

Middle Flint Behavioral HealthCare
415 N. Jackson St., P.O. Box 1348
Americus, GA 31709
229-931-2470

Middle Flint Behavioral Healthcare offers a wide variety of services in the community to individuals and families who are dealing with the problems of mental illness, addictive disease, or developmental disabilities. Our services are affordable, confidential, and available, regardless of your location.

As part of our commitment to increase the quality of our services we would like you to provide us with anonymous feedback. Please fill out the enclosed survey and mail to Marsha Cox, Administrative Assistant to the CEO, Middle Flint Behavioral HealthCare, PO Drawer 1348, Americus, GA 31709. Please feel free to call 229-931-2470 with any questions you might have.

Organizational Survey Form

1. **How would you rate your overall experience with Middle Flint Behavioral HealthCare services?**
 - Very Satisfied**
 - Somewhat Satisfied**
 - Neutral**
 - Somewhat Dissatisfied**
 - Very Dissatisfied**

2. **How would you rate your overall experience referring clients to Middle Flint Behavioral HealthCare?**
 - Very Satisfied**
 - Somewhat Satisfied**
 - Neutral**
 - Somewhat Dissatisfied**
 - Very Dissatisfied**
 - N/A**

3. **How often do you refer clients to Middle Flint Behavioral HealthCare?**
 - Never**
 - Several Times a Year**
 - Several Times a Month**
 - Several Times a Week**
 - Daily**
 - N/A**

4. **Would you recommend clients view Middle Flint Behavioral HealthCare's website?**
 - Definitely**
 - Probably**
 - Might/Might Not**
 - Probably Not**
 - Would Not**

5. **How likely would you recommend us to a client/colleague/friend?**
 - Very Likely**
 - Somewhat Likely**
 - Neutral**
 - Somewhat Unlikely**
 - Very Unlikely**

6. **Please rate Middle Flint Behavioral HealthCare on the following attributes:**
 - Client Satisfaction**
 - Very Satisfied**
 - Somewhat Satisfied**
 - Neutral**
 - Somewhat Dissatisfied**
 - Very Dissatisfied**

- **Quality of Services Provided**
 - **Very Satisfied**
 - **Somewhat Satisfied**
 - **Neutral**
 - **Somewhat Dissatisfied**
 - **Very Dissatisfied**

- **Professionalism of staff**
 - **Very Satisfied**
 - **Somewhat Satisfied**
 - **Neutral**
 - **Somewhat Dissatisfied**
 - **Very Dissatisfied**

- **How well have staff communicated information to you?**
 - **Very Satisfied**
 - **Somewhat Satisfied**
 - **Neutral**
 - **Somewhat Dissatisfied**
 - **Very Dissatisfied**

7. **Have you used another service provider?**
Yes No

If yes, indicate your reasons for doing so.

- **Better Quality of Services**
- **Service is Easier to Use**
- **Better Access to Service(s)**
- **Better Client Satisfaction**
- **Better Payment Plan**

8. **Please indicate service(s) you refer clients to primarily. (Circle all relevant)**

- **Mental Health**
- **Substance Abuse**
- **Developmental Disability**
- **Crisis & Intervention**
- **Group Homes**
- **Day Program**

9. **Do you have any suggestions for improving our services?**
