

MACOMB COUNTY COMMUNITY MENTAL HEALTH SUD SATISFACTION SURVEY FORM INSTRUCTIONS

Treatment agencies will provide quarterly individual served satisfaction results and annually report any actions taken. Agencies providing recovery services will provide individuals served satisfaction surveys at least annually. Agency's providing prevention services are required to provide activity data via the Prevention Data System monthly as indicated in the MCMCH Substance Use Disorder Provider Manual."

All Consumers should be given satisfaction surveys quarterly.

Please fill out all sections of form. EX N/a for questions on outpatient and IOP if your location does not provide these services

Outpatient and IOP is for SUD OP not MAT outpatient

For Outpatient no shows. If a consumer reschedules their intake more than once they would be counted as only one consumer who no showed. Any reschedule by the same consumer would only be counted once.

"Funded" means the individual received substance abuse services reimbursed through your MCCMH SUD contract agreement, including Medicaid.

"Recipient Rights Complaint" means a formal written complaint was filed in accordance with state regulations.

"Substantiated" means that the Program, PIHP, or State investigation confirmed a recipients' right was violated.

"Discharged with Reason Being Death" includes only those recipients whose death occurred during a treatment episode.