**FY2024 Substance Use Disorder (SUD) Consumer Satisfaction Survey**

**Process Instructions**

**New Update**

MSHN has made available an electronic survey through Survey monkey. The link and QR code are below.

The results will come directly to MSHN.

MSHN will share the individual response data with the organizations provided by the individual after the survey has been closed on July 19th.

MSHN will compile the regional data for analysis.

[SUD Experience of Care Survey](https://www.surveymonkey.com/r/298KVF8)



If you do not use the MSHN link to distribute the survey please follow the instructions below.

**Materials and Preparation**

1. Download the MSHN Satisfaction Survey Tool from the MSHN website <https://midstatehealthnetwork.org/provider-network-resources/provider-requirements/substance-use-disorder/reporting-requirements>
2. Modify Logo as needed or preferred to identify your organization.
3. If applicable, develop a process to identify if an individual is part of a supplement program such as a Health Home i.e SUD Health Home, Opioid Health Home, or Certified Behavioral Health Clinic.
4. 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 Received** (Total of the Surveys collected back)

**Distribution**

1. Distribute to MSHN-funded SUD consumers June 17 through July 19**.**
2. Distribution methods may include phone surveys, mailed surveys, face to face, and/or electronic.

**NOTE**: Mailed surveys should allow for 4 weeks return time, send ASAP!

**Data Entry Instructions**

1. Use the *FY2024 MSHN SUD Consumer Satisfaction Survey Reporting Template* to record results.
2. Include your organization name.
	1. If you have more than one location, be sure to include any additional identifiers for your use.
3. Enter the program type (numeric) in which the individual is responding to.

1-Outpatient/Intensive Outpatient

2-Case management (CSM)

3-Residential

4-Withdrawal Management

5-Medication Assisted Treatment (MAT)

6-Other

1. Enter the Supplement Program Code if applicable and available.
	1. CCBHC
	2. OHH
	3. SHH
2. Enter Method of Distribution
	1. 1-Mailed
	2. 2-Electronic/Web based
	3. 3-Face to Face
	4. 4-Phone
3. Questions 1-36, enter individual’s numerical response (1-5 or NA) for each question.

(1=Strongly Agree and 5=Strongly Disagree).

|  |
| --- |
| 1. Length of time in Service
 |
| 1-Less than 6 months |
| 2-6 to 12 months |
| 3-More than 12 months |
| 4-No longer receiving services |
| 1. Ethnicity
 |
| 1.    Not Hispanic or Latino |
| 2.    Hispanic or Latino |
| 1. Race
 |
| 1-American Indian or Alaska Native |
| 2-Asian |
| 3-Black or African American |
| 4-Native Hawaiian or Other Pacific Islander |
| 5-White |
| 6-More than one race Reported |
|  7-Other/Not available |
| 1. Sex assigned at birth
 |
| 1-Male |
| 2-Female |
| 1. Assistance
 |
| 1-Yes |
| 2-No |

**Results Submission**

1. Rename your FY2024 SUD Consumer Satisfaction Survey Reporting Template with your (abbreviated) provider name at the beginning, ***<INSERT PROVIDER NAME>*** *FY2024 SUD Consumer Satisfaction Survey Reporting Template*
2. Include the tally information on the tally worksheet in the reporting template.
3. Submit one (1) completed Reporting Template per MSHN contracted provider location to the MSHN website <https://midstatehealthnetwork.org/provider-network-resources/provider-requirements/substance-use-disorder/reporting-requirements/> ***Consumer Satisfaction Survey Reporting Template/ Click here to submit satisfaction Survey Results***

before **August 30, 2024**.

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 (517) 220-2242 or email sandy.gettel@midstastehealthnetwork.org if you have any questions.