APPENDIX C

2003 Item Response Distributions and Descriptive Statistics

Overall, MI, DD, and SA Groups

2003 MDCH Consumer Satisfaction Percent Distribution of Ratings by Item

Overall (N = 851)

General Satisfaction

	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not App.	No Ans.	Mean	SD	Mode
1	I liked the services that I received.	35.84	45.36	8.46	3.17	3.88	1.41	1.88	1.90	0.96	(2) Agree
2	If I had other choices, I would still choose to get services from this mental healthcare provider.	34.67	41.25	11.05	5.52	4.11	1.76	1.65	1.99	1.03	(2) Agree
3	I would recommend this mental healthcare provider to a friend or family member.	37.96	40.07	10.93	3.41	4	2	1.65	1.91	1.00	(2) Agree

Access to Services

	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not App.	No Ans.	Mean	SD	Mode
4	The location of the service was convenient (parking, public transportation, distance, etc.).	33.37	43.6	10.34	5.05	2.12	3.53	2	1.93	0.93	(2) Agree
5	Staff were willing to see me as often as I felt it was necessary.	35.37	41.13	11.28	5.41	2.59	2.59	1.65	1.94	0.97	(2) Agree
6	My calls were returned within 24 hours.	26.79	39.01	10.93	7.52	2.94	10.58	2.23	2.09	1.03	(2) Agree
7	Services were available at times that were good for me.	31.49	45.36	10.11	5.52	3.17	2.7	1.65	1.99	0.98	(2) Agree
8	I was able to get all the services I thought I needed.	30.9	42.66	9.99	8.93	4.23	1.65	1.65	2.10	1.08	(2) Agree
9	I was able to see a (psychiatrist/treatment counselor) when I wanted to.	28.32	34.08	13.51	7.05	3.53	11.52	2	2.11	1.08	(2) Agree

Appropriateness of Services

	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not App.	No Ans.	Mean	SD	Mode
10	Staff believed that I could grow, change and recover.	32.55	37.25	13.28	3.88	2	8.7	2.35	1.94	0.94	(2) Agree
12	I felt free to complain.	27.38	43.36	11.4	6.11	4.82	5.05	1.88	2.11	1.06	(2) Agree
13	I was given information about my rights.	39.72	48.65	4.82	2.23	0.82	1.88	1.88	1.70	0.72	(2) Agree
14	I was encouraged to take responsibility for how I live my life.	37.37	40.31	8.81	2.35	1.06	8.34	1.76	1.77	0.81	(2) Agree
15	I was told what side effects to watch for.	27.5	35.84	9.28	8.46	3.17	12.57	3.17	2.09	1.07	(2) Agree
16	My wishes about who is and is not to be given information about my treatment were respected.	35.02	42.66	9.4	2.47	1.88	5.17	3.41	1.83	0.86	(2) Agree
18	Staff were sensitive to my cultural/ethnic background.	24.09	41.25	12.69	3.29	2	12.1	4.58	2.01	0.90	(2) Agree
19	Staff helped me obtain the information I needed so that I could take charge of managing my illness or disability.	28.44	36.9	13.98	6.82	2.59	7.76	3.53	2.08	1.01	(2) Agree
20	I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	25.15	35.96	12.81	6.82	3.29	12.57	3.41	2.13	1.05	(2) Agree

Participation in Treatment Planning											
	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not App.	No Ans.	Mean	SD	Mode
11	I felt comfortable asking questions about my treatment and medications.	35.25	40.78	8.46	4.11	2.35	7.05	2	1.87	0.93	(2) Agree
17	I, not staff, decided my treatment goals.	25.91	40.61	16.47	6.37	2.41	6.04	2.2	2.11	0.98	(2) Agree

Outcomes											
	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not App.	No Ans.	Mean	SD	Mode
21	I deal more effectively with daily problems.	24.91	41.83	14.22	6.46	3.06	6.35	3.17	2.12	1.00	(2) Agree
22	I am better able to control my life.	26.32	39.01	15.39	5.76	3.29	6.93	3.29	2.11	1.01	(2) Agree
23	I am better able to deal with crisis.	24.32	37.49	16.22	5.88	4.47	8.23	3.41	2.19	1.06	(2) Agree
24	I am getting along better with my family.	26.79	37.37	15.51	5.17	2.82	9.28	3.06	2.08	0.99	(2) Agree
25	I do better in social situations.	22.21	39.37	18.57	5.99	3.41	6.7	3.76	2.20	1.00	(2) Agree
26	I do better in school and/or work.	15.16	25.73	17.63	4.23	3.06	28.91	5.29	2.29	1.02	(2) Agree
27	My housing situation has improved.	23.5	30.43	17.39	5.64	4	15.63	3.41	2.20	1.08	(2) Agree
28	My symptoms are not bothering me as much.	19.98	36.66	16.1	8.7	5.29	9.75	3.53	2.34	1.12	(2) Agree

2003 MDCH Consumer Satisfaction Percent Distribution of Ratings by Item

Mental Illnesses (N = 286)

General Satisfaction

	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not App.	No Ans.	Mean	SD	Mode
1	I liked the services that I received.	34.97	45.1	8.74	3.5	4.2	1.05	2.45	1.93	0.99	(2) Agree
2	If I had other choices, I would still choose to get services from this mental healthcare provider.	34.97	38.46	11.54	6.99	5.24	1.05	1.75	2.06	1.11	(2) Agree
3	I would recommend this mental healthcare provider to a friend or family member.	38.81	37.06	11.89	4.2	4.55	1.4	2.1	1.95	1.06	(1) Strongly Agree

Access to Services

	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not App.	No Ans.	Mean	SD	Mode
4	The location of the service was convenient (parking, public transportation, distance, etc.).	32.87	47.55	7.69	5.24	1.4	2.45	2.8	1.89	0.88	(2) Agree
5	Staff were willing to see me as often as I felt it was necessary.	36.01	41.26	8.04	7.34	3.5	1.75	2.1	1.97	1.05	(2) Agree
6	My calls were returned within 24 hours.	26.22	40.56	12.24	7.34	3.85	6.99	2.8	2.14	1.06	(2) Agree
7	Services were available at times that were good for me.	31.12	45.8	11.89	5.94	1.75	1.4	2.1	1.98	0.93	(2) Agree
8	I was able to get all the services I thought I needed.	31.12	39.86	11.89	10.14	4.55	0.7	1.75	2.15	1.12	(2) Agree
9	I was able to see a psychiatrist when I wanted to.	27.62	34.27	14.69	11.54	4.2	5.24	2.45	2.25	1.15	(2) Agree

Appropriateness of Services											
	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not App.	No Ans.	Mean	SD	Mode
10	Staff believed that I could grow, change and recover.	28.32	35.66	20.98	5.59	2.45	3.85	3.15	2.12	1.00	(2) Agree
12	I felt free to complain.	27.27	44.41	12.94	7.34	3.15	2.8	2.1	2.11	1.01	(2) Agree
13	I was given information about my rights.	41.61	49.65	4.2	1.4	.	0.7	2.45	1.64	0.64	(2) Agree
14	I was encouraged to take responsibility for how I live my life.	33.92	41.26	14.34	3.5	1.05	3.5	2.45	1.90	0.87	(2) Agree
15	I was told what side effects to watch for.	28.32	38.81	10.84	10.49	3.15	5.94	2.45	2.15	1.09	(2) Agree
16	My wishes about who is and is not to be given information about my treatment were respected.	35.31	44.76	11.19	1.75	1.4	2.8	2.8	1.83	0.82	(2) Agree
18	Staff were sensitive to my cultural/ethnic background.	24.83	38.11	16.08	2.8	2.45	11.19	4.55	2.05	0.94	(2) Agree
19	Staff helped me obtain the information I needed so that I could take charge of managing my illness or disability.	25.87	36.36	18.88	6.99	3.15	4.9	3.85	2.18	1.04	(2) Agree
20	I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	23.43	39.51	13.64	8.39	3.15	8.39	3.5	2.19	1.04	(2) Agree

Participation in Treatment Planning											
	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not App.	No Ans.	Mean	SD	Mode
11	I, not staff, decided my treatment goals.	26.22	37.41	16.78	8.39	3.15	4.55	3.5	2.19	1.06	(2) Agree
17	I, not staff, decided my treatment goals.	26.22	37.41	16.78	8.39	3.15	4.55	3.5	2.19	1.06	(2) Agree

Outcomes											
	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not App.	No Ans.	Mean	SD	Mode
21	I deal more effectively with daily problems.	19.58	43.71	18.88	9.09	4.2	1.4	3.15	2.32	1.04	(2) Agree
22	I am better able to control my life.	19.58	38.11	22.73	9.44	4.55	2.45	3.15	2.38	1.07	(2) Agree
23	I am better able to deal with crisis.	19.23	36.71	23.43	8.04	6.64	3.15	2.8	2.43	1.12	(2) Agree
24	I am getting along better with my family.	19.58	37.76	21.68	8.04	4.55	5.59	2.8	2.35	1.06	(2) Agree
25	I do better in social situations.	16.78	37.41	24.83	9.09	4.9	3.85	3.15	2.44	1.06	(2) Agree
26	I do better in school and/or work.	9.79	18.88	21.68	6.29	4.55	33.92	4.9	2.63	1.10	(3) I am Neutral
27	My housing situation has improved.	18.18	32.17	22.03	5.94	5.24	13.29	3.15	2.38	1.09	(2) Agree
28	My symptoms are not bothering me as much.	13.64	36.36	21.68	13.29	7.69	4.2	3.15	2.63	1.15	(2) Agree

2003 MDCH Consumer Satisfaction Percent Distribution of Ratings by Item

Developmental Disabilities (N = 177)

General Satisfaction

	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not App.	No Ans.	Mean	SD	Mode
1	I liked the services that I received.	29.38	56.5	6.78	2.82	2.82	1.13	0.56	1.90	0.83	(2) Agree
2	If I had other choices, I would still choose to get services from this mental healthcare provider.	28.25	48.59	12.99	5.65	2.82	1.13	0.56	2.03	0.93	(2) Agree
3	I would recommend this mental healthcare provider to a friend or family member.	30.51	46.89	14.69	2.26	3.39	1.69	0.56	1.97	0.91	(2) Agree

Access to Services

	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not App.	No Ans.	Mean	SD	Mode
4	The location of the service was convenient (parking, public transportation, distance, etc.).	26.55	47.46	10.17	3.95	2.82	7.91	1.13	1.98	0.90	(2) Agree
5	Staff were willing to see me as often as I felt it was necessary.	27.68	44.63	15.82	2.26	2.26	6.21	1.13	1.97	0.86	(2) Agree
6	My calls were returned within 24 hours.	20.9	46.89	8.47	6.21	2.82	14.12	0.56	2.08	0.94	(2) Agree
7	Services were available at times that were good for me.	23.16	50.85	11.86	2.26	3.95	5.65	2.26	2.04	0.90	(2) Agree
8	I was able to get all the services I thought I needed.	23.73	49.72	10.17	8.47	3.95	3.39	0.56	2.15	1.01	(2) Agree
9	I was able to see a psychiatrist when I wanted to.	11.86	29.38	10.17	2.26	3.39	40.11	2.82	2.19	0.99	(2) Agree

Appropriateness of Services											
	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not App.	No Ans.	Mean	SD	Mode
10	Staff believed that I could grow, change and recover.	18.08	33.9	12.99	1.13	2.82	28.25	2.82	2.06	0.91	(2) Agree
12	I felt free to complain.	20.34	45.2	11.3	2.26	3.95	14.69	2.26	2.07	0.93	(2) Agree
13	I was given information about my rights.	29.38	59.89	3.39	1.69	0.56	3.95	1.13	1.76	0.60	(2) Agree
14	I was encouraged to take responsibility for how I live my life.	21.47	36.72	10.17	0.56	1.13	28.25	1.69	1.88	0.74	(2) Agree
15	I was told what side effects to watch for.	16.38	26.55	8.47	3.95	1.13	38.98	4.52	2.03	0.91	(2) Agree
16	My wishes about who is and is not to be given information about my treatment were respected.	24.86	45.76	10.73	1.13	1.13	13.56	2.82	1.88	0.73	(2) Agree
18	Staff were sensitive to my cultural/ethnic background.	16.38	44.07	6.78	1.69	1.69	23.73	5.65	1.96	0.76	(2) Agree
19	Staff helped me obtain the information I needed so that I could take charge of managing my illness or disability.	19.77	32.77	14.69	3.95	3.39	21.47	3.95	2.15	1.00	(2) Agree
20	I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	14.69	23.73	14.69	3.39	3.95	35.59	3.95	2.28	1.08	(2) Agree

Participation in Treatment Planning											
	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not App.	No Ans.	Mean	SD	Mode
11	I felt comfortable asking questions about my treatment and medications.	22.03	38.98	10.73	0.56	1.69	23.73	2.26	1.91	0.78	(2) Agree
17	I, not staff, decided my treatment goals.	19.21	33.9	11.3	6.78	2.82	21.47	4.52	2.17	1.02	(2) Agree

Outcomes											
	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not App.	No Ans.	Mean	SD	Mode
21	I deal more effectively with daily problems.	16.95	32.77	15.25	5.08	3.39	22.6	3.95	2.23	1.01	(2) Agree
22	I am better able to control my life.	16.38	35.03	13.56	3.95	3.39	24.29	3.39	2.17	0.97	(2) Agree
23	I am better able to deal with crisis.	15.25	28.81	15.82	3.95	4.52	27.68	3.95	2.30	1.07	(2) Agree
24	I am getting along better with my family.	14.69	31.64	18.08	2.26	2.26	27.68	3.39	2.18	0.90	(2) Agree
25	I do better in social situations.	14.69	38.98	15.25	3.95	2.26	19.21	5.65	2.19	0.89	(2) Agree
26	I do better in school and/or work.	11.3	32.77	14.12	2.26	2.82	32.2	4.52	2.23	0.91	(2) Agree
27	My housing situation has improved.	17.51	27.12	12.99	2.82	2.82	32.2	4.52	2.13	0.99	(2) Agree
28	My symptoms are not bothering me as much.	13.56	28.25	15.82	3.95	3.95	30.51	3.95	2.31	1.04	(2) Agree

2003 MDCH Consumer Satisfaction Percent Distribution of Ratings by Item

Substance Abuse Disorders (N = 388)

General Satisfaction

	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not App.	No Ans.	Mean	SD	Mode
1	I liked the services that I received.	39.43	40.46	9.02	3.09	4.12	1.8	2.06	1.87	0.99	(2) Agree
2	If had other choices, would still choose this provider.	37.37	39.95	9.79	4.38	3.87	2.58	2.06	1.93	1.02	(2) Agree
3	I would recommend this provider to friend or family member.	40.72	39.18	8.51	3.35	3.87	2.58	1.8	1.86	1.00	(1) Strongly Agree

Access to Services

	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not App.	No Ans.	Mean	SD	Mode
4	Location was convenient	36.86	38.92	12.37	5.41	2.32	2.32	1.8	1.93	0.98	(2) Agree
5	Staff were willing to see me as often as I felt it was necessary.	38.4	39.43	11.6	5.41	2.06	1.55	1.55	1.90	0.96	(2) Agree
6	Calls were returned within 24 hours.	29.9	34.28	11.08	8.25	2.32	11.6	2.58	2.05	1.05	(2) Agree
7	Services were available at times that were good for me.	35.57	42.53	7.99	6.7	3.87	2.32	1.03	1.97	1.05	(2) Agree
8	Able to get all services thought needed.	34.02	41.49	8.51	8.25	4.12	1.55	2.06	2.03	1.07	(2) Agree
9	Able to see counselor when I wanted to.	36.34	36.08	14.18	5.93	3.09	3.09	1.29	1.99	1.03	(1) Strongly Agree

Appropriateness of Services											
	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not App.	No Ans.	Mean	SD	Mode
10	Staff believed that I could grow, change and recover.	42.27	39.95	7.73	3.87	1.29	3.35	1.55	1.76	0.87	(1) Strongly Agree
12	I felt free to complain.	30.67	41.75	10.31	6.96	6.44	2.32	1.55	2.13	1.14	(2) Agree
13	I was given information about my rights.	43.04	42.78	5.93	3.09	1.55	1.8	1.8	1.72	0.83	(1) Strongly Agree
14	I was encouraged to take responsibility for how I live my life.	47.16	41.24	4.12	2.32	1.03	2.84	1.29	1.63	0.77	(1) Strongly Agree
15	I was told what side effects to watch for.	31.96	37.89	8.51	9.02	4.12	5.41	3.09	2.07	1.10	(2) Agree
16	My wishes about who is and is not to be given information about my treatment were respected.	39.43	39.69	7.47	3.61	2.58	3.09	4.12	1.81	0.94	(2) Agree
18	Staff sensitive to my cultural/ethnic background.	27.06	42.27	12.89	4.38	1.8	7.47	4.12	2.00	0.91	(2) Agree
19	Staff helped me obtain needed info to take charge of managing my illness or disability.	34.28	39.18	10.05	7.99	1.8	3.61	3.09	1.97	0.99	(2) Agree
20	Encouraged to use consumer-run programs	31.19	38.92	11.34	7.22	3.09	5.15	3.09	2.03	1.03	(2) Agree

Participation in Treatment Planning											
	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not App.	No Ans.	Mean	SD	Mode
11	I felt comfortable asking questions about treatment/medications.	40.72	39.43	7.22	5.67	2.32	3.09	1.55	1.84	0.97	(1) Strongly Agree
17	I, not staff, decided my treatment goals.	24.48	43.56	14.43	7.47	3.35	3.35	3.35	2.16	1.02	(2) Agree

Outcomes											
	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not App.	No Ans.	Mean	SD	Mode
21	I deal more effectively with daily problems.	32.47	44.59	10.31	5.15	2.06	2.58	2.84	1.93	0.92	(2) Agree
22	I am better able to control my life.	35.82	41.49	10.82	3.87	2.32	2.32	3.35	1.88	0.92	(2) Agree
23	I am better able to deal with crisis.	32.22	42.01	11.08	5.15	2.84	3.09	3.61	1.97	0.97	(2) Agree
24	I am getting along better with my family.	37.63	39.69	9.79	4.38	1.8	3.61	3.09	1.84	0.91	(2) Agree
25	I do better in social situations.	29.64	40.98	15.46	4.64	2.84	3.09	3.35	2.03	0.97	(2) Agree
26	I do better in school and/or work.	20.88	27.58	16.24	3.61	2.06	23.71	5.93	2.10	0.96	(2) Agree
27	My housing situation has improved.	30.15	30.67	15.98	6.7	3.61	9.79	3.09	2.11	1.09	(2) Agree
28	My symptoms are not bothering me as much.	27.58	40.72	12.11	7.47	4.12	4.38	3.61	2.13	1.07	(2) Agree

APPENDIX D

Cover Letters
and
Postcard Reminders

NCS Pearson™

Many of the substance abuse treatment services provided to Michigan citizens are paid for with Medicaid dollars. Learning what people think of the Medicaid-funded treatment services that they receive is important to decision makers who are concerned about the quality of services and who must make decisions on how to spend scarce substance abuse dollars.

You have been selected at random to give your opinion on the quality and effectiveness of the Medicaid-funded services that you received. Your opinion is very important, so we hope that you will fill out and return the enclosed satisfaction survey. It will take about 5 - 10 minutes to complete. Your responses will remain completely confidential. This means that no one will ever know how you answered any of the questions.

If you complete and return the satisfaction survey, you will become eligible to win a color television set. Your chance of winning will be about 1 out of 1500, or better. If you don't return the survey, you will have no chance of winning.

Your completed survey should be mailed to NCS Pearson in the pre-addressed, postage-paid envelope. NCS Pearson is an independent contractor hired by the State of Michigan to distribute, receive, and analyze the results of the survey. Once the answers from your survey have been added to those from other people, your survey will be destroyed.

You may have noticed that your survey has a number on it. This number will allow NCS Pearson to send a replacement survey to people who do not respond to the first mailing.

Please complete and return your survey as soon as possible. Thank you for your assistance with this very important project, and if you have any questions, you can call NCS Pearson at 1-888-710-4215.

Sincerely,

Gary Elander

Gary Elander
Survey Manager
NCS Pearson

NCS Pearson

About three weeks ago, we wrote to you seeking your opinion on the quality and effectiveness of substance abuse services provided to persons enrolled in Michigan's Medicaid program. As of today, we have not yet received your completed questionnaire.

The five-minute consumer satisfaction survey we are asking you to complete has been undertaken at the request of both the Michigan and federal governments. Learning what consumers think about Medicaid-funded mental health services will help government officials make important decisions about the operation and funding of the program.

We are writing to you again because of the significance each questionnaire has for the usefulness of the overall study. Your name was selected at random from among the names of all persons who received Medicaid-funded substance abuse services in 2004. In order for the results of the study to be truly representative, it is important for each person selected to complete and return their satisfaction questionnaire. In the event that your questionnaire has been misplaced, a replacement is enclosed.

Your completed survey should be mailed to NCS Pearson in the pre-addressed, postage-paid envelope. NCS Pearson is the independent contractor hired by the State of Michigan to distribute, receive, and analyze the results of the survey. As promised previously, your responses to the 28 questions will remain completely confidential.

Thank you for your assistance with this very important project. If you return the replacement questionnaire by January 28, 2005, you will become eligible to win a color television. Your chances of winning will be about 1 out of 1500, or better. The drawing for the television will take place in late January of 2005 with the winner notified immediately afterwards.

Sincerely,

Gary Elander

Gary Elander
Survey Manager
NCS Pearson

NCS Pearson

Many of the supports and services provided to Michigan citizens with a mental disorder are paid for with Medicaid dollars. Knowing how people feel about Medicaid-funded services is important to government officials who are concerned about quality and must make decisions on how to spend scarce health care dollars.

Because you received services from your community mental health agency or one of its providers in 2004, you have been selected at random to give your opinion on the quality and effectiveness of Medicaid-funded mental health services. Your opinion is very important, so we hope you will fill out and return the enclosed satisfaction survey. It will take about 5 - 10 minutes to complete. Your responses to the survey questions will remain completely confidential. This means no one will ever know how you answered any of the questions.

If you complete and return the satisfaction survey, you will become eligible to win a color television set. Your chance of winning will be about 1 out of 1200, or better. If you don't return the survey, you will have no chance of winning.

Your completed survey should be mailed to NCS Pearson in the pre-addressed, postage-paid envelope. NCS Pearson is an independent contractor hired by the State of Michigan to distribute, receive, and analyze the results of the survey. Once the answers from your survey have been added to those from other people, your survey will be destroyed.

You may have noticed that your survey has a number on it. This number will allow NCS Pearson to send a replacement survey to people who do not respond to the first mailing.

Please complete and return your survey as soon as possible. Thank you for your assistance with this very important project, and if you have any questions, you can call NCS Pearson at 1-888-710-4215.

Sincerely,

Gary Elander

Gary Elander
Survey Manager
NCS Pearson

NCS Pearson

About three weeks ago, we wrote to you seeking your opinion on the quality and effectiveness of mental health services provided to persons enrolled in Michigan's Medicaid program. As of today, we have not yet received your completed questionnaire.

The five-minute consumer satisfaction survey we are asking you to complete has been undertaken at the request of both the Michigan and federal governments. Learning what consumers think about Medicaid-funded mental health services will help government officials make important decisions about the operation and funding of the program.

We are writing to you again because of the significance each questionnaire has for the usefulness of the overall study. Your name was selected at random from among the names of all persons who received Medicaid-funded services in 2004 from one of Michigan's community mental health agencies. In order for the results of the study to be truly representative, it is important for each person selected to complete and return their satisfaction questionnaire. In the event that your questionnaire has been misplaced, a replacement is enclosed.

Your completed survey should be mailed to NCS Pearson in the pre-addressed, postage-paid envelope. NCS Pearson is the independent contractor hired by the State of Michigan to distribute, receive, and analyze the results of the survey. As promised previously, your responses to the 28 questions will remain completely confidential.

Thank you for your assistance with this very important project. If you return the replacement questionnaire by January 28, 2005, you will become eligible to win a color television. Your chances of winning will be about 1 out of 1200, or better. The drawing for the television will take place in late January of 2005 with the winner notified immediately afterwards.

Sincerely,

Gary Elander

Gary Elander
Survey Manager
NCS Pearson

MD-2

NCS Pearson

Many of the supports and services provided to Michigan citizens with a developmental disability are paid for with Medicaid dollars. Knowing how people feel about Medicaid-funded services is important to government officials who are concerned about quality and must make decisions about how to spend scarce health care dollars.

Because you received services from your community mental health agency or one of its providers in 2004, you have been selected at random to give your opinion on the quality and effectiveness of Medicaid-funded services for persons with a developmental disability. Your opinion is very important, so we hope you will fill out and return the enclosed satisfaction survey. It will take about 5 - 10 minutes to complete. If necessary, you may ask someone to read the questions to you and to record your answers. Your responses to the survey questions will remain completely confidential. This means no one will ever know how you answered any of the questions.

If you complete and return the satisfaction survey, you will become eligible to win a color television set. Your chance of winning will be about 1 out of 500, or better. If you don't return the survey, you will have no chance of winning.

Your completed survey should be mailed to NCS Pearson in the pre-addressed, postage-paid envelope. NCS Pearson is an independent contractor hired by the State of Michigan to distribute, receive, and analyze the results of the survey. Once the answers from your survey have been added to those from other people, your survey will be destroyed.

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Sincerely,

Gary Elander

Gary Elander
Survey Manager
NCS Pearson

NCS Pearson

About three weeks ago, we wrote to you seeking your opinion on the quality and effectiveness of the supports and services provided to persons with developmental disabilities enrolled in Michigan's Medicaid program. As of today, we have not yet received your completed questionnaire.

The five-minute consumer satisfaction survey we are asking you to complete has been undertaken at the request of both the Michigan and federal governments. Learning what consumers think about Medicaid-funded services will help government officials make important decisions about the operation and funding of the program.

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Sincerely,

Gary Elander

Gary Elander
Survey Manager
NCS Pearson

DD-2

NCS Pearson™

2003 SATISFACTION SURVEY

HELLO!

Last week a consumer satisfaction questionnaire was mailed to you. If you have already completed and returned the questionnaire, please accept our sincere thanks. If not, please do so today. We are especially grateful for your help because it is only by asking people like you to share experiences that we can learn how to improve services.

If you did not receive a questionnaire, or have misplaced the original, please call NCS Pearson toll free at 1-800-710-4215 and we will get another questionnaire in the mail to you immediately.