

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN

**PERFORMANCE IMPROVEMENT NETWORK INDICATORS
AGGREGATE REPORTING FORM for 2005-06**

County: _____ Quarter: _____

I. For Supported Living Providers

Reporting Area: Satisfaction with Services Provided

Reporting Requirements: Please Report Annually – Due April 30:

PROVIDER	A. # Surveys Distributed	B. # Surveys Collected	C. Response Rate (B÷A)	D.* Circle any item (1 – 7) falling below 90% on the Compilation Form	E. Overall Satisfaction (from Compilation Form #8,c)	E Required Explanation Submitted (NA, Yes, No)
			%	1 2 3 4 5 6 7	%	
			%	1 2 3 4 5 6 7	%	
			%	1 2 3 4 5 6 7	%	
			%	1 2 3 4 5 6 7	%	
			%	1 2 3 4 5 6 7	%	
			%	1 2 3 4 5 6 7	%	
			%	1 2 3 4 5 6 7	%	
TOTALS			%		%	
TARGET	All served consumers		35%		90%	

*If any of the 8 items on the survey fell below 90%, the provider is required to submit impressions as to why this lower-than-expected result may have occurred and include the results of an assessment of the need for an improvement plan and, if indicated, what it will be.

Local PI/QI Committee Input (impressions, questions, concerns, recommendations):

Reporting Area: Staff Retention

Reporting Requirements: Please Report Quarterly:

Quarter	Provider	A. Total Staff	B. # on last day of 1/4 who have worked 6 mo. or >	C.* Staff Retent. Rate (B ÷ A)	*Required Explanation. Submitted? (NA, No, Yes)	D. # on last day of 1/4 who have worked 12 mo. or >	E. # on last day of 1/4 who have worked 24 mo. or >
1 st				%			
				%			
				%			
				%			
				%			
				%			
	Totals			%			
	Target			50 %			
2 nd				%			
				%			
				%			
				%			
				%			
				%			
	Totals			%			
	Target			50 %			
3 rd				%			
				%			
				%			
				%			
				%			
				%			
	Totals			%			
	Target			50 %			
4 th				%			
				%			
				%			
				%			
				%			
				%			
	Totals			%			
	Target			50 %			

If C. is 50% or below, provider is required to submit an explanation

Local PI/QI Committee Input (impressions, questions, concerns, recommendations):

II. For Child Waiver Direct Care Providers (even those serving less than 6)

Reporting Area: Satisfaction with Services Provided

Reporting Requirements: Please Report Annually – Due April 30:

PROVIDER	A. # Surveys Distributed	B. # Surveys Collected	C. Response Rate (B÷A)	D.* Circle any item (1 – 7) falling below 90% on the Compilation Form	E.* Overall Satisfaction (from Compilation Form #8,c)	E Required Explanation Submitted (NA, No, Yes)
			%	1 2 3 4 5 6 7	%	
			%	1 2 3 4 5 6 7	%	
			%	1 2 3 4 5 6 7	%	
			%	1 2 3 4 5 6 7	%	
			%	1 2 3 4 5 6 7	%	
			%	1 2 3 4 5 6 7	%	
			%	1 2 3 4 5 6 7	%	
TOTALS			%		%	
TARGET	All served consumers		35%		90%	

*If any of the 8 items on the survey fell below 90% on the Compilation Form, the provider must submit , for each item, their impressions as to why this lower-than-expected result may have occurred and include the results of an assessment of the need for an improvement plan and, if indicated, what it will be.

Local PI/QI Committee Input (impressions, questions, concerns, recommendations):

III. For Licensed Setting Providers – report data by home

Reporting Area: Satisfaction with Services Provided

Reporting Requirements: Please Report Annually – Due April 30:

PROVIDER and HOME	A. # Surveys Distributed	B. # Surveys Collected	C. Response Rate (B÷A)	D.* Circle any item (1 – 7) falling below 90% on the Compilation Form	E.* Overall Satisfaction (from Compilation Form #8,c)	E Required Explanation Submitted (NA, No, Yes)
			%	1 2 3 4 5 6 7	%	
			%	1 2 3 4 5 6 7	%	
			%	1 2 3 4 5 6 7	%	
			%	1 2 3 4 5 6 7	%	
			%	1 2 3 4 5 6 7	%	
			%	1 2 3 4 5 6 7	%	
			%	1 2 3 4 5 6 7	%	
TOTALS			%		%	
TARGET	All served consumers		35%		90%	

*If any of the 8 items on the survey fell below 90% on the Compilation Form, the provider must submit , for each item, their impressions as to why this lower-than-expected result may have occurred and include the results of an assessment of the need for an improvement plan and, if indicated, what it will be.

Local PI/QI Committee Input (impressions, questions, concerns, recommendations):

Reporting Area: Staff Retention

Reporting Requirements: Please Report Quarterly:

Quarter	Provider and Home	A. Total Staff	B. # on last day of 1/4 who have worked 6 mo. or >	C.* Staff Retention Rate (B ÷ A)	*Required Explanation. Submitted? (Na, No, Yes)	D. # on last day of 1/4 who have worked 12 mo. or >	E. # on last day of 1/4 who have worked 24 mo. or >
1 st				%			
				%			
				%			
				%			
				%			
				%			
				%			
		Totals Target			50 %		
2 nd				%			
				%			
				%			
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				%			
				%			
				%			
		Totals Target			50 %		
3 rd				%			
				%			
				%			
				%			
				%			
				%			
				%			
		Totals Target			50 %		
4 th				%			
				%			
				%			
				%			
				%			
				%			
				%			
		Totals Target			50 %		

*If C. is 50% or below, the provider must submit the results of an evaluation as to the reason for this low rate:

Local PI/QI Committee Input (impressions, questions, concerns, recommendations):

IV. For Supported Employment Providers

Reporting Area: Satisfaction with Services Provided

Reporting Requirements: Please Report Annually – Due April 30:

PROVIDER	A. # Surveys Distributed	B. # Surveys Collected	C. Response Rate (B÷A)	D.* Circle any item (1 – 7) falling below 90% on the Compilation Form	E.* Overall Satisfaction (from Compilation Form #8,c)	E Required Explanation Submitted (NA, No, Yes)
			%	1 2 3 4 5 6 7	%	
			%	1 2 3 4 5 6 7	%	
			%	1 2 3 4 5 6 7	%	
			%	1 2 3 4 5 6 7	%	
			%	1 2 3 4 5 6 7	%	
			%	1 2 3 4 5 6 7	%	
			%	1 2 3 4 5 6 7	%	
TOTALS			%		%	
TARGET	All served consumers		35%		90%	

*If any of the 8 items on the survey fell below 90% on the Compilation Form, the provider must submit , for each item, their impressions as to why this lower-than-expected result may have occurred and include the results of an assessment of the need for an improvement plan and, if indicated, what it will be.

Local PI/QI Committee Input (impressions, questions, concerns, recommendations):

Reporting Area: Staff Retention

Reporting Requirements: Please Report Quarterly:

Quarter	Provider	A. Total Staff	B. # on last day of 1/4 who have worked 6 mo. or >	C.* Staff Retention Rate (B ÷ A)	*Required Explanation. Submitted? (Na, No, Yes)	D. # on last day of 1/4 who have worked 12 mo. or >	E. # on last day of 1/4 who have worked 24 mo. or >
1 st				%			
				%			
				%			
				%			
				%			
				%			
				%			
		Totals Target			50 %		
2 nd				%			
				%			
				%			
				%			
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				%			
		Totals Target			50 %		
3 rd				%			
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				%			
				%			
		Totals Target			50 %		
4 th				%			
				%			
				%			
				%			
				%			
				%			
				%			
		Totals Target			50 %		

*If C. is 50% or below, the provider must submit the results of an evaluation as to the reason for this low rate:

Local PI/QI Committee Input (impressions, questions, concerns, recommendations):

V. For Child Waiver Professional Services Providers (even those serving less than 6)

Reporting Area: Satisfaction with Services Provided

Reporting Requirements: Please Report Annually – Due April 30:

PROVIDER	A. # Surveys Distributed	B. # Surveys Collected	C. Response Rate (B÷A)	D.* Circle any item (1 – 7) falling below 90% on the Compilation Form	E.* Overall Satisfaction (from Compilation Form #8,c)	E Required Explanation Submitted (NA, No, Yes)
			%	1 2 3 4 5 6 7	%	
			%	1 2 3 4 5 6 7	%	
			%	1 2 3 4 5 6 7	%	
			%	1 2 3 4 5 6 7	%	
			%	1 2 3 4 5 6 7	%	
			%	1 2 3 4 5 6 7	%	
			%	1 2 3 4 5 6 7	%	
TOTALS			%		%	
TARGET	All served consumers		35%		90%	

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Local PI/QI Committee Input (impressions, questions, concerns, recommendations):

Reporting Area: Consumer Goal Attainment

Reporting Requirements: Please Report Quarterly:

		A.	B.	C.
1/4	Provider	# cases reviewed	# cases w. 1/2 or > outcomes w. progress rated 3 or >	% cases w. 1/2 or > outcomes w. progress rated 3 or > (B÷A)
1st				%
				%
				%
				%
	Totals			%
2nd				%
				%
				%
				%
	Totals			%
3rd				%
				%
				%
				%
	Totals			%
4th				%
				%
				%
				%
	Totals			%

Local PI/QI Committee Input (impressions, questions, concerns, recommendations)

VI. For Case Management/Outpatient Providers

Reporting Area: Satisfaction with Services Provided

Reporting Requirements: Please Report Annually – Due April 30:

PROVIDER	A.	B.	C.	D.*	E.*	E
	# Surveys Distributed	# Surveys Collected	Response Rate (B÷A)	Circle any item (1 – 7) falling below 90% on the Compilation Form	Overall Satisfaction (from Compilation Form #8,c)	Required Explanation Submitted (NA, No, Yes)
			%	1 2 3 4 5 6 7	%	
			%	1 2 3 4 5 6 7	%	
			%	1 2 3 4 5 6 7	%	
			%	1 2 3 4 5 6 7	%	
			%	1 2 3 4 5 6 7	%	
			%	1 2 3 4 5 6 7	%	
			%	1 2 3 4 5 6 7	%	
TOTALS			%		%	
TARGET	All served consumers		35%		90%	

*If any of the 8 items on the survey fell below 90% on the Compilation Form, the provider must submit , for each item, their impressions as to why this lower-than-expected result may have occurred and include the results of an assessment of the need for an improvement plan and, if indicated, what it will be.

Local PI/QI Committee Input (impressions, questions, concerns, recommendations):

Reporting Area: Staff Retention

Reporting Requirements: Please Report Quarterly:

Quarter	Provider	A. Total Staff	B. # on last day of 1/4 who have worked 6 mo. or >	C.* Staff Retention Rate (B ÷ A)	*Required Explanation. Submitted? (Na, No, Yes)	D. # on last day of 1/4 who have worked 12 mo. or >	E. # on last day of 1/4 who have worked 24 mo. or >
1 st				%			
				%			
				%			
				%			
				%			
				%			
				%			
		Totals Target			50 %		
2 nd				%			
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		Totals Target			50 %		
3 rd				%			
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				%			
				%			
		Totals Target			50 %		
4 th				%			
				%			
				%			
				%			
				%			
				%			
				%			
		Totals Target			50 %		

*If C. is 50% or below, the provider must submit the results of an evaluation as to the reason for this low rate:

Local PI/QI Committee Input (impressions, questions, concerns, recommendations)

Reporting Area: Consumer Goal Attainment

Reporting Requirements: Please Report Quarterly:

		A.	B.	C.
1/4	Provider	# cases reviewed	# cases w. 1/2 or > outcomes w. progress rated 3 or >	% cases w. 1/2 or > outcomes w. progress rated 3 or > (B÷A)
1st				%
				%
				%
				%
	Totals			%
2nd				%
				%
				%
				%
	Totals			%
3rd				%
				%
				%
				%
	Totals			%
4th				%
				%
				%
				%
	Totals			%

Local PI/QI Committee Input (impressions, questions, concerns, recommendations)