**FY2020 Substance Use Disorder (SUD) Consumer Satisfaction Survey**

**Instructions**

**Materials and Preparation**

1. Prepare the FY2020 SUD Consumer Satisfaction Survey Tool
	1. Revise the survey tool by inserting your Provider Name within the Survey on both pages wherever **<INSERT PROVIDER NAME>** is present.
	2. Revise the contact information where **<name and telephone number>** at the bottom of page.
	3. Save a “MASTER” copy and make copies for distribution.
2. Develop a process whereby the following is counted during the survey period:
	1. Track the **Total Number of Surveys Distributed** (Total who received a service during reporting period)
	2. Track the **Total Number of Surveys** ~~(~~Total Surveys received back)

**Distribution**

1. Distribute to MSHN-funded SUD consumers from **July 1 to July 31.**
2. Only one survey per client during the reporting period; PLEASE **do not duplicate**
3. Distribution methods may include phone surveys, mailed surveys, face to face, and/or electronic.

Mailed surveys should allow for 4 weeks return time.

**Data Entry Instructions**

1. Optional ID-This is for your internal use to further categorize your data. This field is not required to be completed by MSHN.

2. Enter your organization name. If you have more than one location be sure to include any additional identifiers for your use.

3. Enter the program type in which the individuals is responding to.

2-Case-Managemnt

3-Outpatient/Intensive Outpatient

4-Detox

5- Residential

6-Medication Assisted Treatment (MAT)

7-Early Intervention

4. Enter each individual’s numerical response for each question

5. Do not enter anything into the Data Collection Aggregate Emp worksheet. This will prefill based on the data entry sheet.

**Submission**

1. Submit one (1) completed ***<INSERT PROVIDER NAME>*** *FY2020 SUD Consumer Satisfaction Survey Reporting Template* per each MSHN contracted provider location to Reports/2020/Consumer Satisfaction Survey Folder in Box on or before August 28, 2020.

NOTE: Please do not submit to MSHN the actual surveys received, but keep them on file at your agency. Just the *Reporting Template* should be provided to MSHN.

**Questions**

Please contact Sandy Gettel at (517) 220-2242 or email sandy.gettel@midstatehealthnetwork.org if you have any questions.