

CLIENT SURVEY RESULTS

2022

Region II Human Services

Heartland Counseling - Outpatient
Day Support - Frontier House
Community Support - Mental Health
Community Support - Substance Use Disorder
Emergency Community Support
Youth Care Coordination
Aiding Recovering Moms
Housing Assistance Program

Total given out 382; Total returned 381

Return Rate

99.74

Surveys were handed out to all clients in all services for 2 weeks in February of 2023.

**HEARTLAND COUNSELING AND CONSULTING CLINIC
CUSTOMER COMMENT**

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

ALL LOCATIONS

McCook, Ogallala, North Platte, Lexington

218 given out/218 returned

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

1	2	3	4	5
not at all				very much
1	1	2	24	190

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		2	23	192

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

1	2	3	4	5
not at all				very much
		1	21	196

4. Do you find our staff trustworthy?

1	2	3	4	5
not at all				very much
	1	4	21	192

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	9	33	175

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

1	2	3	4	5
not at all				very much
1	1	11	36	169

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	
	1	7	33	139	38

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		10	59	147	1 NA

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

1	2	3	4	5
not at all				very much
	1	1	26	190

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

1 not at all	2	3	4	5 very much
1	3	18	32	164

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

1 not at all	2	3	4	5 very much	
	3	17	51	146	1 NA

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

1 Not at all	2	3	4	5 very much	
	2	26	54	132	4 NA

COMMENTS OR SUGGESTIONS

____ is amazing, ____ is amazing, ____ is amazing and very patient. Thank you for them.

I don't know what this is for but the staff here at Heartland are always helpful and pleasant. They carry themselves professionally.

I've been coming to Heartland for years now, it's been great.

This facility of wonderful staff and safe environment has helped me out in tremendous ways. If not ever able to come here I would have to be honest, I probably wouldn't be here today.

Answer to 11 and 12---working on it

The questions that are unanswered could not be answered at this time cause I have not been coming long enough yet to answer them

Awesome place for treatment

I like to have fun and give joking around when here.

I thank all of you for your time and understanding for the people you try to help. Well done.

Answer to 12—should have been 6's

Answer to 11—YES, YES, YES!!

Your group is so understanding very easy to work with. Most are easy to get a hold of my phone. They call back within a reasonable length of time.

For question 7, I don't know if ____ talks with other "team" members.

Answer to 3: (marked a 5) Now I do. once ____retired could not see counselor or dr. Was turned away. Worst day of my life. I thanks God every day my life's back to normal or I feel as if so. Thank you.

10+!

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

14 out and 14 back
100%

1. Staff are friendly and helpful.

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

2. I feel safe at Frontier House/Pioneer House

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

3. I can trust staff.

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

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

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

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

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

COMMENTS OR SUGGESTIONS

Staff are always looking out. I like the calendars that show me what we are doing, it adds to the structure I need

Five stars! I'm so glad I have this place.

**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.

60 out/60 in
100%

1. My care coordinator is friendly and helpful.

1	2	3	4	5
not at all				very much
		1	10	49
2. The Community Support Program staff are trustworthy and I feel safe with them.

1	2	3	4	5
not at all				very much
		1	10	49
3. My care coordinator has a good understanding of my strengths and needs.

1	2	3	4	5
not at all				very much
		4	12	44
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	1	18	40
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
		2	20	38
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
		3	12	45
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	16	40
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
			13	47
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	3	15	41
10. My life has improved as a result of being in this service.

1	2	3	4	5
not at all				very much
		6	16	38

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

1	2	3	4	5
not at all				very much
		2	16	42

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	1	16	42

COMMENTS OR SUGGESTIONS

____is awesome!

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

10 out/ 10 in
100%

1. My care coordinator is friendly and helpful.

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

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

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

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

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

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

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

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	5

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
			2	8

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	8

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
				10

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	3	6

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

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

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

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

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	5

COMMENTS OR SUGGESTIONS

I don't know what I would've done without _____ this last year. Absolutely wonderful! Thanks so much.

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

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

18 out/18 returned, one not filled out
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
				17

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

1	2	3	4	5
not at all				very much
				17

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

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

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	16

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
			1	16

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
				17

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

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

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
		1	3	13

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	16

COMMENTS OR SUGGESTIONS

The staff has gone way beyond to help me and for that I'm grateful
_____ has been very supportive. She has been available to me in person and by phone at all times. Her suggestions have been helpful. Thanks.

_____ has been more than EMS. She has went above and beyond to help me. I have had many needs.

She is kind and wonderful person. She's the "BEST" at this job. Love her.

Emergency support staff took time to listen to my concerns and made sure that everything is accurate and timely.

_____ is the absolute best!!

**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.

51 out/50 in

98+% 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
	2			48

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
	12			38

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

1	2	3	4	5
not at all				very much
	2		5	43

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
	1		13	36

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
	1		5	44

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
	2	3	10	35

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

1	2	3	4	5
not at all				very much
	1		6	43

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

1	2	3	4	5
not at all				very much
	3		10	37

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

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

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
	1	2	15	32

Comments

100%, 100%.

_____ is very cool and a nice person.

Me and my daughter are very happy with everthing ___ has done for my daughter. Thanks to her my daughter is step by step understanding what is happening. Thank you for all your help. _____, with you I am calm and comfortable knowing my daughter is in good hands—only with you. (translated from Spanish)

Very, Very. ___ is very good person with her work and service of help. Very recommendable. I thank her for her support and comprehension. Also, thank you for the opportunity of her help and attentions and for being bilingual person. Thank you. (translated from Spanish)

I love _____. She is awesome

REGION II HUMAN SERVICES
Aiding Recovering Moms- Substance Use Disorder
CUSTOMER COMMENT
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
		1		4

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

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

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
		2	3	

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 life.

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

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
		1	1	3

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	2

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
		2	1	2

COMMENTS OR SUGGESTIONS

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

6 out/6 in
100%

1. The Housing Program staff are friendly and helpful.

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

2. The Housing Voucher requirements were explained to me.

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

3. The Housing Program staff are trustworthy and I feel safe with them.

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

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	4	1 NA

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
		2	3	1 NA

6. The housing voucher has helped me avoid homelessness.

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

7. 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	2	3

8. 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
		1	2	3

9. 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	5

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

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

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

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

