

FY2026 Substance Use Disorder (SUD) Consumer Satisfaction Survey Process Instructions

Methodology

An electronic survey is available again for 2025:

[2026 SUD Experience of Care Survey](#)



If using the electronic survey, the results will come directly to MSHN. MSHN will then share the individualized response data with the organizations provided by the individual after the survey has been closed.

MSHN will compile the regional data for analysis and identification of regional improvement opportunities.

If your organization does not wish to use the MSHN electronic survey method for this year's satisfaction survey collection, please follow the instructions below:

Materials and Preparation

1. Download the MSHN Satisfaction Survey Tool from the MSHN website [under Reporting Requirements](#)
2. Modify logo as needed/preferred to identify your organization
3. When applicable, develop a process to identify if an individual is part of a supplement program such as a Health Home (SUD Health Home)
4. 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 Surveys collected)

Distribution

1. Distribute to **MSHN-funded SUD consumers** June 15th through July 17th.
2. Distribution methods may include phone surveys, mailed surveys, face-to-face, and/or electronic surveying.
NOTE: Mailed surveys should allow for a window of 4 weeks for return, send ASAP!

Data Entry Instructions

1. Use the *FY2026 MSHN SUD Consumer Satisfaction Survey Reporting Template* to record results.
2. Include your organization's name
 - a. If you have more than one location, be sure to include any additional identifiers for organizational use/tracking
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
3. Enter the Supplement Program Code if applicable and available.
 - 1- Substance Use Disorder Health Home (SHH)
4. Enter Method of Distribution
 - 1- Mailed
 - 2- Electronic/Web based
 - 3- Face-to-Face
 - 4- Phone
5. For questions 1-36, enter individual's numerical response (1-5 or N/A) for each question (Scoring: 1=Strongly Agree and 5=Strongly Disagree).
6. 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
7. Ethnicity
 1. Hispanic or Latino
 2. Not Hispanic or Latino
8. Race
 - 1- American Indian or Alaska Native
 - 2- Native Hawaiian or Other Pacific Islander
 - 3- Asian
 - 4- White
 - 5- Black or African American
 - 6- More than one race Reported
 - 7- Other/Not available
9. Sex assigned at birth
 - 1- Male
 - 2- Female
10. Assistance Needed?
 - 1- Yes
 - 2- No

Results Submission

1. Rename your FY2026 SUD Consumer Satisfaction Survey Reporting Template with your (abbreviated) provider name at the beginning, **<INSERT PROVIDER NAME> FY2026 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](https://midstatehealthnetwork.org/provider-network-resources/provider-requirements/substance-use-disorder/reporting-requirements/Consumer%20Satisfaction%20Survey%20Reporting%20Template/Click%20here%20to%20submit%20satisfaction%20Survey%20Results) before **August 30, 2026.**

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 or Issues

Please contact Kara Laferty at kara.laferty@midstatehealthnetwork.org if you have any questions relating to the 2026 SUD Satisfaction Survey process.