



## Community Survey

Please answer this brief survey to assist our **Recovery Oriented System of Care (ROSC) Program** to better address the needs of the Southern Seven counties of Illinois. Results will be reviewed anonymously at upcoming Monthly ROSC Council Meetings and assist the program in completing their updated Community Asset/Resource Map. Your input is greatly appreciated! Personal information is not requested or recorded when completing this survey.

**For any questions regarding completion of this survey please reach out to Emily Middleton, Senior Director of Prevention and Advocacy, at [emily.middleton@myarrowleaf.org](mailto:emily.middleton@myarrowleaf.org)**

<b><u>Prevention and Recovery Beliefs</u></b>	<b>1 - Strongly Disagree</b>	<b>2 - Disagree</b>	<b>3 - Neutral</b>	<b>4 - Agree</b>	<b>5 - Strongly Agree</b>
People who use drugs deserve respect.					
People with a mental illness deserve respect.					
Medication Assisted Recovery – MAR (which is the use of medications to treat substance use disorders e.g., methadone or buprenorphine to treat opioid use disorder) is an effective treatment for substance use disorders.					
It is difficult to find healthcare providers who offer Medication Assisted Recovery – MAR (which is the use of medications to treat substance use disorders e.g., methadone or buprenorphine to treat opioid use disorder) in my community.					
Harm reduction services like Narcan and syringe service programs reduce the risks of drug use.					
It is difficult to find harm reduction services like Narcan and syringe service programs in my community.					
It is difficult to find mental health and substance use treatment services in my community.					
We should increase government funding on treatment options for mental health and substance use disorders.					
Everyone in my community can get help for mental health regardless of income level, insurance status, race, ethnicity, primary language, disabilities, gender identity, sexual orientation, or citizenship status.					
Everyone in my community can get help for substance use regardless of income level,					

insurance status, race, ethnicity, primary language, disabilities, gender identity, sexual orientation, or citizenship status.

--	--	--	--	--

<b><u>Community Awareness &amp; Beliefs</u></b>	<b>1 - Strongly Disagree</b>	<b>2 - Disagree</b>	<b>3 - Neutral</b>	<b>4 - Agree</b>	<b>5 - Strongly Agree</b>
People in our community know where to go for help related to mental health.					
People in our community know where to go for help related to substance use.					
Recovery is possible (individuals with an addiction can get better)					
Treatment options for people who use substances are publicized within our community					
Recovery support options for people seeking or maintaining recovery are well publicized within our community					
Trauma is a reason some individuals have substance use disorders					
Trauma is a reason some individuals have mental health disorders					
Substance use is a medical condition					
<b><u>ROSC Council Awareness</u></b>	<b>Yes</b>			<b>No</b>	
Over the past 6 months, have you seen materials or social media posts from the Arrowleaf ROSC Council?					
<p align="center"><b>If yes, which materials did you see?</b></p> <p align="center"> <input type="checkbox"/>Postcards              <input type="checkbox"/>Facebook Group              <input type="checkbox"/>Emails              <input type="checkbox"/>Flyers              <input type="checkbox"/>Community Tabling         </p>					
<p align="center"><b>How do you like to receive messaging about community needs?</b></p> <p align="center"> <input type="checkbox"/>Phone Call              <input type="checkbox"/>Emails              <input type="checkbox"/>Text Message              <input type="checkbox"/>Online Newsletter              <input type="checkbox"/>Newspaper  <input type="checkbox"/>Community Mailings    <input type="checkbox"/>Radio    <input type="checkbox"/>TV    <input type="checkbox"/>Other         </p> <p align="center"><i>If other, please describe:</i> _____</p>					

What do you consider to be the top three (3) substances (legal or illegal) being used in your area?
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Opioids (hydrocodone, morphine)</div> <div style="width: 50%;"><input type="checkbox"/> Methamphetamine</div> <div style="width: 50%;"><input type="checkbox"/> Marijuana</div> <div style="width: 50%;"><input type="checkbox"/> Heroin</div> <div style="width: 50%;"><input type="checkbox"/> Nicotine or Other Tobacco Products</div> <div style="width: 50%;"><input type="checkbox"/> Other Prescription Medication</div> <div style="width: 50%;"><input type="checkbox"/> Cocaine</div> <div style="width: 50%;"><input type="checkbox"/> Alcohol</div> <div style="width: 50%;"><input type="checkbox"/> Fentanyl</div> <div style="width: 50%;"><input type="checkbox"/> Xylazine (tranq, tranq dope)</div> <div style="width: 50%;"><input type="checkbox"/> None of these</div> <div style="width: 50%;"><input type="checkbox"/> Other</div> </div> <p style="margin-top: 10px;"><i>If other, please describe:</i> _____</p>
Which of the following health concerns do you feel are most prevalent in our community? <i>Select up to 5 barriers.</i>
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Mental Health Needs</div> <div style="width: 50%;"><input type="checkbox"/> Substance Use</div> <div style="width: 50%;"><input type="checkbox"/> Disability Support Needs</div> <div style="width: 50%;"><input type="checkbox"/> Chronic Physical Illness (e.g. diabetes, heart disease, etc.)</div> <div style="width: 50%;"><input type="checkbox"/> Housing Instability</div> <div style="width: 50%;"><input type="checkbox"/> Food Insecurity</div> <div style="width: 50%;"><input type="checkbox"/> Aging and Senior Care</div> <div style="width: 50%;"><input type="checkbox"/> Employment and Financial Stability</div> <div style="width: 50%;"><input type="checkbox"/> Maternal and Child Health</div> <div style="width: 50%;"><input type="checkbox"/> Health Education and Prevention</div> <div style="width: 50%;"><input type="checkbox"/> Other</div> </div> <p style="margin-top: 10px;"><i>If other, please describe:</i> _____</p>
What do you see as the greatest barrier to accessing mental health or substance use care in our community? <i>Check all that apply.</i>
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Transportation Issues</div> <div style="width: 50%;"><input type="checkbox"/> Lack of Awareness about Available Services</div> <div style="width: 50%;"><input type="checkbox"/> Stigma around Seeking Help</div> <div style="width: 50%;"><input type="checkbox"/> Lack of Childcare During Appointments</div> <div style="width: 50%;"><input type="checkbox"/> Long Wait Times</div> <div style="width: 50%;"><input type="checkbox"/> Financial or Insurance Barriers</div> <div style="width: 50%;"><input type="checkbox"/> Previous Negative Experiences with Care</div> <div style="width: 50%;"><input type="checkbox"/> Hours of Operation</div> <div style="width: 50%;"><input type="checkbox"/> Lack of Family/Friend Support</div> <div style="width: 50%;"><input type="checkbox"/> Fear of Legal or Employment Consequences</div> <div style="width: 50%;"><input type="checkbox"/> Concerns About Privacy/Confidentiality</div> <div style="width: 50%;"><input type="checkbox"/> Other</div> </div> <p style="margin-top: 10px;"><i>If other, please describe:</i> _____</p>
If you or a loved one was experiencing substance use challenges, who would you feel comfortable talking to for assistance? <i>Check all that apply.</i>
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Family Member</div> <div style="width: 50%;"><input type="checkbox"/> Friend</div> <div style="width: 50%;"><input type="checkbox"/> Nurse</div> <div style="width: 50%;"><input type="checkbox"/> Pharmacist</div> <div style="width: 50%;"><input type="checkbox"/> Doctor</div> <div style="width: 50%;"><input type="checkbox"/> Other Healthcare Provider</div> <div style="width: 50%;"><input type="checkbox"/> Faith-Based/Church Leader</div> <div style="width: 50%;"><input type="checkbox"/> Counselor</div> <div style="width: 50%;"><input type="checkbox"/> Police Officer/Probation Officer</div> <div style="width: 50%;"><input type="checkbox"/> Crisis Hotline (e.g., 988 or 618-658-2611)</div> <div style="width: 50%;"><input type="checkbox"/> Support Group (e.g., NA/AA, SMART Recovery)</div> <div style="width: 50%;"><input type="checkbox"/> Peer Support Specialist/Recovery Coach</div> <div style="width: 50%;"><input type="checkbox"/> Spouse/Partner</div> <div style="width: 50%;"><input type="checkbox"/> Other</div> </div> <p style="margin-top: 10px;"><i>If other, please describe:</i> _____</p>

County of Residence or Employment	Age Range	Gender	Primary Language
-----------------------------------	-----------	--------	------------------

<input type="checkbox"/> Alexander <input type="checkbox"/> Hardin <input type="checkbox"/> Johnson <input type="checkbox"/> Massac <input type="checkbox"/> Pope <input type="checkbox"/> Pulaski <input type="checkbox"/> Union <input type="checkbox"/> Other <i>If other, which county: _____</i>	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65 and Over	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gender Fluid <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer Not to Self-Identify	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Mandarin <input type="checkbox"/> French <input type="checkbox"/> Arabic <input type="checkbox"/> Other (Specify)
<b>Race</b>	<b>Ethnicity</b>	<b>Household Income</b>	
<input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Two or More Races	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	<input type="checkbox"/> Under \$24,999 <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> \$100,000 and Over <input type="checkbox"/> Prefer Not to Say	
<b>Which of the following community groups or sectors are you a part of personally or professionally?</b> <b><i>Check all that apply.</i></b>			
<input type="checkbox"/> Social Service Provider <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Teacher <input type="checkbox"/> School <input type="checkbox"/> Administrator <input type="checkbox"/> Substance Use Prevention/Treatment Provider <input type="checkbox"/> Public Health/Health Department Professional <input type="checkbox"/> Medical Healthcare Provider <input type="checkbox"/> Person in Recovery <input type="checkbox"/> Person Currently Using Substances <input type="checkbox"/> Family Member or Friend of a Person in Recovery or Person Currently Using Substances			
<b>Optional Request for Additional Information</b>			
<b>All responses are anonymous.</b> However, if you are interested in receiving information about services offered by Arrowleaf or other recovery-friendly resources in your community please provide us with your contact information.  <b>You may leave this section blank if you do not want to receive additional information.</b>			
<b>Name:</b>		<b>I prefer to be contacted by:</b>	
		<input type="checkbox"/> Phone Call <input type="checkbox"/> Text Message <input type="checkbox"/> E-Mail	
<b>Phone Number:</b>		<b>E-Mail:</b>	