*

QA Report 3: Percent of Unknown Responses by Item:

Allows Facilities to track what information they are not collecting in general

Supervisor Page

Click anywhere in the row of the Unit/Site you wish to lock, and if all submissions are valid, the option to lock will appear below the list

Supervisor Page

The following table is a list of all the Unit/Sites participating in the 2013 Patient Characteristics Survey.

- To indicate that a Unit/Site has completed its PCS data entry, a Supervisor must "Lock" the Unit/Site. To do so, select the row in the table which contains the Unit/Site and an option will appear below the table allowing you to lock. Note that you may only lock a Unit/Site when all its submissions have a status of "Valid." A Unit/Site with at least one "Invalid" submission will see its number of submissions in red font and marked with an asterisk. When a Unit/Site is Locked, no further data entry or editing is possible. Any Locked Unit/Site may be subsequently Unlocked via the same process.
- When you have no submissions for a particular Unit/Site, a "Reason for No Data" must be entered by clicking on the row and following the subsequent instructions on the screen below the table.

Total Number of Unit/Sites: 9
Number of Unit/Sites Locked: 2
Number of Unit/Sites Unlocked or Pending Lock: 7

Percent of Unit/Sites that are Locked:
22%

Unit-Site Code	Unit Name	Site Name	Program Type Name	Submissions 2011	Submissions 2013	Unit/Site Locked?	Reason for No Data (RFND)	Last Updated by	Other RFND Requested by
003-1000	Blended Case Management	Blended Case Management	Blended Case Management	6	4*	No			
005-1000	AOT	AOT	ACT		0	No		Helen Sacher	
006-1000	Test Unit D	Test Unit D	MICA Network	14	4*	No			
007-1000	Test Facility Licensed Program #1	Test Facility Licensed Program #1	Hospital for Mentally Ill		0	Yes	Unit/Site is closed	Helen Sacher	
008-1000	ACME Mohawk Clinic	ACME Mohawk Clinic	Clinic Treatment		0	No		OMH Central Office: Sacher	Helen Sacher
008-1001	ACME Mohawk Clinic	ACME Mohawk Satellite 1	Clinic Treatment		0	Yes	Unit/Site is closed	Helen Sacher	
008-1002	ACME Mohawk Clinic	ACME Mohawk Satellite 2	Clinic Treatment		1	No		Helen Sacher	
009-1000	Advocacy	Advocacy	Advocacy/Support Services		1*	No			

Unit/Site 008-1002 "ACME Mohawk Clinic, ACME Mohawk Satellite 2" has 1 submissions of which 1 are VALID and 0 are INVALID.
This Unit/Site is CURRENTLY UNLOCKED and available for continued data entry.
Do you wish to LOCK this Unit-site, preventing further data entry and indicating to OMH that you have finished submitting data for this Unit/Site?

Locking and Unlocking

008-1002	ACME Mohawk Clinic	ACME Mohawk Satellite 2	Clinic Treatment	3	1	No		Helen Sacher
009-1000	Advocacy	Advocacy	Advocacy/Support Services		1*	No		

Unit/Site 008-1002 "ACME Mohawk Clinic, ACME Mohawk Satellite 2"
has 1 submissions of which 1 are VALID and 0 are INVALID.
This Unit/Site is CURRENTLY UNLOCKED and available for continued data entry.
Do you wish to LOCK this Unit-site, preventing further data entry and indicating to OMH that you have finished submitting data for this Unit/Site?

When unlocked, a site with valid submissions displays the "Lock" button

008-1001	ACME Mohawk Clinic	ACME Mohawk Satellite 1	Clinic Treatment		0	Yes	Unit/Site is closed	Helen Sacher
008-1002	ACME Mohawk Clinic	ACME Mohawk Satellite 2	Clinic Treatment	3	1	Yes		Helen Sacher
009-1000	Advocacy (test whether added to PCS)	Advocacy (test whether added to PCS)	Advocacy/Support Services		1*	No		

Unit/Site 008-1002 "ACME Mohawk Clinic, ACME Mohawk Satellite 2"
has 1 submissions of which 1 are VALID and 0 are INVALID.
This Unit/Site is CURRENTLY LOCKED and unavailable for continued data entry.
Do you wish to UNLOCK this Unit/Site, and allow further data entry?

When locked, a site with valid submissions displays the "Unlock" button

Reason for No Data

Unit-Site Code	Unit Name	Site Name	Program Type Name	Submissions 2011	Submissions 2013	Unit/Site Locked?	Reason for No Data (RFND)	Last Updated by	Other RFND Requested by
003-1000	Blended Case Management	Blended Case Management	Blended Case Management	14	4*	No			
005-1000	AOT	AOT	ACT		0	No		Helen Sacher	
007-1000	Test Facility Licensed Program #1	Test Facility Licensed Program #1	Hospital for Mentally Ill		0	Yes	Unit/Site is closed	Helen Sacher	
008-1000	ACME Mohawk Clinic	ACME Mohawk Clinic	Clinic Treatment		0	No		OMH Central Office: Sacher	Helen Sacher
008-1001	ACME Mohawk Clinic	ACME Mohawk Satellite 1	Clinic Treatment		0	Yes	Unit/Site is closed	Helen Sacher	
008-1002	ACME Mohawk Clinic	ACME Mohawk Satellite 2	Clinic Treatment	6	1	Yes		Helen Sacher	

Unit/Site: 005-1000 AOT AOT

This Unit/Site has 0 submissions. You must provide a reason for not submitting data. Please choose the appropriate reason from the drop down menu. When finished, click the 'SAVE' button below.

Reason for No Data:

Unit/Site: 005-1000 AOT AOT

This Unit/Site has 0 submissions. You must provide a reason for not submitting data. Please choose the appropriate reason from the drop down menu. When finished, click the 'SAVE' button below.

Reason for No Data:

- Select a Reason for No Data
- Unit/Site is closed
- Unit/Site served no clients during the survey week
- Other Reason for No Data - Requested

- When indicating that a unit/site is closed, please also make sure it is closed in MHPD
- Once a reason for not submitting data has been selected, you must click “Save” to submit that reason to OMH

Other Reason for No Data

003-1000	Blended Case Management	Blended Case Management	Blended Case Management		4*	No		
005-1000	AOT for tst	AOT for tst	ACT		0	No	Helen Sacher	
006-1000	Test Unit D	Test Unit D	MICA Network		4*	No		

Unit/Site: 005-1000 AOT AOT
This Unit/Site has 0 submissions. You must provide a reason for not submitting data. Please choose the appropriate reason from the drop down menu. When finished, click the 'SAVE' button below.

Reason for No Data:

You have selected "Other Reason for No Data - Requested" and your reason must be approved by a PCS Administrator at OMH. In order to receive approval, you must provide a more detailed explanation. Please use the box below to describe:

- The services provided by your Unit/Site, and
- The information you collect about clients, and
- Why you cannot or should not report data to OMH.

You will not be allowed to 'SAVE' unless the explanation is provided. Your request will be reviewed and either approved or you will be contacted for further information. You have 1000 characters.

Comment for 'Other Reason':

Once you select "Other Reason for No Data Requested", you must provide more information in the comment box before saving.

To remove a Reason for No Data after saving, and thereby unlock a Unit/Site for data entry, click Remove Reason

Reason for No Data:

If you have inadvertently entered a reason for no data, and need to remove it so you can enter data, please click the "Remove Reason" button.

OMH Responses to “Reason for No Data-Requested”

Unit-Site Code	Unit Name	Site Name	Program Type Name	Submissions 2011	Submissions 2013	Unit/Site Locked?	Reason for No Data (RFND)	Last Updated by	Other RFND Requested by
003-1000	Blended Case Management	Blended Case Management	Blended Case Management	16	4*	No			
005-1000	AOT	AOT	ACT		0	Yes	Other Reason for No Data - Approved	OMH Central Office: Sacher	Helen Sacher
006-1000	Test Unit D	Test Unit D	MICA Network		4*	No			
007-1000	Test Facility Licensed Program #1	Test Facility Licensed Program #1	Hospital for Mentally Ill		0	No	Other Reason for No Data - Denied	OMH Central Office: Sacher	Helen Sacher
008-1000	ACME Mohawk Clinic	ACME Mohawk Clinic	Clinic Treatment		0	Pending	Other Reason for No Data - Requested	Helen Sacher	Helen Sacher
008-1001	ACME Mohawk Clinic	ACME Mohawk Satellite 1	Clinic Treatment		0	Yes	Unit/Site is closed	Helen Sacher	
008-1002	ACME Mohawk Clinic	ACME Mohawk Satellite 2	Clinic Treatment	3	1	Yes		Helen Sacher	

1. Other Reason for No Data – Approved: Your reason is acceptable, this Unit/Site is locked, no further attention needed
2. Other Reason for Not Data – Denied: Your reason was not acceptable, data must be entered for this Unit/Site
3. Pending: We are still reviewing your request, check back to see the results

At any point during data entry...

A Supervisor may download your facility's data to an Excel spreadsheet...

If you wish, you may download a copy of your facility's data (in spreadsheet format) by clicking the "Download Facility Data" button below.

NOTE: There are invalid submissions in the facility data.

Download Facility Data

If there are invalid submissions, it will be noted here, as well as in the last column on the downloaded Excel sheet.

	A	B	C	D		CW	CX	CY
1	SHEET_NUM	FACILITY	UNIT	SITE	DAY5	SRVD_DAY6	SRVD_DAY7	DATA_VALID_YN
2	1	2222: Test Facility	009: Advocacy	1000: Advocacy		No	No	N
3	2	2222: Test Facility	002: Test Facility - HCBS Waiver	1000: Test Facility - HCBS W		No	No	N
4	3	2222: Test Facility	002: Test Facility - HCBS Waiver	1000: Test Facility - HCBS W		No	No	N
5	4	2222: Test Facility	002: Test Facility - HCBS Waiver	1000: Test Facility - HCBS W		No	No	N
6	17	2222: Test Facility	006: Test Unit D	1000: Test Unit D		No	No	N
7	18	2222: Test Facility	006: Test Unit D	1000: Test Unit D		No	No	N
8	19	2222: Test Facility	006: Test Unit D	1000: Test Unit D		No	No	N
9	20	2222: Test Facility	006: Test Unit D	1000: Test Unit D		No	No	N
10	33	2222: Test Facility	003: Blended Case Management	1000: Blended Case Manag		No	No	Y
11	39	2222: Test Facility	003: Blended Case Management	1000: Blended Case Manag		No	No	N
12	40	2222: Test Facility	003: Blended Case Management	1000: Blended Case Manag		No	No	N
13	41	2222: Test Facility	003: Blended Case Management	1000: Blended Case Manag		No	No	N
14	42	2222: Test Facility	008: ACME Mohawk Clinic	1002: ACME Mohawk Satel		No	No	Y

Uploading Data to the Web Application

Data Upload

The following table displays all the unit/sites that are participating in the Patient Characteristics Survey. To upload data for a particular unit/site, mark the checkbox in the column "Upload Data?" and then press the "Next" button. You may select and upload more than one unit/site at a time. Uploading data to a unit/site will erase any previously uploaded submissions for the unit/site; it shall **not** affect the manually entered submissions. If selecting multiple unit/sites for simultaneous upload, then at least one submission for each selected unit/sites must be contained in your uploaded file. After a successful upload, submissions will be subjected to the same validity tests as manually entered data, hence, the uploaded submissions must be inspected on the QA Report "[Percent of Valid Submissions](#)" and edited for quality.

- Clicking on a number in either of the columns "Total No. of Submissions," "No. of Uploaded Submissions," or "No. of Manually Entered Submissions" will bring you to the respective list of submissions for that unit/site.
- The file you intend to upload must end in ".txt"

Note: Check boxes are disabled for unit/sites that have been locked. For OMH housing programs (program codes 2040, 4040, 7070, 7080, 8050, 6070, 5070, 6080) you will only see one site code for the listed program unit. If you select that site code then all the unit's data will be loaded to that site code, regardless of the actual site code(s) in your text file.

Select all unit/sites in the facility for data upload.

Unit-Site Code	Unit Name	Site Name	Program Type Name	Total Number of Submissions	Number of Uploaded Submissions	Number of Manually Entered Submissions	Upload Data?
002-1000	Test Facility - HCBS Waiver	Test Facility - HCBS Waiver	Home and Community Based Services (HCBS) Waiver	3	3	0	<input type="checkbox"/>
003-1000	Blended Case Management	Blended Case Management	Blended Case Management	4	3	1	<input type="checkbox"/>
005-1000	AOT for tst	AOT for tst	ACT	0	0	0	<input type="checkbox"/>
006-1000	Test Unit D	Test Unit D	MICA Network	4	4	0	<input type="checkbox"/>
007-1000	Test Facility Licensed Program #1	Test Facility Licensed Program #1	Hospital for Mentally Ill	0	0	0	<input type="checkbox"/>
008-1000	ACME Mohawk Clinic	ACME Mohawk Clinic	Clinic Treatment	0	0	0	<input type="checkbox"/>
Totals:				13	11	2	

Next

• Upload to all Unit/Sites at once by selecting this option

• Or select one or more Unit/Sites here

• A greyed out box indicates that the Unit/Site has been locked

Uploading Data to the Web Application

Note: PCS data file name must end with ".txt" file extension.

PCS data file to upload:

Use the "Browse" button to locate your data file on your computer

A data file must have a ".txt" file extension, and when you open it, will look like this*. See the PCS web page at www.omh.ny.gov/omhweb/pcs/submissions for more information about formatting your data.

```
upload_data.txt - Notepad
File Edit Format View Help
0201000Albert          Alexander             042119601010000000100100100001000070999990111
0201000Alan           Volvo                052019881910000100410000000000110001122030203
0201000Barry          Steven               052119871101000000100000111010000015142000392
0201000Jimmy          Vile                 052219851900000010410000000010000101122120414
0201000Shawn          Bell                 05231984101100000031000000000001001122490505
0201000Sally          Myers                05241983210011100051000000000001101122610699
0201000Tommy          Barber               05251982191111110091000000000100933133230711
0201000Nick           Stone                05261981100000001101000000000100162888880802
0201000Mark           Shore                05271980111000000111000000000010905147060993
0201000Michael        Lily                 05281979290001000121000000000100001122041014
0201000Samuel         Jacob                042720021000100009900000000110000015130611105
0201000Robert         Farrell              04282001110000100021000000001000003104541205
0201000Mary           Winter               042920002900000010610000000010000018120711305
0201000Tanya          Ivanov               04301999200000010071000000000001031100181405
0201000David          Holmes               063019981100100000810000000010000915130611505
Ln 8, Col 38
```

* Fictional Data

User Feedback Survey

- When the PCS is completed, the User Feedback Survey helps us make future improvements
- Allows users to identify issues and concerns with the PCS Application
- Link will be made available on the PCS Home Page

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The 2013 Patient Characteristics Survey (PCS)



The PCS is the only OMH data source that contains client-level demographic, clinical, and service information across all public mental health service programs. Due to an exceptional level of cooperation and participation from service providers, the PCS has proved to be a reliable resource for helping to manage New York State's public mental health system, complying with federal reporting requirements, and assisting local governments with the mental health services planning process.

This page provides a reference for the training sessions and manuals used during data collection. Data collection for the 2013 Survey starts in the spring of 2013 with the Facility Survey and is completed in the fall of that year when all public mental health service agencies describe persons they served during the week of October 21 through October 27 using the PCS web-based application. Most facilities manually enter data into the application's forms, while some facilities elect to extract data from their electronic information systems and upload it to the application.

1. [Preparing for and Getting Access to the PCS](#)
2. [2013* PCS Application](#) (User Identification and Password Required)
3. [Survey Form](#) (38kb) (for informational purposes only)
4. [Using the PCS application: 2013* User Manual](#) (881kb)
5. [Guidelines](#) (128kb)
6. [What's New for 2013](#)
7. [Using the Data Upload Feature](#)
8. [Frequently Asked Questions](#) (45kb)
9. [Calendar](#)

Comments or questions about the information on this page can be directed to the [Bureau of Data Infrastructure](#).