

FY2023 Substance Use Disorder (SUD) Consumer Satisfaction Survey PROCESS INSTRUCTIONS

Materials and Preparation

1. Prepare the FY2023 SUD Consumer Satisfaction Survey Tool
 - a. Revise the survey tool by inserting your Provider Name within the Survey on both pages wherever **<INSERT PROVIDER NAME>** is present.
 - b. Revise the contact information for **<NAME AND TELEPHONE NUMBER>** at the bottom of page.
 - c. Save a "MASTER" copy and make copies for survey distribution.
2. Develop a process whereby the following is counted during the survey period:
 - a. Track the **Total Number of Surveys Distributed** (Total who received a service during reporting period)
 - b. Track the **Total Number of Surveys Received** (Total of the Surveys collected back)

Distribution

1. Distribute to MSHN-funded SUD consumers for four weeks from **July 17 to August 18 (ONLY)**.
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.
NOTE: Mailed surveys should allow for 4 weeks return time, send ASAP!

Data Entry Instructions

1. Use the *FY2023 SUD Consumer Satisfaction Survey Reporting Template* to record results.
2. Optional ID
 - a. This is for your internal use to further categorize your data. This field is not required to be completed.
3. Enter your organization name.
 - a. If you have more than one location, be sure to include any additional identifiers for your use.
4. Enter the program type in which the individual is responding to.
 - 2 - Case-Management
 - 3 - Outpatient/Intensive Outpatient
 - 4 - Detox
 - 5 - Residential
 - 6 - Medication Assisted Treatment (MAT)
 - 7 - Early Intervention
4. Enter the individual's numerical response (1-5) for each question.
(1=Strongly Disagree and 5=Strongly Agree).
5. **Do not type anything within the *Data Collection Aggregate Emp* worksheet.** This sheet will automatically prefill from the information you enter into the data entry sheet.

Results Submission

1. Rename your FY2022 SUD Consumer Satisfaction Survey Reporting Template with your (abbreviated) provider name at the beginning, **<INSERT PROVIDER NAME>** FY2023 SUD Consumer Satisfaction Survey Reporting Template
2. Submit one (1) completed Reporting Template per MSHN contracted provider location to your Box Provider folder in the <Provider>/Consumer Satisfaction/FY 2023 Survey Data folder on or before **August 30, 2023**.



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@midstatehealthnetwork.org if you have any questions.