

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
CONSUMER PCP EVALUATION - QUARTERLY DATA REPORT – 2005 - 2006

Quarter: _____

Threshold = 90% for each item

| QUESTION | AFFILIATION | | LENAWEE | | LIVINGSTON | | MONROE | | WASHTENAW | |
|--|----------------------------|-----------------------------|----------------------------|-----------------------------|----------------------------|-----------------------------|----------------------------|-----------------------------|----------------------------|-----------------------------|
| | Total # Resp. for the item | % Agree (str agree + agree) | Total # Resp. for the item | % Agree (str agree + agree) | Total # Resp. for the item | % Agree (str agree + agree) | Total # Resp. for the item | % Agree (str agree + agree) | Total # Resp. for the item | % Agree (str agree + agree) |
| 1. I am satisfied with my level of involvement in the person-centered planning process | | | | | | | | | | |
| 2. I was given the opportunity to chose the facilitator | | | | | | | | | | |
| 3. My customs and beliefs were respected in making my plan | | | | | | | | | | |
| 4. <i>If there were disagreements.....</i> ,The meeting facilitator/CMH staff helped resolve disagreements | | | | | | | | | | |
| 5. We talked about my strengths | | | | | | | | | | |
| 6. We talked about how people other than professional helpers might be able to help me achieve my outcomes | | | | | | | | | | |
| 7. My plan provides me with the amount of services I need | | | | | | | | | | |
| 8. I know what to do if I disagree with my plan | | | | | | | | | | |
| 9. Overall, I liked the person-centered planning process | | | | | | | | | | |

| | A. # PCPs | B. # Evals completed | C. # Evals refused | D. % (B + C) ÷ A |
|-------------|-----------|----------------------|--------------------|------------------|
| LENAWEE | | | | |
| LIVINGSTON | | | | |
| MONROE | | | | |
| WASHTENAW | | | | |
| AFFILIATION | | | | |