# Livingston County ROSC FY27 Community Survey

The purpose of this survey is to measure public opinion on issues related to recovery. The information collected will be used to identify areas for improvement in our community. Your responses are confidential so please answer the questions honestly and to the best of your ability. Thank you for completing this survey.

**Key Definitions.**

**Substance use disorder:** Substance use disorder (SUD) is a complex condition in which there is uncontrolled use of a substance despite harmful consequences

**Recovery:** The process of improved physical, psychological, and social well-being and health after having suffered from a substance use disorder.

**Harm Reduction:** Policies, programs and practices that aim to reduce the harms associated with the use of alcohol or other drugs.

**Narcan®:** A lifesaving medication that reverses the effects of an opioid overdose.

**Medication Assisted Recovery (MAR):** The use of medications to treat substance use disorders e.g., methadone or buprenorphine to treat opioid use disorder.

1. **People who use drugs deserve respect.**
    1. Strongly Disagree
    2. Disagree
    3. Neither agree nor Disagree/Neutral
    4. Agree
    5. Strongly Agree

2. **People with a mental illness deserve respect.**
    1. Strongly Disagree
    2. Disagree
    3. Neither agree nor Disagree/Neutral
    4. Agree
    5. Strongly Agree

3. **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.**
    1. Strongly Disagree
    2. Disagree
    3. Neither agree nor Disagree/Neutral
    4. Agree
    5. Strongly Agree

4. **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.**
    1. Strongly Disagree
    2. Disagree
    3. Neither agree nor Disagree/Neutral
    4. Agree
    5. Strongly Agree

5. **Access to naloxone (which is a harm reduction service that utilizes a life-saving medication to reverse opioid overdoses) reduces the risks caused by drug use.**
    1. Strongly Disagree
    2. Disagree
    3. Neither agree nor Disagree/Neutral
    4. Agree
    5. Strongly Agree

6. **Access to Syringe Services Programs (which is a harm reduction service that provides sterile syringes, safe disposal of syringes and injection equipment, linkage to treatment, and other supportive services to people who use drugs) reduces the risks caused by drug use.**
    1. Strongly Disagree
    2. Disagree
    3. Neither agree nor Disagree/Neutral
    4. Agree
    5. Strongly Agree

7. **It is difficult to find harm reduction services in my community.**
    1. Strongly Disagree
    2. Disagree
    3. Neither agree nor Disagree/Neutral
    4. Agree
    5. Strongly Agree

8. **It is difficult to find mental health treatment services in my community.**
    1. Strongly Disagree
    2. Disagree
    3. Neither agree nor Disagree/Neutral
    4. Agree
    5. Strongly Agree

9. **It is difficult to find substance-use treatment services in my community.**
    1. Strongly Disagree
    2. Disagree
    3. Neither agree nor Disagree/Neutral
    4. Agree
    5. Strongly Agree

10. **We should increase government funding on treatment options for mental health challenges.**
    1. Strongly Disagree
    2. Disagree
    3. Neither agree nor Disagree/Neutral
    4. Agree
    5. Strongly Agree

11. **We should increase government funding on treatment options for substance use disorders.**
    1. Strongly Disagree
    2. Disagree
    3. Neither agree nor Disagree/Neutral
    4. Agree
    5. Strongly Agree

12. **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.**
    1. Strongly Disagree
    2. Disagree
    3. Neither agree nor Disagree/Neutral
    4. Agree
    5. Strongly Agree

13. **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.**
    1. Strongly Disagree
    2. Disagree
    3. Neither agree nor Disagree/Neutral
    4. Agree
    5. Strongly Agree

14. **I believe the substance use treatment resources in my community are effective.**
    1. Strongly Disagree
    2. Disagree
    3. Neither agree nor Disagree/Neutral
    4. Agree
    5. Strongly Agree

    ***a. If "strongly disagree or disagree are selected, please state why you think this. (Comment Box)***

15. **I believe that stigma prevents some people from accessing substance use services in my community.**
    1. Strongly Disagree
    2. Disagree
    3. Neither agree nor Disagree/Neutral
    4. Agree
    5. Strongly Agree

16. **I have heard of the Livingston County Recovery Oriented Systems of Care (ROSC).**
    1. Yes
    2. No

17. **If yes, how did you hear about us? (Select all that apply)**
    1. Facebook
    2. YouTube
    3. Community flyers
    4. Community events
    5. Word of mouth
    6. Drug Court
    7. Other

18. **Optional: Including yourself, if applicable, how many people do you know who are currently in need of, or seeking help for, a substance use disorder?**
    1. 0
    2. 1-5
    3. 6-10
    4. 11-15
    5. 16-20
    6. More than 20 people

19. **Optional: Including yourself, if applicable, how many people do you know who are currently in need of, or seeking help for, a mental health disorder?**
    1. 0
    2. 1-5
    3. 6-10
    4. 11-15
    5. 16-20
    6. More than 20 people

20. **What is your city/town and zip code?**

**21. What is your age?**

1. Under 18
2. 18-24
3. 25-34
4. 35-44
5. 45-54
6. 55-64
7. 65 and over

**22. What is your income level?**

1. Prefer not to say
2. Under $24,999
3. $25,000-$49,999
4. $50,000-$99,999
5. $100,000-and over

**23. What is your ethnicity?**

1. Hispanic or Latino
2. Non-Hispanic

**24. What is your race?**

1. African American/Black
2. Asian
3. Caucasian/White
4. Native American
5. Pacific Islander
6. Two or more races

**25. What is your gender?**

1. Male
2. Female
3. Transgender Male
4. Transgender Female
5. Non-binary
6. Prefer not to say

**26. What is your primary language?**

1. English
2. Spanish
3. Mandarin
4. French
5. Arabic
6. Other (specify)

If you would like to put your name for a gift card drawing, please fill out the information below. Otherwise, the following information is **NOT** required. Please note that names/addresses will only be used for gift card drawing purposes. Thank you!

27. **Name (First/Last)**
28. **Address where gift card can be mailed to**