

CLIENT SURVEY RESULTS

2024

Region II Human Services

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

Total given out: 397; Total returned: 390

Return Rate 98.24%

Surveys were handed out to all clients in all services for 2 weeks in October and November of 2024.

HEARTLAND COUNSELING AND CONSULTING CLINIC

ALL LOCATIONS

McCook, Ogallala, North Platte, Lexington

Given out 217; Returned 216

Return rate 99.5%

1. When you first contacted us, were we friendly and helpful?
- | | | | | | |
|------------|---|----------|-----------|------------|-----------|
| 1 | 2 | 3 | 4 | 5 | |
| not at all | | | | | very much |
| | | 1 | 20 | 195 | |
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 |
| | | 3 | 20 | 193 | |
3. Do you feel safe in our facility and with our staff?
- | | | | | | |
|------------|---|----------|-----------|------------|-----------|
| 1 | 2 | 3 | 4 | 5 | |
| not at all | | | | | very much |
| | | 3 | 19 | 194 | |
4. Do you find our staff trustworthy?
- | | | | | | |
|------------|---|----------|-----------|------------|-----------|
| 1 | 2 | 3 | 4 | 5 | |
| not at all | | | | | very much |
| | | 4 | 20 | 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 |
| | | 11 | 26 | 179 | |
6. Were you an active participant in creating and updating your treatment plan?
- | | | | | | |
|------------|----------|----------|-----------|------------|-----------|
| 1 | 2 | 3 | 4 | 5 | |
| not at all | | | | | very much |
| 1 | 2 | 6 | 36 | 171 | |
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 | 1 | 5 | 20 | 138 | 50 |

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	13	44	155	

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

1	2	3	4	5	
not at all					very much
	1	4	21	190	

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

1	2	3	4	5	
not at all					very much
	1	6	24	185	

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

1	2	3	4	5	
not at all					very much
	4	17	37	158	

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	3	20	46	145

COMMENTS OR SUGGESTIONS

“Still learning coping skills, still depressed and suicidal at times.”

“I just love coming here. I feel safe and feeling safe helps me relax and be able/comfortable to open up and talk about everything.”

“_____ needs to return phone calls in a timely manner. Doesn’t do this @ all.”

“Most of the time office doesn’t return phone calls either.”

“____, ____, and ____ have provided great comfort, excellent follow through and great care during this extremely trying time in my life.”

“Heartland is amazing and ____ is the best counselor I have ever had! She genuinely cares about me and my growth. I love it here!”

“I don’t usually go to counseling, but I’ve been coming here for a few month and its been such a big help! It feels good to have someone to talk to other than a pen and paper or my own head! I appreciate these people so much!!”

“____ is the best. I’m nominating her for President. _____ 2028!”

“They do amazing work. Very caring and open minded.”

“____ and ____ are amazing and I am so blessed and grateful to able to have my health and mental health supported by them. Thank you.”

“It’s hard to get in on a consistent basis. I have had to use other outlets to get me through my current situation. Need to be able to get in more frequently.”

“I have been coming here for over 20 years. People and staff are always friendly and helpful! This place has changed my life! Thanks for all your excellent care with counseling and with ____!”

“I really appreciate everything, everyone does to help one another on their personal journey and twists and turns life throws at us.”

“I’m just getting started here again. I know it will in time improve my life, I have to keep at it and show up every week to make it happen. Otherwise all staff are doing great and I wouldn’t go anywhere else. I would tell people to come here for service of any kind that they may need.”

“No need to improve. Best counseling office I ever been to.”

REGION II HUMAN SERVICES
Day Support Services – North Platte
 Given out 19; Returned 19
 Return rate 100%

1. Staff are friendly and helpful.

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

2. I feel safe at Frontier House and with our staff.

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

3. Do you find our staff trustworthy?

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

4. Do you feel your care coordinator has a good understanding of your strengths and needs?

1	2	3	4	5
not at all				very much
	1	1	6	11

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

1	2	3	4	5
not at all				very much
			8	11

6. Does your care coordinator communicate with your other treatment team members to help you reach your goals?

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

7. 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	1	6	11

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

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

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

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

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

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

COMMENTS OR SUGGESTIONS

“I am grateful for Frontier House for socialization skills.”

“_____ has been amazing. She is a definite asset.”

**REGION II HUMAN SERVICES
COMMUNITY SUPPORT - Mental Health
Given out 58; Returned 53
Return rate 91.4%**

- | | | | | | |
|---|------------|----------|----------|-----------|-----------|
| 1. My care coordinator is friendly and helpful. | 1 | 2 | 3 | 4 | 5 |
| | not at all | | | | very much |
| | | | 1 | 5 | 47 |
| 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 | 8 | 42 |
| 3. My care coordinator has a good understanding of my strengths and needs. | 1 | 2 | 3 | 4 | 5 |
| | not at all | | | | very much |
| | | | 2 | 12 | 39 |
| 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 | 2 | 3 | 9 | 38 |
| 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 |
| | | | 9 | 8 | 36 |
| 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 |
| | 2 | | | 11 | 39 |
| 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 | 3 | 12 | 37 |
| 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 | 3 | 10 | 39 |
| 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 |
| | | 3 | 8 | 12 | 31 |
| 10. My life has improved as a result of being in this service. | 1 | 2 | 3 | 4 | 5 |
| | not at all | | | | very much |
| | 1 | 3 | 4 | 15 | 30 |
| 11. Do you think you had timely access to this service? | 1 | 2 | 3 | 4 | 5 |
| | not at all | | | | very much |
| | | 1 | 3 | 13 | 36 |
| 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 |
| | | | 6 | 18 | 29 |

COMMENTS OR SUGGESTIONS

“I am what holds me back, she’s very helpful reminding me of my strengths and setting goals to help me grow/improve”

“The service is awesome. ____ is awesome and has helped me with so much in my life!”

“I am pleased with everything that my CS staff does for me and with me. Very involved and holds me accountable as well.”

“____ has been totally amazing! She has always helped my family! If there is an issue that I have, she always has the information that I need to help.”

“I suggest a vending/soda machine with lower than average cost.”

“____ my support worker has been an amazing resource in my life. He is open and honest with me. His communication and the care about those he helps.”

**REGION II HUMAN SERVICES
EMERGENCY COMMUNITY SUPPORT**

Given out 11; Returned 10

Return rate 90.9%

1. The Emergency Support Program staff is friendly and helpful.

1	2	3	4	5
not at all				very much
			2	8
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		9
3. The Emergency Support Program staff helped me access community supports in a timely manner.

1	2	3	4	5
not at all				very much
	1		1	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
		1		9
5. The Emergency Support Program staff collaborates with others involved in my care.

1	2	3	4	5
not at all				very much
			3	7
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
			1	9
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	9
8. As a result of this service, do you feel you are better able to deal with things as they go wrong?

1	2	3	4	5
not at all				very much
		1	1	8
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
				10
10. Do you think you had timely access to this service?

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

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

COMMENTS OR SUGGESTIONS:

**REGION II HUMAN SERVICES
YOUTH CARE COORDINATION**

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

Given out 59; Returned 59

Return rate 100%

1. My Youth Care Coordinator greets me when we meet and is friendly and helpful.

1	2	3	4	5
not at all				very much
		2	3	54

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
		2	5	52

3. The Youth Care Coordination staff are trustworthy and I feel safe with them.

1	2	3	4	5
not at all				very much
		2	8	49

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	2	8	48

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	49

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

1	2	3	4	5
not at all				very much
		4	7	48

7. Youth Care Coordination has helped me feel empowered to make the changes I want in my life.

1	2	3	4	5
not at all				very much
	2	1	11	45

8. Does the Youth Care Coordination staff communicate with your other team members to help you reach your goals?

1	2	3	4	5
not at all				very much
		2	12	45

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

1	2	3	4	5
not at all				very much
		2	7	48

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

1	2	3	4	5
not at all				very much
		4	6	49

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

1	2	3	4	5
not at all				very much
		4	10	44

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	13	45

COMMENTS OR SUGGESTIONS

“I am grateful for your program. For the attention provided to my son, to me, thank you very much. Your services are highly recommended. I thank you in advance. Thank you. God bless you for the help; blessings to your collaboration. Many thanks. (Translated from Spanish)

“I feel really good when they help me. I feel like they are doing a good job!!” (Translated from Spanish)

“Suggestion: Make less questions on survey.”

“She is the best!”

REGION II HUMAN SERVICES
Aiding Recovering Moms- Substance Use Disorder
 Given out 16; Returned 16
 Return rate 100%

- | | | | | | |
|---|---|---|----------|----------|-----------|
| 1. My care coordinator is friendly and helpful. | 1 | 2 | 3 | 4 | 5 |
| not at all | | | | | very much |
| | | | 1 | | 15 |
| 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 | | 15 |
| 3. 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 |
| 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 | | 14 |
| 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 | 1 | 14 |
| 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 | 1 | 14 |
| 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 | 14 |
| 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 | 14 |
| 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 | 14 |
| 10. My life has improved as a result of being in this service. | 1 | 2 | 3 | 4 | 5 |
| not at all | | | | | very much |
| | | | 1 | 1 | 13 |
| 11. Do you think you had timely access to this service? | 1 | 2 | 3 | 4 | 5 |
| not at all | | | | | very much |
| | | | 1 | 1 | 14 |
| 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 | 13 |

COMMENTS OR SUGGESTIONS

“ ___ has always been a huge support and I feel like she believes in me which empowers me to keep doing better!”

“ ___ has helped me tremendously!”

“My worker ___ is amazing I would recommend her highly!”

“___ is amazing! She is our shelter in the storm! Our lives would be much worse without her.”

“I am very thankful for this program. I wouldn’t of got on Section 8 without. Plus it helped me with housing in the meantime.”