



Stakeholder Satisfaction Survey (01/2023)

Region 3's Mission is to foster recovery and resiliency for individuals and their families who experience a behavioral health challenge.

Please take a few minutes to answer the following questions regarding your experiences with Region 3 Behavioral Health Services. Your responses will be used to help Region 3 improve the services we offer and the Behavioral Health System.

A. Please check all groups that represents you:

- | | |
|--|--|
| <input type="checkbox"/> Consumer/Parent/Family Member
<input type="checkbox"/> Region 3 Network Behavioral Health Provider
<input type="checkbox"/> Private Behavioral Health Provider/Therapist
<input type="checkbox"/> Community Agency
<input type="checkbox"/> Law Enforcement/Criminal Justice
<input type="checkbox"/> Mental Health Board Member
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Regional Governing Board
<input type="checkbox"/> Community Prevention Coalition
<input type="checkbox"/> Educator
<input type="checkbox"/> NE Health & Human Services Staff
<input type="checkbox"/> Social Worker
<input type="checkbox"/> Region 3 Behavioral Health Advisory Committee |
|--|--|

These statements relate to Region 3 Behavioral Health Services as a whole. Please mark the response that best represents your opinion. Below each statement is a space provided for comments about your rating. Thank you.

1.	Overall, Region 3's personnel are professional in their interactions with consumers, families, providers, and stakeholders.
<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Okay <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A	
2.	Region 3 assistance, services, and technical assistance are timely and helpful.
<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Okay <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A	
3.	Region 3 is responsive to community behavioral health and/or substance abuse prevention needs.
<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Okay <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A	
4.	Region 3 seeks to involve consumers, families, providers, and other stakeholders in service system planning and delivery.
<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Okay <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A	

5.	Region 3 personnel are aware and sensitive to the values and cultural differences of consumers, families, providers, and stakeholders.				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Okay	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
6.	Region 3 personnel seek and actively listen to the feedback and ideas of others.				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Okay	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
<i>Trauma-informed care is an approach that engages people who have experienced trauma, recognizes the presence of trauma symptoms, and acknowledges the role that trauma has played in their lives.</i>					
7.	Region 3 promotes trauma-informed care throughout the agency including a safe and caring environment.				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Okay	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
8.	Region 3 promotes trauma-informed care throughout the provider network.				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Okay	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
9.	Region 3 promotes the development of services that inspire hope and provides help to consumers and families with co-occurring issues throughout the provider network.				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Okay	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
10.	My overall satisfaction with Region 3 Behavioral Health Services is . . .				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Okay	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A

What do you see as the most pressing issue/challenge in the behavioral health field at this time?

What ideas and recommendations do you have to address the issue/challenge you identified?

What areas do you think behavioral health services and/or substance abuse prevention can be improved (i.e. gaps in services and supports, location/county, availability, timeliness, accessibility)?

My additional comments:

Request for Information (Optional)

Please check what type of resources you would be interested in obtaining more information:

- | | |
|--|--|
| <input type="checkbox"/> Professional Partner Program | <input type="checkbox"/> Housing Assistance Program |
| <input type="checkbox"/> Prevention Coordination | <input type="checkbox"/> Region 3 Annual Management Report |
| <input type="checkbox"/> Suicide Prevention/Postvention | <input type="checkbox"/> Trauma-Informed Care |
| <input type="checkbox"/> Substance Abuse Prevention Resources | <input type="checkbox"/> Region 3 Network Directory |
| <input type="checkbox"/> Emergency Community Support | <input type="checkbox"/> Consumer Advocacy |
| <input type="checkbox"/> Emergency Psychiatric System Coordination | <input type="checkbox"/> Youth System of Care |
| <input type="checkbox"/> Other _____ | |

Region 3 website: www.region3.net

Do you have any specific technical assistance/training needs in which Region 3 can assist?

If you would like to receive a copy of the Region 3 Behavioral Health Services 2020 Annual Report would you like it in digital form or a paper copy? _____ digital _____ paper

Please provide your name and address for mailing the above requested information:

Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____