**Recovery Oriented System Indicators (ROSI)**

**Adult Survey – ages 18 and older**

**Guiding Document**

Marquette County Department of Health and Human Services is interested in learning about your experience with the Comprehensive Community Services (CCS) program and the quality of services you received. The survey you are being asked to complete is the Recovery-Oriented System Indicators (ROSI) Adult Satisfaction Survey.

Your participation in the survey is voluntary. All information you provide on the survey is anonymous and will be kept confidential. Your individual responses will never be identified nor shared with your providers. This also means the services you receive will not be affected in any way by your participation in this survey. However, your participation will help us improve the services we provide.

Your anonymous completed survey will be sent with other consumers’ surveys to White Pine Consulting, an independent third party, where the data will be entered into a spreadsheet and used to develop a report which will help your county and the region improve CCS services.

Instructions:

* Answers are confidential - Don’t write your name on survey
* Please answer the questions related to your experience with the CCS Program only (please do not respond about help you receive from other health and human service programs).
* Please respond to services received in past 6 months
* Items will be rated on a Scale of 1 (Strongly Disagree) to 4 (Strongly Agree)
* If the statement is about something you have not experienced, circle “N/A” to indicate the item does not apply to you.
* The questions should be read carefully – some are negatively worded. (A score of 4 – strongly agree, doesn’t always represent a positive experience)
	+ Example:
		- #1 – there is at least one person who believes in me (4 – strongly agree, is a positive answer)
		- #4 – I do not have the support I need to function in the roles I want in my community – (4 – strongly agree, is not a positive answer)
	+ There is a “star” next to the negatively worded questions

Definitions:

* #3 – examples of “consumer-run programs” may include consumer-led support groups, art or exercise groups, or advocacy opportunities.
* “Mental health and/or substance abuse services” - any services provided through CCS
* When a question refers to “service”, please think about all the services and supports you’ve received in the CCS program.
* When a question refers to “staff”, think about your CCS Facilitator and others who provide services identified on your Recovery Plan
* “Treatment Program” – services and supports provided through CCS
* When a question refers to “consumer”, please think about other people like yourself who are receiving mental health services and/or substance abuse services.

**Mental Health Statistical Improvement Program (MHSIP) Family Survey**

**Ages 0 – 12**

***(to be filled out by a caregiver on behalf of their child)***

**Guiding Document**

Marquette County Department of Health and Human Services is interested in learning about your experience with the Comprehensive Community Services (CCS) program and the quality of services your child received. The survey you are being asked to complete is the Mental Health Statistical Improvement Program (MHSIP) Family Survey

Your participation in the survey is voluntary. All information you provide on the survey is anonymous and will be kept confidential. Your individual responses will never be identified nor shared with your providers. This also means the services you or your child receive will not be affected in any way by your participation in this survey. However, your participation will help us improve the services we provide.

Your anonymous completed survey will be sent with other consumers’ surveys to White Pine Consulting, an independent third party, where the data will be entered into a spreadsheet and used to develop a report which will help your county and the region improve CCS services.

Instructions:

* Answers are confidential - Don’t write your or your child’s name on survey
* Please answer the questions related to your child’s experience with the CCS Program only (please do not respond about help you receive from other health and human service programs).
* Please respond to services received in past 6 months
* Items will be rated on a Scale of 1 (Strongly Agree) to 5 (Strongly Disagree)
* If the statement is about something you or your child have not experienced, circle “N/A” to indicate the item does not apply to you.

Definitions:

* When a question refers to “service”, please think about all the services and supports you/your child received in the CCS program.
* “Treatment goals” refer to the goals on your child’s CCS Recovery Plan
* “Treatment” refers to any supports and services you/your child received through CCS
* When a question refers to “staff”, think about your CCS Facilitator and others who provide services identified on your child’s Recovery Plan
* For Question #29 – answer “yes” if your child lives with at least one parent, answer “no” if you live with someone other than a parent.

**Mental Health Statistical Improvement Program (MHSIP) Youth Survey**

**Ages 13 - 17**

***(to be filled out by the youth)***

**Guiding Document**

Marquette County Department of Health and Human Services is interested in learning about your experience with the Comprehensive Community Services (CCS) program and the quality of services you received. The survey you are being asked to complete is the Mental Health Statistical Improvement Program (MHSIP) Youth Survey

Your participation in the survey is voluntary. All information you provide on the survey is anonymous and will be kept confidential. Your individual responses will never be identified nor shared with your providers. This also means the services you receive will not be affected in any way by your participation in this survey. However, your participation will help us improve the services we provide.

Your anonymous completed survey will be sent with other consumers’ surveys to White Pine Consulting, an independent third party, where the data will be entered into a spreadsheet and used to develop a report which will help your county and the region improve CCS services.

Instructions:

* Answers are confidential - Don’t write your name on survey
* Please answer the questions related to your experience with the CCS Program only (please do not respond about help you receive from other health and human service programs).
* Please respond to services received in past 6 months
* Items will be rated on a Scale of 1 (Strongly Agree) to 5 (Strongly Disagree)
* If the statement is about something you have not experienced, circle “N/A” to indicate the item does not apply to you.

Definitions:

* When a question refers to “service”, please think about all the services and supports you received in the CCS program.
* “Treatment goals” refer to the goals on your CCS Recovery Plan
* “Treatment” refers to any supports and services you received through CCS
* When a question refers to “staff”, think about your CCS Facilitator and others who provide services identified on your Recovery Plan
* For Question #29 – answer “yes” if you live with at least one parent, answer “no” if you live with someone other than a parent.