

# CLIENT SURVEY RESULTS

2019

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 617; Total returned 612**

**Return Rate**

**99.19**

## HEARTLAND COUNSELING AND CONSULTING CLINIC CUSTOMER COMMENT

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

Lexington—81 given out/81 returned (one was blank)  
100%

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

1 not at all	2	3	4	5 very much
		1	6	73

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

1 not at all	2	3	4	5 very much
		1	3	76

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

1 not at all	2	3	4	5 very much
		2	5	73

4. Do you find our staff trustworthy?

1 not at all	2	3	4	5 very much
		1	7	72

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

1 not at all	2	3	4	5 very much
		4	7	69

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

1 not at all	2	3	4	5 very much
		4	6	70

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

1 not at all	2	3	4	5 very much	Not Applicable
		2	10	50	18

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

1 not at all	2	3	4	5 very much
		4	11	64

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

1 not at all	2	3	4	5 very much
		1	3	76

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

1	2	3	4	5
not at all				very much
		4	7	69

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	12	64

12. As a result of this service, do you feel that you are better able to deal with things when they go wrong?

1	2	3	4	5
Not at all				very much
		3	13	64

## HEARTLAND COUNSELING AND CONSULTING CLINIC CUSTOMER COMMENT

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

McCook—85 given out/83 returned

97.65% return rate

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

1 not at all	2	3	4	5 very much
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	1	8		74
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2. When you came in for your appointments, were you greeted and made to feel welcome?

1 not at all	2	3	4	5 very much
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	16			67
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3. Do you feel safe in our facility and with our staff?

1 not at all	2	3	4	5 very much
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	7			75
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4. Do you find our staff trustworthy?

1 not at all	2	3	4	5 very much
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	2	9		71
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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 not at all	2	3	4	5 very much
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	2	11		69
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6. Were you an active participant in creating and updating your treatment plan?

1 not at all	2	3	4	5 very much
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	2	16		64
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7. Does your counselor or therapist communicate with your other treatment team members to help you reach your goals?

1 not at all	2	3	4	5 very much	Not Applicable
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	1	2	9	52	18
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8. Have we helped you feel empowered to make the changes you want for your life?

1 not at all	2	3	4	5 very much
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	1	6	14	61
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9. If you had the need, would you return here for services?

1 not at all	2	3	4	5 very much
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	1	6		74
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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
	1	3	13	65

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

1	2	3	4	5
not at all				very much
	1	9	11	61

12. As a result of this service, do you feel that you are better able to deal with things when they go wrong?

1	2	3	4	5
Not at all				very much
	2	5	21	54

## HEARTLAND COUNSELING AND CONSULTING CLINIC CUSTOMER COMMENT

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

Ogallala—46 given out/46 returned

100%

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

1 not at all	2	3	4	5 very much
		1	13	32

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

1 not at all	2	3	4	5 very much
		1	8	37

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

1 not at all	2	3	4	5 very much
		1	7	38

4. Do you find our staff trustworthy?

1 not at all	2	3	4	5 very much
		1	14	31

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

1 not at all	2	3	4	5 very much
		2	11	33

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

1 not at all	2	3	4	5 very much
		4	13	29

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

1 not at all	2	3	4	5 very much	Not Applicable
		4	11	15	16

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

1 not at all	2	3	4	5 very much
	1	3	16	26

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

1 not at all	2	3	4	5 very much
		1	10	35

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

1	2	3	4	5
not at all				very much
		5	11	30

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

1	2	3	4	5
not at all				very much
	2	4	10	30

12. As a result of this service, do you feel that you are better able to deal with things when they go wrong?

1	2	3	4	5
Not at all				very much
		4	13	29

# HEARTLAND COUNSELING AND CONSULTING CLINIC CUSTOMER COMMENT

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

North Platte—173 given out/172 returned  
99.42%

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

1 not at all					5 very much
		3	19		150

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

1 not at all					5 very much
		1	2	21	148

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

1 not at all					5 very much
		2	1	15	154

4. Do you find our staff trustworthy?

1 not at all					5 very much
		1	1	23	147

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

1 not at all					5 very much
		2	7	26	139

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

1 not at all					5 very much
		1	8	28	135

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

1 not at all					5 very much		Not Applicable
			4	23	108		37

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

1 not at all					5 very much
		1	19	46	96

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

1 not at all					5 very much
		1	2	20	149

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

1 not at all					5 very much
		5	4	18	145

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

1	2	3	4	5
not at all				very much
<b>2</b>	<b>3</b>	<b>13</b>	<b>37</b>	<b>117</b>

12. As a result of this service, do you feel that you are better able to deal with things when they go wrong?

1	2	3	4	5
Not at all				very much
<b>2</b>	<b>3</b>	<b>15</b>	<b>44</b>	<b>108</b>

**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.

21 out/21 in  
100% RETURN RATE

1. Staff at Frontier House is friendly and helpful.

1	2	3	4	5
not at all				very much
		<b>1</b>	<b>4</b>	<b>16</b>

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

1	2	3	4	5
not at all				very much
	<b>2</b>		<b>8</b>	<b>11</b>

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
		<b>3</b>	<b>8</b>	<b>10</b>

4. I feel safe at Frontier House.

1	2	3	4	5
not at all				very much
	<b>1</b>	<b>1</b>	<b>5</b>	<b>14</b>

5. I can trust Frontier House staff.

1	2	3	4	5
not at all				very much
		<b>2</b>	<b>4</b>	<b>15</b>

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

1	2	3	4	5
not at all				very much
		<b>1</b>	<b>4</b>	<b>16</b>

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

1	2	3	4	5
not at all				very much
		<b>1</b>	<b>6</b>	<b>14</b>

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

1	2	3	4	5	
not at all				very much	Not Applicable
		<b>3</b>	<b>2</b>	<b>17</b>	<b>2</b>

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
		<b>3</b>	<b>5</b>	<b>13</b>

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

1	2	3	4	5
not at all				very much
	<b>2</b>	<b>2</b>	<b>5</b>	<b>12</b>

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

1	2	3	4	5
not at all				very much
		<b>2</b>	<b>3</b>	<b>16</b>

12. As a result of this service, do you feel that you are better able to deal with things when they go wrong?

1	2	3	4	5
Not at all				very much
		<b>4</b>	<b>3</b>	<b>14</b>

**REGION II HUMAN SERVICES**  
**Day Support Services – North Platte & McCook**  
**CUSTOMER COMMENT**  
Please help us learn what we can do to better serve you.

17 out and 17 back  
100%

1. Staff are friendly and helpful.

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

2. I feel safe at Frontier House/Pioneer House

1	2	3	4	5
not at all				very much
		1	6	10

3. I can trust staff.

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

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

1	2	3	4	5
not at all				very much
	1	1	5	10

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

1	2	3	4	5
not at all				very much
		3	4	10

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

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

103 out/102 in  
99.03

1. My care coordinator is friendly and helpful.

1	2	3	4	5
not at all				very much
		3	9	90

2. The Community Support Program staff are trustworthy and I feel safe with them.

1	2	3	4	5
not at all				very much
		3	14	85

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

1	2	3	4	5
not at all				very much
	1	3	18	80

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

1	2	3	4	5
not at all				very much
	1	7	16	78

5. This program helped me discover that I have choices in how I reach my goals.

1	2	3	4	5
not at all				very much
	1	6	20	75

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	8	89

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
	2	6	15	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
		4	14	84

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	10	19	71

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

1	2	3	4	5
not at all				very much
	1	4	21	75

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

1	2	3	4	5
not at all				very much
	1	4	14	82

12. AS a result of this service, do you feel that you are better able to deal with things when they go wrong?

1	2	3	4	5
not at all				very much
		11	24	67

**REGION II HUMAN SERVICES**  
**COMMUNITY SUPPORT - Substance Abuse**  
**CUSTOMER COMMENT**  
Please help us learn what we can do to better serve you.

**14 out/ 13 in**  
**92,86%**

1. My care coordinator is friendly and helpful.

1	2	3	4	5
not at all				very much
			13	
  
2. I feel safe working with the Community Support Program.

1	2	3	4	5
not at all				very much
			13	
  
3. My care coordinator is trustworthy.

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

1	2	3	4	5
not at all				very much
			1	12
  
5. I have been an active participant in creating and updating my treatment plan.

1	2	3	4	5
not at all				very much
		3		10
  
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
			13	
  
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
			3	10
  
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	12
  
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
		1	4	8
  
10. My life has improved as a result of being in this service.

1	2	3	4	5
not at all				very much
		2	1	10
  
11. Do you think you had timely access to this service?

1	2	3	4	5
not at all				very much
			1	12

12. As a result of this service, do you feel that you are better able to deal with things when they go wrong?

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

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

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

15 out/15 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
		1		14

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		14

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

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

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
1			1	13

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		13

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		12

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		14

8. As a result of this service, do you feel that you are better able to deal with things when they go wrong?

1	2	3	4	5
not at all				very much
	2		4	10

9. This program helped me discover that I have choices in how I reach my goals.

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

REGION II HUMAN SERVICES

ARM in ARM

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

5 out /5 in

100%

1. My care coordinator is friendly and helpful.

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

2. The community support program staff are trustworthy and I feel safe with them.

1 2 3 4 5  
not at all very much  
5

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

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

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

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

5. This program helped me discover that I have choices in how I reach my goals.

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

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

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

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

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

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  
2 3

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

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

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

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

12. As a result of this service, do you feel that you are better able to deal with things when they go wrong?

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

**REGION II HUMAN SERVICES  
HOUSING RELATED ASSISTANCE PROGRAM**  
Please help us learn what we can do to better serve you.

10out/10 in  
100%

1. The Housing Program staff are friendly and helpful.
 

1	2	3	4	5
not at all				very much
		<b>10</b>		
2. The Housing Voucher requirements were explained to me.
 

1	2	3	4	5
not at all				very much
		<b>10</b>		
3. The Housing Program staff are trustworthy and I feel safe with them.
 

1	2	3	4	5
not at all				very much
		<b>10</b>		
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
		<b>10</b>		
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
		<b>1</b>		
				<b>9</b>
6. The RENT WISE class assists me in my success with independent living.
 

1	2	3	4	5
not at all				very much
<b>1</b>		<b>1</b>		<b>8</b>
7. The housing voucher has helped me avoid homelessness.
 

1	2	3	4	5
not at all				very much
			<b>10</b>	
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
		<b>10</b>		
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
<b>1</b>			<b>4</b>	<b>5</b>
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
		<b>10</b>		
11. Do you think you had timely access to this service?
 

1	2	3	4	5
not at all				very much
		<b>1</b>		
				<b>9</b>
12. My life has improved as a result of being in this service.
 

1	2	3	4	5
not at all				very much
		<b>10</b>		
- 13.. As a result of this service, do you feel that you are better able to deal with things when they go wrong?
 

1	2	3	4	5
not at all				very much
			<b>2</b>	<b>8</b>

**REGION II HUMAN SERVICES  
YOUTH CARE COORDINATION  
CUSTOMER COMMENT**

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

**47 out/47 in  
100% RETURN RATE**

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

1	2	3	4	5
not at all				very much
	<b>2</b>			<b>45</b>

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

1	2	3	4	5
not at all				very much
	<b>5</b>			<b>42</b>

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

1	2	3	4	5
not at all				very much
	<b>1</b>		<b>4</b>	<b>42</b>

4. This program helped me discover that I have choices in how I reach my goals.

1	2	3	4	5
not at all				very much
	<b>3</b>		<b>10</b>	<b>34</b>

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

1	2	3	4	5
not at all				very much
	<b>1</b>		<b>5</b>	<b>41</b>

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

1	2	3	4	5
not at all				very much
	<b>1</b>	<b>2</b>	<b>8</b>	<b>36</b>

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

1	2	3	4	5
not at all				very much
	<b>1</b>		<b>7</b>	<b>39</b>

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

1	2	3	4	5
not at all				very much
	<b>1</b>		<b>8</b>	<b>38</b>

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

1	2	3	4	5
not at all				very much
		<b>3</b>	<b>7</b>	<b>36</b>

10. As a result of this service, do you feel that you are better able to deal with things when they go wrong?

1	2	3	4	5
not at all				very much
	<b>1</b>		<b>5</b>	<b>38</b>

