



ESSEX COUNTY MENTAL HEALTH
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COMMUNITY SERVICES BOARD
Laurie Kelley, *Chairperson*
Terri Morse, LMHC, CASAC-Master
Director

CLIENT SATISFACTION SURVEY

Date Completed: _____

1. Is this your first visit to Essex County Mental Health (ECMH)? Yes No
2. How did you hear about ECMH services? _____
3. How did you initiate your services at ECMH? (*check all that apply*):
 Self-Referral Crisis / On-Call Visit Hospital Discharge
 Referred by: _____ Walk-In Registration
Other (specify): _____
4. Please indicate the person/persons receiving services at ECMH:
 Adult Child Family Couple
5. If you were on a waitlist, how long did you have to wait to meet with the registration clinician?

How did you feel about the wait?
 Satisfied Somewhat Satisfied Somewhat Dissatisfied Dissatisfied
6. If you attempted to attend a walk-in Registration, and you had to be scheduled, how long did it take for your registration appointment? _____
How did you feel about the wait?
 Satisfied Somewhat Satisfied Somewhat Dissatisfied Dissatisfied
7. How long did you have to wait between your first registration appointment and your first meeting with your assigned therapist? _____
How did you feel about the wait?
 Satisfied Somewhat Satisfied Somewhat Dissatisfied Dissatisfied

8. Do you feel you are treated with respect and dignity by ECMH staff?

Satisfied Somewhat Satisfied Somewhat Dissatisfied Dissatisfied

Please share more:

9. Do you feel safe and comfortable during your visits at ECMH?

Satisfied Somewhat Satisfied Somewhat Dissatisfied Dissatisfied

Please share more:

10. If you have used ECMH's emergency on-call service, how satisfied were you with it?

Satisfied Somewhat Satisfied Somewhat Dissatisfied Dissatisfied N/A

Please share more:

11. Do you feel the ECMH therapist is helping you achieve your recovery goals?

Satisfied Somewhat Satisfied Somewhat Dissatisfied Dissatisfied

Please share more:

12. If you are seeing a psychiatrist or psychiatric nurse practitioner at ECMH, how do you feel about the services they are providing to you?

Satisfied Somewhat Satisfied Somewhat Dissatisfied Dissatisfied

Please share more:

13. If you are receiving medication through ECMH, how satisfied are you with the way it is managed?

Satisfied Somewhat Satisfied Somewhat Dissatisfied Dissatisfied

14. How satisfied are you with the way your fee or billing is handled?

Satisfied Somewhat Satisfied Somewhat Dissatisfied Dissatisfied

15. Overall, how satisfied are you with the services you are provided at ECMH?

Satisfied Somewhat Satisfied Somewhat Dissatisfied Dissatisfied

16. Would you recommend a family member or friend to come to ECMH? Yes No

17. If you would/would not recommend someone to ECMH, what reasons would you share?

18. How long have you been receiving services at ECMH?

6 months or less 6 months to 1 Year 1 to 2 Years 2 to 5 Years More than 5 Years

19. What suggestions do you have to improve services at ECMH?

20. If you are currently receiving telehealth services using telephone, and *if* this service was no longer available, how would you continue your services?

In-person Video/ZOOM I would have to cancel services

21. Are there hours of operation that would serve you better? Yes No

Evenings Saturdays

22. If you answered YES to #21, please tell us the hours of operation that would serve you better?

Thank you for taking the time to complete this survey and helping us to better serve you!

(Optional) Name of person completing form: _____

If you have concerns and would like to speak with someone about them, please provide your contact information below:

Name: _____

Best number to reach you: _____