

CLIENT SURVEY RESULTS

2017

Heartland Counseling - Outpatient
Day Rehab - Frontier House
Day Support - Frontier House & Pioneer House
Community Support - Mental Health
Community Support - Substance Abuse
Emergency Support Services
Aiding Recovering Moms
Housing Voucher Program
Youth Care Coordination

Total given out 683; Total returned 670

Return Rate

98%

HEARTLAND COUNSELING AND CONSULTING CLINIC CUSTOMER COMMENT

Please help us learn what we can do to better serve you.

Lexington—85 given out/83 returned

98%

1. When you first contacted us, were we friendly and helpful?

1	2	3	4	5
not at all				very much

14 69

2. When you came in for your appointments, were you greeted and made to feel welcome?

1	2	3	4	5
not at all				very much

2 10 71

3. Do you feel safe in our facility and with our staff?

1	2	3	4	5
not at all				very much

1 10 71

4. Do you find our staff trustworthy?

1	2	3	4	5
not at all				very much

1 10 72

5. Do you think your counselor or therapist has a good understanding of what you want to work on in counseling?

1	2	3	4	5
not at all				very much

3 23 56

6. Were you an active participant in creating and updating your treatment plan?

1	2	3	4	5
not at all				very much

6 20 57

7. Does your counselor or therapist communicate with your other treatment team members to help you reach your goals?

1	2	3	4	5	Not Applicable
not at all				very much	

5 18 48 8

8. Have we helped you feel empowered to make the changes you want for your life?

1	2	3	4	5
not at all				very much

4 20 59

9. If you had the need, would you return here for services?

1	2	3	4	5
not at all				very much

18

63

10. Do you think you had timely access to this service?

1

2

3

4

5

not at all

very much

7

20

56

11. My life has improved as a result of being in these services.

1

2

3

4

5

not at all

very much

4

21

58

HEARTLAND COUNSELING AND CONSULTING CLINIC CUSTOMER COMMENT

Please help us learn what we can do to better serve you.

McCook—117 given out/111 returned
95% return rate

1. When you first contacted us, were we friendly and helpful?

1	2	3	4	5
not at all				very much

	1	12		97
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2. When you came in for your appointments, were you greeted and made to feel welcome?

1	2	3	4	5
not at all				very much

	1	1	12	97
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3. Do you feel safe in our facility and with our staff?

1	2	3	4	5
not at all				very much

	2	14		95
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4. Do you find our staff trustworthy?

1	2	3	4	5
not at all				very much

	1	12		98
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5. Do you think your counselor or therapist has a good understanding of what you want to work on in counseling?

1	2	3	4	5
not at all				very much

	4	27		80
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6. Were you an active participant in creating and updating your treatment plan?

1	2	3	4	5
not at all				very much

	1	3	22	85
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7. Does your counselor or therapist communicate with your other treatment team members to help you reach your goals?

1	2	3	4	5	
not at all				very much	Not Applicable

	3	1	17	61	29
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8. Have we helped you feel empowered to make the changes you want for your life?

1	2	3	4	5
not at all				very much

	1	12	31	67
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9. If you had the need, would you return here for services?

1	2	3	4	5
not at all				very much

	1	1	1	17	91
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10. Do you think you had timely access to this service?

1	2	3	4	5
not at all				very much
	2	3	19	87

11. My life has improved as a result of being in these services.

1	2	3	4	5
not at all				very much
1	3	4	25	78

HEARTLAND COUNSELING AND CONSULTING CLINIC CUSTOMER COMMENT

Please help us learn what we can do to better serve you.

Ogallala—35 given out/34 returned

97%

2. When you first contacted us, were we friendly and helpful?

1	2	3	4	5
not at all				very much

2 6 26

2. When you came in for your appointments, were you greeted and made to feel welcome?

1	2	3	4	5
not at all				very much

9 25

3. Do you feel safe in our facility and with our staff?

1	2	3	4	5
not at all				very much

5 29

4. Do you find our staff trustworthy?

1	2	3	4	5
not at all				very much

5 27

5. Do you think your counselor or therapist has a good understanding of what you want to work on in counseling?

1	2	3	4	5
not at all				very much

1 4 29

6. Were you an active participant in creating and updating your treatment plan?

1	2	3	4	5
not at all				very much

1 5 25

7. Does your counselor or therapist communicate with your other treatment team members to help you reach your goals?

1	2	3	4	5	Not Applicable
not at all				very much	

2 5 14 13

8. Have we helped you feel empowered to make the changes you want for your life?

1	2	3	4	5
not at all				very much

1 9 22

9. If you had the need, would you return here for services?

1	2	3	4	5
not at all				very much

3 30

10. Do you think you had timely access to this service?

1	2	3	4	5
not at all				very much

		4	10	20
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11. My life has improved as a result of being in these services.

1	2	3	4	5
not at all				very much

		4	9	20
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HEARTLAND COUNSELING AND CONSULTING CLINIC CUSTOMER COMMENT

Please help us learn what we can do to better serve you.

North Platte—145 given out/141 returned
97%

1. When you first contacted us, were we friendly and helpful?

1	2	3	4	5
not at all				very much

	1		13	127
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2. When you came in for your appointments, were you greeted and made to feel welcome?

1	2	3	4	5
not at all				very much

	4		11	126
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3. Do you feel safe in our facility and with our staff?

1	2	3	4	5
not at all				very much

	2		14	125
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4. Do you find our staff trustworthy?

1	2	3	4	5
not at all				very much

	1	1	14	125
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5. Do you think your counselor or therapist has a good understanding of what you want to work on in counseling?

1	2	3	4	5
not at all				very much

	1	5	16	119
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6. Were you an active participant in creating and updating your treatment plan?

1	2	3	4	5
not at all				very much

	1	8	18	114
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7. Does your counselor or therapist communicate with your other treatment team members to help you reach your goals?

1	2	3	4	5	
not at all				very much	Not Applicable

	4	5	24	87	21
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8. Have we helped you feel empowered to make the changes you want for your life?

1	2	3	4	5
not at all				very much

	2	8	23	108
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9. If you had the need, would you return here for services?

1	2	3	4	5
not at all				very much

	1		12	129
--	---	--	----	-----

10. Do you think you had timely access to this service?

1	2	3	4	5
not at all				very much
1	2	4	15	119

11. My life has improved as a result of being in these services.

1	2	3	4	5
not at all				very much
	4	14	25	98

**REGION II HUMAN SERVICES
DAY REHABILITATION SERVICES - Frontier House-North Platte**

CUSTOMER COMMENT

Please help us learn what we can do to better serve you.

32 out/32 in
100% RETURN RATE

1. Staff at Frontier House is friendly and helpful.

1	2	3	4	5
not at all				very much
	1	1	8	22

2. I feel important and included when at Frontier House.

1	2	3	4	5
not at all				very much
	1	3	8	20

3. The classes and activities at Frontier House help me with my goals and needs.

1	2	3	4	5
not at all				very much
	1	6	4	21

4. I feel safe at Frontier House.

1	2	3	4	5
not at all				very much
	1	2	4	25

5. I can trust Frontier House staff.

1	2	3	4	5
not at all				very much
	1		11	20

6. My care coordinator has a good understanding of my strengths and needs.

1	2	3	4	5
not at all				very much
	1	4	9	18

7. I have been an active participant in creating and updating my treatment plan.

1	2	3	4	5
not at all				very much
	1	3	8	19

8. My care coordinator communicates with my other team members to help me reach my goals.

1	2	3	4	5	Not Applicable
not at all				very much	
	1	2	9	15	3

9. Frontier House staff help me feel empowered to make the changes I want for my life.

1	2	3	4	5
not at all				very much
	1	4	5	22

10. Do you think you had timely access to this service?

1	2	3	4	5
not at all				very much
	1	1	8	22

11. My life has improved as a result of being in these services.

1	2	3	4	5
not at all				very much
		4	8	20

**REGION II HUMAN SERVICES
COMMUNITY SUPPORT - Mental Health**

The community support program is for persons disabled by severe and persistent mental illness. It is designed to: provide the necessary services and supports which enable the consumer to live successfully in the community; maximize the consumer's community participation and quality of life; facilitate communication and coordination between service providers; decrease the frequency and duration of hospitalization.

CUSTOMER COMMENT

Please help us learn what we can do to better serve you.

105 out/105 in

1. My care coordinator is friendly and helpful.

1	2	3	4	5
not at all				very much
		2	12	91
2. I feel safe working with the Community Support Program.

1	2	3	4	5
not at all				very much
	2	1	2	15
				85
3. My care coordinator is trustworthy.

1	2	3	4	5
not at all				very much
	1	1	11	91
4. My care coordinator has a good understanding of my strengths and needs.

1	2	3	4	5
not at all				very much
	1	1	14	89
5. I have been an active participant in creating and updating my treatment plan.

1	2	3	4	5
not at all				very much
		5	16	84
6. My care coordinator communicates with my other treatment team members to help me reach my goals.

1	2	3	4	5
not at all				very much
		5	16	84
7. My care coordinator has helped me feel empowered to make the changes I want for my life.

1	2	3	4	5
not at all				very much
		1	4	20
				79
8. If I had the need in the future, I would return to this service.

1	2	3	4	5
not at all				very much
	1	1	1	14
				88
9. I have been able to live more independently as a result of this service.

1	2	3	4	5
not at all				very much
	1	2	11	21
				69
10. Community Support helps me avoid being hospitalized or helps shorten my hospital stay.

1	2	3	4	5
not at all				very much
	2	1	4	12
				84
11. Do you think you had timely access to this service?

1	2	3	4	5
not at all				very much
	1	1	6	13
				84
12. My life has improved as a result of being in this service.

1	2	3	4	5
not at all				very much
	2	3	9	14
				77

**REGION II HUMAN SERVICES
COMMUNITY SUPPORT - Substance Abuse**

The community support program is for persons who are substance dependent. This service is designed to: provide the necessary services and supports which enable the client to live successfully in the community; maximize the client's community participation and quality of life; facilitate communication and coordination between service providers.

CUSTOMER COMMENT

Please help us learn what we can do to better serve you.

21 out/ 21 in

1. My care coordinator is friendly and helpful.

1	2	3	4	5
not at all				very much
			2	19

2. I feel safe working with the Community Support Program.

1	2	3	4	5
not at all				very much
			2	19

3. My care coordinator is trustworthy.

1	2	3	4	5
not at all				very much
			3	18

4. My care coordinator has a good understanding of my strengths and needs.

1	2	3	4	5
not at all				very much
			3	18

5. I have been an active participant in creating and updating my treatment plan.

1	2	3	4	5
not at all				very much
		1	3	17

6. My care coordinator communicates with my other treatment team members to help me reach my goals.

1	2	3	4	5
not at all				very much
			4	17

7. My care coordinator has helped me feel empowered to make the changes I want for my life.

1	2	3	4	5
not at all				very much
			4	17

8. If I had the need in the future, I would return to this service.

1	2	3	4	5
not at all				very much
			3	18

9. I have been able to live substance free as a result of this service.

1	2	3	4	5
not at all				very much
			5	16

10. I am more able to manage my life with the help of this program..

1	2	3	4	5
not at all				very much
			5	16

11. Do you think you had timely access to this service?

1	2	3	4	5
not at all				very much
			5	16

12. My life has improved as a result of being in this service.

1	2	3	4	5
not at all				very much
			4	16

**REGION II HUMAN SERVICES
EMERGENCY SUPPORT SERVICES
CUSTOMER COMMENT**

Please help us learn what we can do to better serve you.

25 out/25 in
100 % RETURN RATE

1. The Emergency Support Program staff was kind and helpful to me.

1	2	3	4	5
not at all				very much
				25

2. The Emergency Support Program staff is trustworthy and I feel safe with them.

1	2	3	4	5
not at all				very much
		1		24

3. The Emergency Support Program helped me access community supports in a timely manner.

1	2	3	4	5
not at all				very much
		3		22

4. The Emergency Support Program helped me create a safety plan to use when outside the hospital.

1	2	3	4	5
not at all				very much
				23
				2 NA

5. The Emergency Support Program staff was courteous to me and others involved in my care.

1	2	3	4	5
not at all				very much
		2		23

6. The Emergency Support Program staff helped me feel empowered to make the changes I want for my life.

1	2	3	4	5
not at all				very much
			3	22

7. If you had the need, would you contact the Emergency Support Program again?

1	2	3	4	5
not at all				very much
			1	24

8. Do you think you had timely access to this service?

1	2	3	4	5
not at all				very much
			2	23

9. My life has improved as a result of being in this service.

1	2	3	4	5
not at all				very much
			7	18

**REGION II HUMAN SERVICES
ARM in ARM**

The ARM in ARM program is for women who are pregnant and/or parenting and who are abusing alcohol and other drugs. The goal of the ARM in ARM program is to aid recovering moms in their steps to life-long health and well-being and is designed around individual needs.

CUSTOMER COMMENT

Please help us learn what we can do to better serve you.

10 out /10 in

1. My care coordinator is friendly and helpful.

1	2	3	4	5
not at all				very much
		1	2	7

2. I feel safe working with the Community Support Program.

1	2	3	4	5
not at all				very much
			3	7

3. My care coordinator is trustworthy.

1	2	3	4	5
not at all				very much
		1	3	6

4. My care coordinator has a good understanding of my strengths and needs.

1	2	3	4	5
not at all				very much
			4	6

5. I have been an active participant in creating and updating my treatment plan.

1	2	3	4	5
not at all				very much
			5	5

6. My care coordinator communicates with my other treatment team members to help me reach my goals.

1	2	3	4	5
not at all				very much
		1	2	7

7. My care coordinator has helped me feel empowered to make the changes I want for my life.

1	2	3	4	5
not at all				very much
			6	4

8. If I had the need in the future, I would return to this service.

1	2	3	4	5
not at all				very much
			5	5

9. I have been able to live substance free as a result of this service.

1	2	3	4	5
not at all				very much
			4	6

10. I am more able to manage my life with the help of this program.

1	2	3	4	5
not at all				very much
		1	4	5

11. Do you think you had timely access to this service?

1	2	3	4	5
not at all				very much
			4	6

12. My life has improved as a result of being in this service.

1	2	3	4	5
not at all				very much
			4	6

**REGION II HUMAN SERVICES
HOUSING RELATED ASSISTANCE PROGRAM**

The Nebraska Housing Related Assistance program is designed to address the housing needs for adults who are extremely low income with serious mental illness. The program is designed to help the eligible consumers pay rent, utilities, and other related housing costs.

CUSTOMER COMMENT

Please help us learn what we can do to better serve you.

16 out/16 in

1. My care coordinator is friendly and helpful.

1	2	3	4	5
not at all				very much
			1	15

2. The Housing Voucher requirements were explained to me.

1	2	3	4	5
not at all				very much
				15

3. My care coordinator is trustworthy.

1	2	3	4	5
not at all				very much
			1	15

4. The quality of my life and wellness is improving with the use of the housing voucher.

1	2	3	4	5
not at all				very much
		1	2	13

5. I have been an active participant in finding safe and affordable housing that meets my needs and preferences.

1	2	3	4	5
not at all				very much
			1	15

6. The RENT WISE class assists me in my success with independent living.

1	2	3	4	5
not at all				very much
		2		14

7. The housing voucher has helped me avoid homelessness.

1	2	3	4	5
not at all				very much
			1	15

8. I have been able to live more independently with the help of the housing voucher.

1	2	3	4	5
not at all				very much
		1		15

9. I have a plan for self-sustainment that does not include the use of the housing voucher.

1	2	3	4	5
not at all				very much
		3	5	8

10. I am more able to manage my life with the help of this program.

1	2	3	4	5
not at all				very much
			3	13

11. Do you think you had timely access to this service?

1	2	3	4	5
not at all				very much
			2	13

12. My life has improved as a result of being in this service.

1	2	3	4	5
not at all				very much
		1		13

**REGION II HUMAN SERVICES
YOUTH CARE COORDINATION**

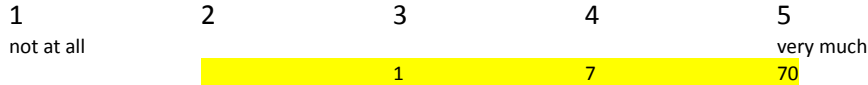
For Youth (Parents and family members may help fill out)

CUSTOMER COMMENT

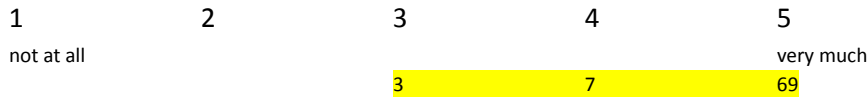
Please help us learn what we can do to better serve you.

**79 out/79 in
100% RETURN RATE**

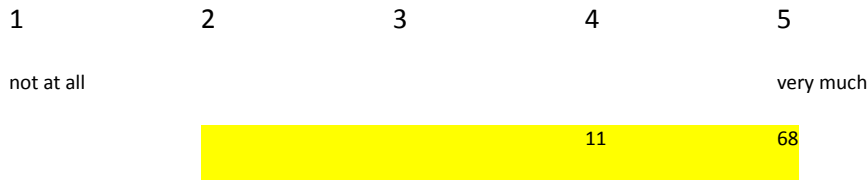
1. My Youth Care Coordinator greets me when we meet and makes me feel welcome and included.



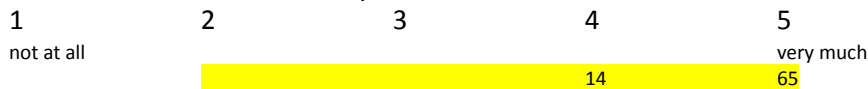
2. My Youth Care Coordinator explained the purpose of the Youth Care Program in a way I could easily understand.



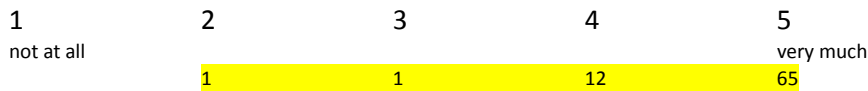
3. Do you have confidence in your Youth Care Coordinator?



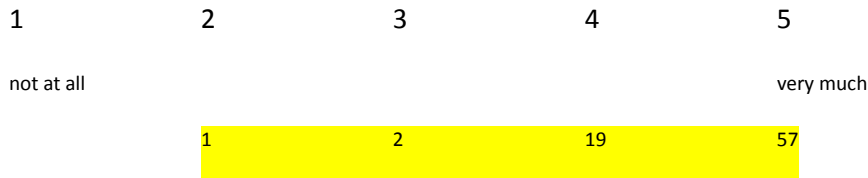
4. My Youth Care Coordinator helped me discover choices I have to successfully reach my goals.



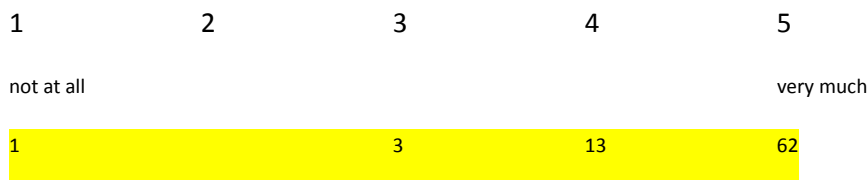
5. Meetings with my Youth Care Coordinator are held regularly at times and places that feel safe and are convenient for me.



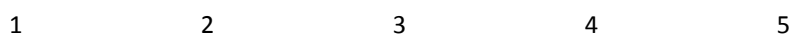
6. Have we helped you to make the changes you want for your life?



7. If you had the need, would you return here for services?



8. Do you think you had timely access to this service?



not at all

very much

1	2	15	61
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9. My life has improved as a result of being in this service.

1

2

3

4

5

not at all

very much

5	19	55
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If you want to make further comments, please contact Kathy Seacrest at
Region II Human Services, P.O. Box 1208, 110 North Bailey, North Platte, NE 69101, (308) 534-0440.