

The
Community
Writes

Referral Source / Stakeholder Satisfaction
Measurement System



REFERRAL SOURCE SURVEY

Your Opinions Are Important To Us

Because your opinions are important to us, you're asked to answer the following questions. Your answers will help us learn more about the strong points of our services and where improvement may be needed. Please check the answer that best represents your opinion. We also appreciate your comments and suggestions.

I Background

1 What is your primary occupation/field of work?

- | | |
|---|--|
| <input type="checkbox"/> Physician, Healthcare provider | <input type="checkbox"/> Judge, Sheriff, Police, Probation |
| <input type="checkbox"/> Social Services (Family Service) | <input type="checkbox"/> Schools |
| <input type="checkbox"/> Clergy | <input type="checkbox"/> EAP, business/industry |

2 To what extent are you aware of our organization's services?

- I know a lot about it
 I have some information
 I am aware of your organization

3 Within the past year,

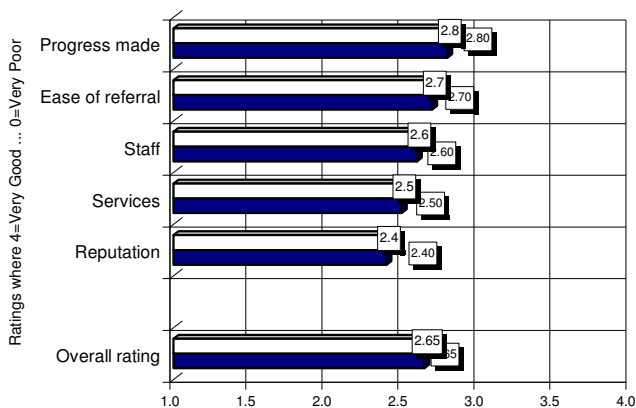
- 0 - 1 persons
 2 - 4 persons
 5 - 7 persons
 8 - 10 persons
 More than 10

II YOUR RATINGS OF OUR ORGANIZATION

Based upon your experiences with us, please rate the following characteristics of our organization. Please check the response that best represents your opinion

	Very Good	Good	Average	Poor	Very Poor
4. Location of our offices in your community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ease of referring people to us	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Ability to schedule appointments when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How you are treated when you contact us	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Quality of our professional staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Quality of the services we provide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. How much we are able to help the people you have referred	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Our reputation in your community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mean Rating By Referral Sources



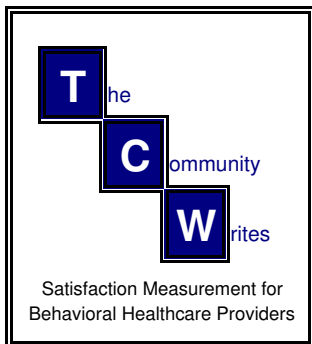
III YOUR COMMUNITY'S NEEDS

For each area listed below, please indicate if you believe the types of services should be EXPANDED, MAINTAINED or REDUCED in your community.

Mental Health Services For ...

	Expand	Reduce	Maintain	Cannot Rate
12. Children and adolescents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Low income persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Substance abuse (alcohol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Older adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Business and industry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very Good	Good	Average	Poor	Very Poor
18. Overall, how do you rate us as a provider of behavioral health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Overview Of The Community Writes Survey Questionnaire

- Note:**
- The "X" indicates the survey item is contained on the questionnaire.
 - Additional survey items may be added

		THE COMMUNITY WRITES SURVEY MODULES	
		REFERRAL SOURCES	COMMUNITY INFORMANTS
I.	<u>BACKGROUND</u>		
1	Occupation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Awareness level of organization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3	Referred persons for mental health problems	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4	Client referrals to our organization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
II.	<u>RATINGS OF OUR ORGANIZATION</u>		
1	Location of our facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Ease of referring to our organization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3	How you are treated when you contact our organization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4	Quality of our professional staff (e.g., psychologists, nurses)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5	Quality of our services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6	Our hours of operation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7	Our facilities in your community	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8	How well we respond to emergency/crisis situations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9	Management of our program in your community	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10	Keeping you informed on the status of your referrals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
11	Our reputation in your community	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12	Your satisfaction with our organization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
13	Overall rating of organization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
III.	<u>COMMUNITY'S BEHAVIORAL HEALTH NEEDS</u>		
	<u>Need for further service for ...</u>		
1	Children and adolescents	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Families	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Low income persons	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Substance abusers	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Older adults	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	Persons with serious mental illness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	Business and industry	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Schools	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	Emergency/crisis situations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	Education and prevention services	<input type="checkbox"/>	<input checked="" type="checkbox"/>