

# **THE COUNSELING SOURCE, INC. POLICY AND PROCEDURE**

TITLE: Input from Stakeholders

PURPOSE: The purpose of this policy and procedure is to ensure that The Counseling Source, Inc. has a planned, systematic, organization-wide approach to obtaining input from stakeholders including persons served and personnel. This plan will direct the organization's focus on collecting, analyzing, and using feedback to meet or exceed the expectations of persons served.

POLICY: The Counseling Source Inc. will conduct ongoing personnel, customer, and client/consumer feedback surveys. The feedback obtained from these surveys will be used to determine the expectations of persons served, determine areas of service delivery that are in need of improvement and to modify and/or establish improved methods of service delivery to meet or exceed the expectations of persons served. This program will use various means of data collection to accomplish this task.

PROCEDURE:

1. The Executive Director, in collaboration with the Quality Improvement Coordinator will determine the populations to survey for key indicators of performance.
2. The procedure for soliciting input will include, but not be limited to, the following:
  - Client Satisfaction Surveys
  - Facility Satisfaction Surveys for Long Term Care Facilities, Schools, and Centers for Developmentally Disabled
  - Employee Satisfaction Surveys
3. These key areas that will be surveyed are as follows:
  - Clinical Service: Overall satisfaction with services from the point of contact through discharge including the effectiveness of treatment/services provided
  - Administrative support during the course of treatment
  - Request for suggestions for areas in need of improvement
  - Employee satisfaction
4. Key information can also be obtained from the following areas to assess overall program performance and satisfaction of clients/consumers, employees, and customers:
  - Clinical Record Audits
  - Peer Review Results
  - Incident Reports
  - Involuntary Terminations
  - Client Complaints/Grievances
5. The Executive Director will work with the Quality Improvement Coordinator to summarize results of administered surveys and incorporate plans for improvement in the overall strategic planning for the agency to improve level of service in the identified areas.

REFERENCED STANDARDS AND REGULATIONS:

CARF Behavioral Health Standards Manual

EFFECTIVE DATE: 3/2/02

REVIEWED: February 2018

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David F. Turner, Executive Director

Date