



Dear Provider,

As you may already know, the KCMHSAS Quality Monitoring Review (QMR) process includes a customer feedback component. This involves asking customers if they are willing to participate in a brief satisfaction survey about their experiences with your organization and their CMH services in general. Our QMR Team has a Peer Support Specialist who is responsible for the said interviews. However, for some organizations there are circumstances where customers may not be typically available to participate in a face-to-face interview while the QMR team is on-site (perhaps your organization is closed on QMR day or perhaps your services are not provided at your office). If this is the case for your agency, in order to collect this feedback from the customers you work with, we need your assistance.

Our Peer Specialist is happy to talk with the customers selected for your QMR case list sample, however making "cold calls" is not the preferred method of carrying out these interviews. We ask that you contact the customer/guardian from your sample list and ask if they would be interested in providing feedback. If for any reason you have 3 or less customers from the sample list who are willing to participate, we ask that you review your overall customer pool and continue asking for participation until you identify at least 5 total customers who are willing to participate in the feedback interview.

After you connect with the customer, please complete the participant info table (pg 2) with the pertinent information, we will then contact each identified customer/guardian from your QMR sample case list (and/or others who are interested).

***Please send your completed participant info table to Dan Damaska at fax# (269)364-6992 or send through encrypted email at [ddamaska@kazooemh.org](mailto:ddamaska@kazooemh.org) within 2 days prior to your scheduled Quality Monitor Review.***

If you have any questions, our Program Coordinator for Quality, Dan Damaska, is available at (269)364-6926. We greatly appreciate your agency's continuous efforts to support KCMHSAS quality improvement process.

Thank you,

KCMHSAS QMR Team



Agency Name: \_\_\_\_\_

Client Name	Population	Guardian	Name of Respondent (if different than client)	Phone Number	Preferred Call Times