Form R

Office Use Only

Site No. | Unit | mail | phone | person

MHCA
Mental Health Corporations of America, Inc.

CUSTOMER SURVEY

• Use pencil or pen • Darken block completely • Make no stray marks
• Correct mark: ▭■▭ • Incorrect marks: ✓ ✗ ●

Our organization wants to provide you and the clients you refer to us with the highest quality care possible. To help us evaluate and improve our services, we would like your opinion about us. Thinking about the service you and the client(s) you referred to our organization receive, please rate the following by marking one space on each line that best represents your opinion. If you have not experienced the specific item asked about in a question, please darken the "Not Applicable" option.

Please respond to the questions as they apply to services at: _____

	Not Applicable	Poor	Fair	Good	Very Good	Excellent
1. OVERALL						
a. Overall, how would you evaluate the quality of service you received	▭	▭	▭	▭	▭	▭
2. INTERACTION						
a. Respect shown by staff to client(s) you referred	▭	▭	▭	▭	▭	▭
b. Friendliness shown to you by staff	▭	▭	▭	▭	▭	▭
c. Professionalism of staff	▭	▭	▭	▭	▭	▭
3. SERVICES						
a. Range of services provided	▭	▭	▭	▭	▭	▭
b. Ability to work with different types of clients	▭	▭	▭	▭	▭	▭
c. Confidentiality of services	▭	▭	▭	▭	▭	▭
d. Setting where client received treatment	▭	▭	▭	▭	▭	▭
4. ACCESS						
a. Availability of treatment when needed	▭	▭	▭	▭	▭	▭
b. Promptness of client's scheduling	▭	▭	▭	▭	▭	▭
c. Flexibility of client's scheduling	▭	▭	▭	▭	▭	▭
5. COMMUNICATION						
a. Staff communication with you	▭	▭	▭	▭	▭	▭
b. Staff follow-up with you	▭	▭	▭	▭	▭	▭
c. Responsiveness of staff to you	▭	▭	▭	▭	▭	▭
d. Promptness of communication by staff	▭	▭	▭	▭	▭	▭
6. OUTCOME						
a. Degree to which service helped clients with problems	▭	▭	▭	▭	▭	▭
b. Counselor's relationship with client(s)	▭	▭	▭	▭	▭	▭
c. Overall quality of care and services received by client(s)	▭	▭	▭	▭	▭	▭
d. Comments from client(s) about service	▭	▭	▭	▭	▭	▭
e. Comments from client(s) about counselor	▭	▭	▭	▭	▭	▭

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7. PROCEDURES	Not Applicable	Poor	Fair	Good	Very Good	Excellent
a. Coordination of the referral process	☐	☐	☐	☐	☐	☐
b. Ease with which you were directed to the appropriate service	☐	☐	☐	☐	☐	☐
c. Clarity or explanation of program admission criteria	☐	☐	☐	☐	☐	☐
8. FINANCIAL	Not Applicable	Poor	Fair	Good	Very Good	Excellent
a. Reasonableness of fees	☐	☐	☐	☐	☐	☐
b. Financial arrangements made with client(s) you referred	☐	☐	☐	☐	☐	☐

COMMENTS: _____

_____

_____

_____

What can our organization do to enhance the referral process? _____

_____

_____

_____

The following questions are asked for the purpose of demographic or statistical information. Your responses cannot be identified.

9. What is your occupation?

- ☐ Mental Health Professional
- ☐ Social Service Professional
- ☐ Addictions Professional
- ☐ Medical Professional
- ☐ Law Enforcement
- ☐ Probation/Parole
- ☐ School Counselor / Teacher
- ☐ Employer
- ☐ Other (specify)_____

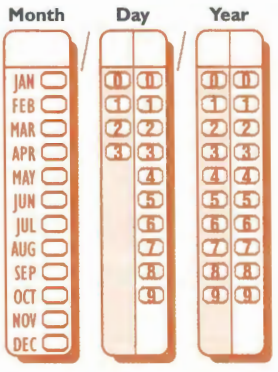
10. What type of business or agency best describes your organization?

- ☐ School System
- ☐ State / Government Agency
- ☐ Mental Health Organization
- ☐ Social Service Agency
- ☐ Hospital
- ☐ Court/Law Enforcement
- ☐ Group Practice
- ☐ Private Practice
- ☐ Employee Assistance Program
- ☐ Managed Care Company
- ☐ Business / Industry

11. Have you made referrals to our organization in the last six months? ☐ Yes ☐ No

12. If yes, approximately how many in the last six months?

13. Enter today's date:



14. Name (optional): _____

THANK YOU FOR YOUR TIME AND EFFORT IN COMPLETING THIS SURVEY