2026 NMRE
Mental Health Services
Satisfaction Survey

For beneficiaries who receive service funding (in whole or in part) by the NMRE

1. **Where do you receive services?**

- ◯ Centra Wellness Network
- ◯ North Country CMH
- ◯ Northeast Michigan CMH
- ◯ Northern Lakes CMH
- ◯ Wellvance (formerly AuSable Valley)

2. **What services do you receive?**

- ☐ ACT (Assertive Community Treatment)
- ☐ Adult Case Management (Mental Illness or Intellectual/Developmental Disabilities)
- ☐ Clubhouse
- ☐ Crisis Services
- ☐ Jail Diversion Services
- ☐ Outpatient Therapy
- ☐ Peer Support Services
- ☐ Psychiatric Services
- ☐ Supported Employment
- ☐ Community Living Supports
- ☐ Self-Directed Services (Self Determination)
- ☐ Youth Services (case management, therapy, wrap around services, home based services, etc.,)
- ☐ Family Therapies for Youth Services
- ☐ None of the Above/Other

3. **Please only answer this question if you live in a residential facility.**

At home, I can (check all that apply):

- ☐ eat when I want to.
- ☐ lock my bedroom door if I want to.
- ☐ lock the bathroom door if I want to.
- ☐ spend my money the way I want.
- ☐ have friends over when I want.
- ☐ make phone calls when I want.
- ☐ have access to all rooms in my home, except other's bedroom.
- ☐ go to town or the library or other places, when I want to.

If you are unable to participate in any of the activities mentioned above, please tell us in which facility you live.

4. **I received an NMRE Guide to Services from my CMH.**

- ◯ Yes
- ◯ No

5. **I can make decisions about what services I receive from my CMH.**

- ◯ Yes
- ◯ No

6. **I understand the services I receive from my CMH.**

- ◯ Yes
- ◯ No

7. **I feel comfortable asking questions about my services or asking for other services I want.**

- ◯ Yes
- ◯ Sometimes
- ◯ No

8. **I asked for a service and CMH said no. CMH sent me a notice that said I could not have the service.**

- ◯ Yes
- ◯ No
- ◯ I'm not sure
- ◯ This does not apply to me

9. **I received a notice telling me that the services I receive were being changed in some way.**

- ◯ Yes
- ◯ No
- ◯ I'm not sure
- ◯ This does not apply to me

10. **I know I can file an appeal if I’m not happy that CMH said no to a service or changed my services in some way.**

- ◯ Yes
- ◯ No

11. **I know I can file a grievance if I'm not happy about something to do with CMH.**

- ◯ Yes
- ◯ No

12. **Staff are nice to me.**

- ◯ Yes
- ◯ No

13. **Overall, I am happy with the services I receive.**

- ◯ Yes
- ◯ No

14. **If you want to share anything with us, please tell us here. If you would like a call to discuss your feedback, leave your name and a number to reach you.**