

Southwest Michigan Behavioral Health Customer Survey- MHSIP Based

Please return completed survey to ISK Customer Services, 610 S. Burdick St., Kalamazoo 49007.

FY 2023

For each box, put an X in the circle that applies.					
Which of the following counties did you or your family utilize to receive community mental health services this year?					
<ul style="list-style-type: none"> <input type="radio"/> Barry County <input type="radio"/> Branch County (Pines Behavioral Health) <input type="radio"/> Berrien County (Riverwood Center) <input type="radio"/> Calhoun County (Summit Pointe) <input type="radio"/> St. Joseph County 	<ul style="list-style-type: none"> <input type="radio"/> Cass County (Woodlands Behavioral Health) <input type="radio"/> Kalamazoo County (Integrated Services of Kalamazoo) <input type="radio"/> Van Buren County 				
Which of the following best describes your situation?					
<ul style="list-style-type: none"> <input type="radio"/> Only I receive services <input type="radio"/> I am the guardian of an adult that receives services. 					
Have you or your dependent worked with a case manager or service coordinator at any point in the last 6 months?					
<ul style="list-style-type: none"> <input type="radio"/> I/We HAVE worked with a case manager or service coordinator. <input type="radio"/> I/We have NOT worked with a case manager or service coordinator. 					
For the following, please consider your own personal experience with the services you received over the past 6 months. If a question does not apply to you, please select "Not applicable."					
Please indicate your agreement or disagreement with each of the following statements.					
For each item, CIRCLE the answer that matches your view.	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Not applicable
I liked the services that I received here.	SA	SoA	SoD	SD	NA
If I had other choices, I would still get services from this agency.	SA	SoA	SoD	SD	NA
I would recommend this agency to a friend or family member.	SA	SoA	SoD	SD	NA
Staff were willing to see me as often as my treatment plan stated.	SA	SoA	SoD	SD	NA
Staff returned my call within 1 business day.	SA	SoA	SoD	SD	NA
I was able to get urgent treatment as soon as I needed to.	SA	SoA	SoD	SD	NA
Services were available at times that were good for me.	SA	SoA	SoD	SD	NA
I was able to get every type of service that my provider recommended.	SA	SoA	SoD	SD	NA
I felt comfortable asking questions about my treatment and medication.	SA	SoA	SoD	SD	NA

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Please CIRCLE your agreement or disagreement with each of the following statements:	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Not applicable
I was given information about my rights.	SA	SoA	SoD	SD	NA
Staff encouraged me to take responsibility for how I live my life.	SA	SoA	SoD	SD	NA
Staff respected my wishes about who is and who is not to be given information about treatment.	SA	SoA	SoD	SD	NA
I, not staff, decided my treatment goals.	SA	SoA	SoD	SD	NA
Staff were sensitive to my cultural background (race, religion, language, etc.)	SA	SoA	SoD	SD	NA
Staff helped me obtain the information I needed (programs, side effects, etc.) so that I could take charge of managing my illness.	SA	SoA	SoD	SD	NA
As a direct result of services I received,					
I deal more effectively with daily problems.	SA	SoA	SoD	SD	NA
I do better in social situations.	SA	SoA	SoD	SD	NA
I do better in school and/or work.	SA	SoA	SoD	SD	NA
My symptoms are not bothering me as much.	SA	SoA	SoD	SD	NA
I am better able to take care of my needs.	SA	SoA	SoD	SD	NA
I am better able to handle things when they go wrong.	SA	SoA	SoD	SD	NA
I am better able to do things that I want to do.	SA	SoA	SoD	SD	NA
Think about relationships OTHER THAN with your mental health provider(s). As a direct result of services my child received from this agency:					
I have people with whom I can do enjoyable things.	SA	SoA	SoD	SD	NA
I have the support I need from family and friends.	SA	SoA	SoD	SD	NA

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Regarding your service experiences, has there been anything that has been particularly beneficial for you? Please describe in detail. (optional)	
Has there been anything about your service experience that you would want to see improved? (optional)	
Is there anything else that you would like to say about your service experience? (optional)	
Please provide the following information for statistical purposes only: For each box, put an X in the circle that applies.	
Are you of Spanish, Hispanic, or Latino origin? <ul style="list-style-type: none"><input type="radio"/> Spanish, Hispanic, or Latino<input type="radio"/> Not Spanish, Hispanic, or Latino<input type="radio"/> Prefer not to answer	What age range do you belong to? <ul style="list-style-type: none"><input type="radio"/> 18-29 years old<input type="radio"/> 5 to 12 years old<input type="radio"/> 13 to 18 years old<input type="radio"/> Prefer not to answer
What is your race? (Select all that apply) <ul style="list-style-type: none"><input type="radio"/> American Indian or Alaska Native<input type="radio"/> Asian<input type="radio"/> Black or African American<input type="radio"/> Native Hawaiian or Pacific Islander<input type="radio"/> White (Caucasian)<input type="radio"/> Something else- please specify _____<input type="radio"/> Prefer not to answer	With which gender do you most closely identify? <ul style="list-style-type: none"><input type="radio"/> Male<input type="radio"/> Female<input type="radio"/> Nonbinary or Gender Nonconforming<input type="radio"/> Choose to self-describe (please specify): _____<input type="radio"/> Prefer not to answer
If you are interested in being entered into a lottery to win a \$25 gift card, enter your email address below: _____	