# 2020 MENTAL HEALTH AND SUBSTANCE USE SERVICES CLIENT PERCEPTIONS OF CARE



**Quality Management** 

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#### Mental Health and Substance Use Services Client Perceptions of Care

The North Carolina Mental Health and Substance Use Services Client Perceptions of Care Survey assesses client satisfaction and perceptions of quality and outcomes of publicly funded, community-based Mental Health (MH) and Substance Use Disorder (SUD) services. The annual survey satisfies a Substance Abuse and Mental Health Services Administration (SAMHSA) reporting requirement for the Community Mental Health Services Block Grant.

Statewide survey results are reported to SAMHSA each year for compilation and comparison to national data. To support quality monitoring at the regional level, the NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) publishes this annual report and shares survey data with the Local Management Entities-Managed Care Organizations (LMEs-MCOs).

#### Survey Administration

Community-based MH and SUD service providers assist with administration of confidential surveys during a specified time each year. This year, surveys were administered to ongoing service clients between August 1, 2020 and September 21, 2020 using the three methods described in Table 1. <sup>1</sup> For all methods, survey respondents were informed that their responses would be confidential, participation was voluntary and would not affect their services in any way, and individual identifying information would not be associated with their answers to survey questions.

**TABLE 1: 2020 SURVEY ADMINISTRATION METHODS** 

Survey Method	Description		
In person, electronic/ web-based	Self-administered web-based survey completed by client, with assistance as needed, at provider service location using provider laptop or desktop computer, tablet, kiosk, or other electronic device		
In person, paper	Self-administered paper survey completed by client, with assistance as needed, at provider service location		
Remote, telephone or two-way audio-video connection	Provider-administered survey using telephonic or two-way audio and video connection		

<sup>&</sup>lt;sup>1</sup> Survey sampling and administration procedures for the 2020 survey were adapted in response to the COVID-19 pandemic and North Carolina Governor Roy Cooper's March 10, 2020 Executive Order declaring a State of Emergency to coordinate response and protective actions to prevent the spread of COVID-19. The 2020 survey administration guidelines included flexibilities such as the use of web-based surveys and provider administration of surveys via two-way audio-video connection.

Nearly half (46%) of all surveys were administered remotely by telephone or two-way audio-video connection. Just over one-third (35%) were completed by clients as paper-and-pencil surveys. Fewer than one out of five (17%) were completed as web-based surveys using electronic devices supplied by the provider. An additional two percent were administered in person by provider staff or with a combination or methods, or the administration method could not be determined from the response documented.

Each LME-MCO identified contracted providers in its catchment area to assist with survey administration and determined the number of surveys to request from each participating provider. Surveys were offered in English or in Spanish, and client participation was voluntary.

Adult surveys are intended for individuals 18 years and older. Youth surveys are for individuals ages 12 to 17 years. Child Family surveys are designed for parents, family members, and guardians of children ages 11 years and younger. Table 2 shows the numbers of 2020 surveys of each type submitted by each LME-MCO.

TABLE 2: 2020 CLIENT SURVEYS SUBMITTED PER LME-MCO\*

LME-MCO	Adult	Youth	Child Family	State Total	Percent of State Total
Alliance Behavioral Healthcare	871	313	250	1434	26.0%
Cardinal Innovations Healthcare	671	108	77	856	15.5%
Eastpointe	479	170	171	820	14.9%
Partners Behavioral Health	175	127	127	429	7.8%
Sandhills Center	538	217	135	890	16.1%
Trillium Health Resources	325	153	84	562	10.2%
Vaya Health	299	121	105	525	9.5%
State Total	3,358	1,209	949	5,516	100%
Percent of State Total	60.9%	21.9%	17.2%	100%	

<sup>\*</sup> Respondent answered at least one question about their services.

Survey administration methods varied by respondent age group. Compared to youth and child family members, a smaller percentage of adults completed remotely administered surveys and a larger percentage completed paper surveys.

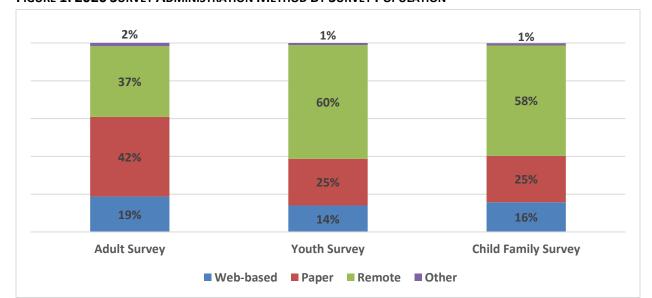


FIGURE 1: 2020 SURVEY ADMINISTRATION METHOD BY SURVEY POPULATION

#### Survey Domains

Surveys for adults, youth, and child client family members include a small number of demographic background questions as well as the national Mental Health Statistics Improvement Program (MHSIP) survey for each age group. MHSIP survey questions measure perceptions about the services individuals have received in the past year. Survey questions are shown in the Appendix of this report. Each question relates to one of the following domains of care:

- Access to Services
- Treatment Planning
- Quality and Appropriateness
- Cultural Sensitivity

- Outcomes
- Functioning
- Social Connectedness
- General Satisfaction

Adult, Youth, and Child Family surveys also assess different subsets of the eight MHSIP domains.

TABLE 4: CLIENT PERCEPTIONS OF CARE MHSIP SURVEY DOMAINS

	Adult Survey (18 Years and Older)	Youth Survey (12 to 17 Years)	Family Survey (Children Under 12)
Access to Services	✓	✓	✓
Treatment Planning	✓	✓	✓
Quality and Appropriateness	✓		
Cultural Sensitivity		✓	✓
Outcomes	✓	✓	✓
Functioning	✓		✓
Social Connectedness	✓		✓
General Satisfaction	✓	✓	✓

#### Survey Domain Scores

To calculate respondent scores for each survey domain, responses to MHSIP survey questions are assigned number scores from 1 (Strongly Agree, indicating a positive perception) to 5 (Strongly Disagree, indicating a negative perception), with a neutral point of 3. Each domain score is computed as the average number score for the items that count toward the domain.

For analysis and reporting, the domain scores are categorized as Positive, Neutral, or Negative based on their number values. Positive scores range from 1.00 to 2.49, neutral scores from 2.50 to 3.49, and negative scores from 3.50 to 5.00. The percentage of positive scores ("percent positive") is the proportion of respondents with an average score between 1.00 and 2.49.

A domain score is calculated only if a respondent answered two-thirds or more of the domain items with a response other than "N/A" (not applicable). For this reason, total numbers of respondents with calculated scores for each domain vary and generally are smaller than the total number of survey respondents.

#### **Survey Respondent Demographics**

#### Adult Survey

The 2020 Adult Survey sample included 3,256 individuals with a reported age within the requested range of 18 years and older.<sup>2</sup> Average respondent age was 42.1 years. The sample consisted of 56.2 percent female respondents, 43.4 percent male respondents, and 0.4 percent who chose to self-describe their gender.

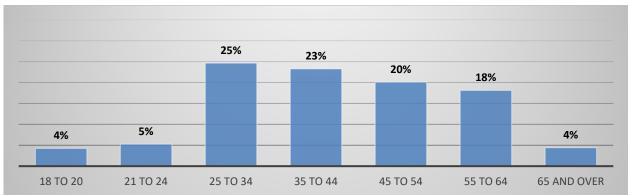


FIGURE 2: ADULT RESPONDENT AGE DISTRIBUTION

Of those who reported, 49 percent self-identified as White, and 40 percent as Black/African American. In response to a separate question, five percent of the sample also identified as Hispanic or Latino.

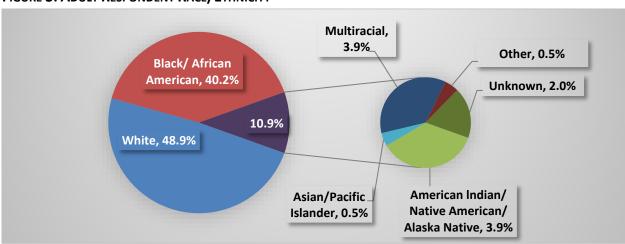


FIGURE 3: ADULT RESPONDENT RACE/ETHNICITY

<sup>&</sup>lt;sup>2</sup> Analyses in later sections of this report include surveys from an additional 75 respondents who did not report age. Surveys for 27 respondents with reported ages under 18 years are excluded from all subsequent analysis.

Seventy percent of adult respondents reported that their primary reason for receiving services was related to mental health, and thirty percent reported the primary reason was substance use. MH services clients included more women than men, while SU clients were evenly split between genders. The sample included almost twice as many female MH as male SU clients, and almost three times as many female MH as female SU respondents. Almost twice as many male MH respondents completed the survey compared to male SU respondents.

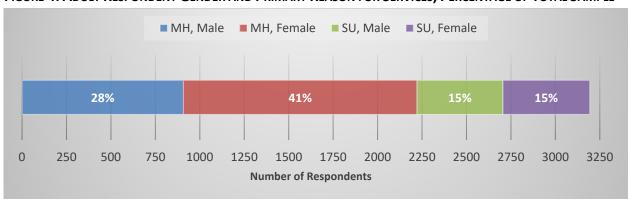


FIGURE 4: ADULT RESPONDENT GENDER AND PRIMARY REASON FOR SERVICES, PERCENTAGE OF TOTAL SAMPLE

#### Youth Survey

The Youth Survey sample included 1,145 respondents within the requested range of 12 to 17 years, 48 with reported ages younger than 12 years, and one age 18 years, for a total of 1,194 with a reported age under 20 years.<sup>3</sup> Respondents were 14.1 years of age on average. The sample and consisted of 50 percent male respondents, 49 percent female, and one percent who chose to self-describe.

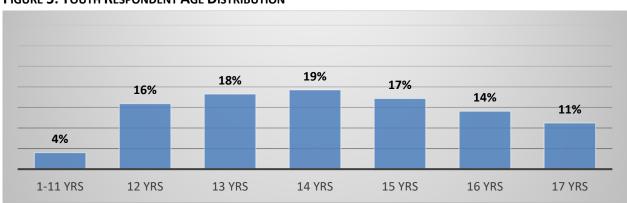


FIGURE 5: YOUTH RESPONDENT AGE DISTRIBUTION

<sup>&</sup>lt;sup>3</sup>Analyses in later sections of this report include surveys from an additional 10 respondents who did not report age. Surveys for 5 respondents with reported ages greater than 19 years are excluded from all subsequent analysis.

Of participants who responded, 42 percent identified as White, 34 percent as Black/African American, and 13 percent as multiracial. In response to a separate question, 19 percent also self-identified as Hispanic or Latino.

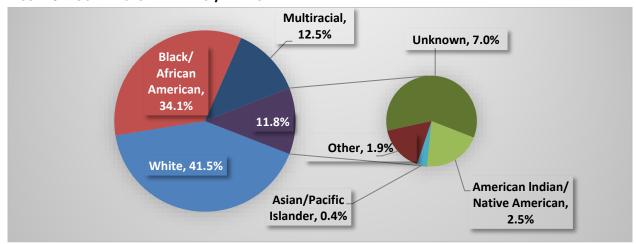


FIGURE 6: YOUTH RESPONDENT RACE/ETHNICITY

Few youth respondents of either gender reported a primary reason for receiving services related to SU (2.6%). Most reported MH as the primary reason (97.4%).

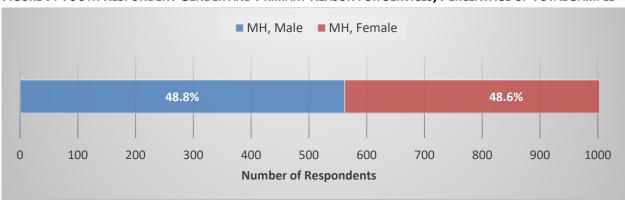


FIGURE 7: YOUTH RESPONDENT GENDER AND PRIMARY REASON FOR SERVICES, PERCENTAGE OF TOTAL SAMPLE

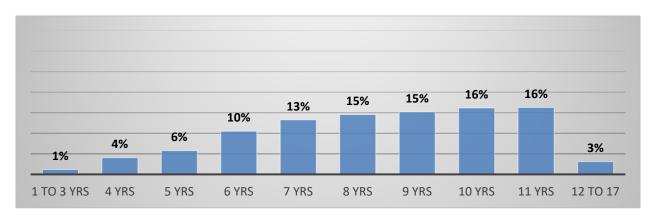
#### Family Survey<sup>4</sup>

Family Surveys were completed for 906 children within the requested age range of up to 11 years, and for an additional 29 clients ages 12 to 17 years, for a total of 935 surveys. 5 Sixty percent were completed for male and 40 percent for female clients. The average child age was 8.4 years.

<sup>&</sup>lt;sup>4</sup>Analysis of Family Survey data does not include primary service type. Only one child in the sample was described as receiving services primarily for SU.

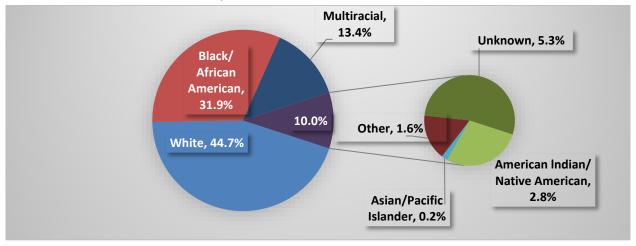
<sup>&</sup>lt;sup>5</sup>Analyses in later sections of this report include surveys from an additional 13 respondents who did not report child age. A survey for one respondent who reported child age greater than 17 years is excluded from all subsequent analysis.

FIGURE 8: FAMILY SURVEY CHILD AGE DISTRIBUTION



Of respondents who reported child racial background, 45 percent reported a background of White, 32 percent reported Black/African American, and 13 percent reported multiracial. In response to a separate question, 16 percent of child clients were described as Hispanic or Latino.

FIGURE 9: FAMILY SURVEY CHILD RACE/ETHNICITY



#### Statewide Annual Scores and Trends in Client Perceptions of Care

Statewide 2020 Adult, Youth, and Child Family survey MHSIP domain scores are shown in Figure 2. Annual Adult, Youth, and Child Family survey results for 2015 through 2020 are shown in Figures 3, 4, and 5.

Several trends in client perceptions are apparent across years and in the most recent survey year:

- Child family members and adult clients reported more positive perceptions on average than youth respondents.
- More respondents from each of the three survey populations reported positive perceptions about their experiences with providers and services (Access, Treatment Planning, Quality and Appropriateness, Cultural Sensitivity, and General Satisfaction domains) than about their treatment outcomes and other relationships (Outcomes, Functioning, and Social Connectedness domains).
- Domains rated positively by 90 percent or more respondents include:
  - o Adult, Youth, and Child Family survey *Quality and Appropriateness* or *Cultural Sensitivity*
  - Adult and Child Family survey Access and General Satisfaction
  - Child Family survey Treatment Planning
- Domains rated positively by fewer than 80 percent of respondents include:
  - Adult, Youth, and Child Family survey Outcomes and Functioning
  - Adult Social Connectedness
  - Youth Treatment Planning
- Scores in each domain are fairly stable over the period from 2015 to 2019 and higher in 2020 compared to the previous five-year average. Across domains, youth scores are approximately 7 points higher, adult scores are approximately 5 points higher, and child family scores are approximately 4 points higher on average in 2020. Domains with the largest 2020 increases include:
- Adult, Youth, and Child Family survey *Outcomes* and *Functioning*
- Adult and Youth *Treatment Planning*
- Youth Access

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<sup>&</sup>lt;sup>6</sup> The use of alternative survey administration methods related to the COVID-19 emergency may have contributed to the higher positive percentages observed for the 2020 survey.



FIGURE 10: 2020 CLIENT PERCEPTIONS OF CARE AT A GLANCE: ADULT, YOUTH, AND CHILD FAMILY SURVEYS

Figure 2A illustrates the relative scores for all MHSIP domains within each survey population. Figure 2B shows more detail in the upper range of the percentage scale. Error bars in Figure 2B show the 95% confidence intervals (CI) around the MHSIP domain positive percentage scores. Within survey population (Adult, Youth, or Child Family), scores with non-overlapping CIs are significantly different, which means the scores in the population are probably different. Because larger samples produce more reliable estimates of population scores, the CIs around Adult Survey scores contain less sampling error and are smaller than the CIs around Youth and Child Family Survey scores, which are based on smaller samples. Given equal sample sizes, confidence intervals for more extreme scores—those close to zero or 100 percent—will also be smaller than those for scores that are closer to 50 percent.

FIGURE 11: STATEWIDE ANNUAL TRENDS IN ADULT SURVEY DOMAINS

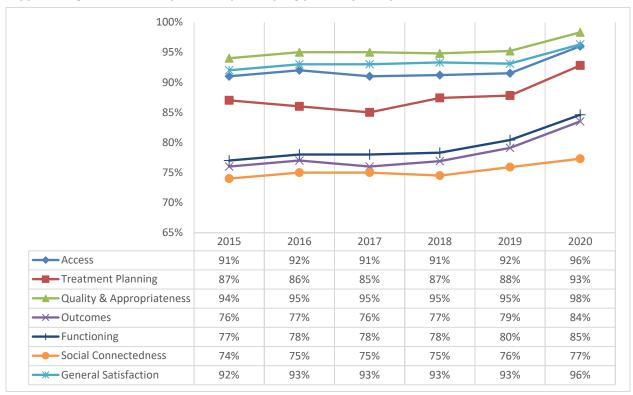


FIGURE 12: STATEWIDE ANNUAL TRENDS IN YOUTH SURVEY DOMAINS

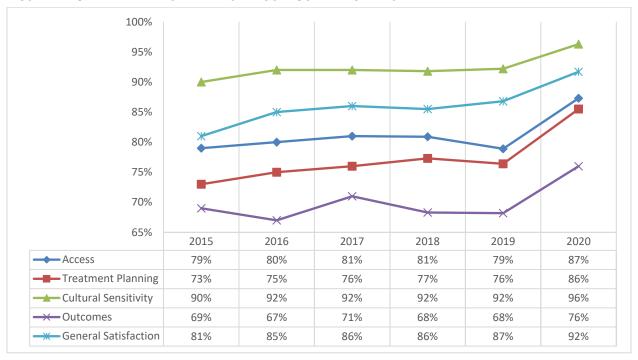
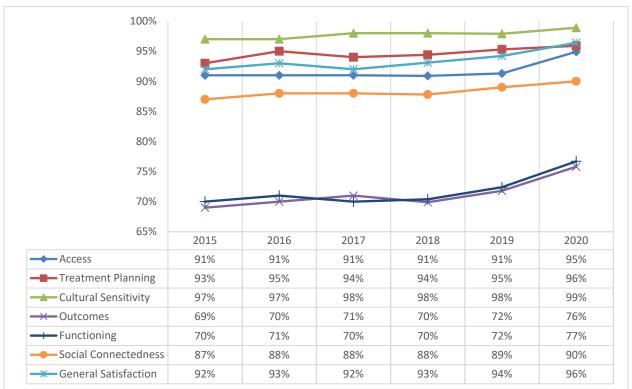


FIGURE 13: STATEWIDE ANNUAL TRENDS IN CHILD FAMILY SURVEY DOMAINS



<sup>\*</sup>Family Survey *Outcomes* and *Functioning* MHSIP domain scores are based on five common items, and both domains include one additional unique item.

#### **Respondent Demographics and Perceptions of Care**

Within Adult, Youth, and Family Survey populations, perceptions of care were not substantially related to client age or racial/ethnic background. Client gender was not related to Youth or Family respondent perceptions. Adult Survey respondent perceptions in some domains varied by gender and primary service type.

#### Client Age

Client age was not substantially related to MHSIP survey domain scores within any of the three client populations.<sup>7</sup> All correlations between client age in years and numerical survey domain scores were +/-0.05 or smaller.<sup>8,9</sup>

#### Race/Ethnic Background

MHSIP survey domain response patterns were compared for racial/ethnic groups with at least 100 respondents. Adult, Youth, and Child Family Survey client samples each included 100 or more non-Hispanic Black/African American, non-Hispanic White individuals, and Hispanic/Latino clients. The Adult sample also included more than 100 American Indian/Native American respondents. Percentages of respondents with positive, neutral, and negative scores did not significantly vary by racial/ethnic background in any MHSIP domain for any respondent age group.

#### Gender and Primary Service Type

Larger percentages of adults with primary SU services compared to those with primary MH services reported positive perceptions related to Outcomes, Functioning, and Social Connectedness domains. As shown in Figure 14, female SUD service clients were significantly more likely to report positive perceptions related to service Outcomes than male SUD clients, male MH clients, or female MH clients. A larger percentage of female SUD clients reported positive perceptions in the Functioning domain compared to male or female MH clients, and in the Social Connectedness domain compared to male MH clients. Male SUD clients were also more likely than female MH clients to report positive perceptions related to Functioning.

<sup>&</sup>lt;sup>7</sup> As shown in Figure 10, however, scores for similar domains did differ across the three respondent age group populations.

<sup>&</sup>lt;sup>8</sup> The numerical domain score is the average item score for all items that count toward the domain.

<sup>&</sup>lt;sup>9</sup> A correlation coefficient of +/-1.0 indicates a perfect predictive relationship; a correlation of 0.0 indicates no relationship at all.

<sup>&</sup>lt;sup>10</sup> The Hispanic/Latino category was created by selecting all individuals who identified as Hispanic/Latino regardless of other reported racial/ethnic background. Large percentages of individuals who identified as multiracial also identified as Hispanic/Latino, resulting in non-Hispanic multiracial sample sizes that were smaller than the threshold for this analysis.

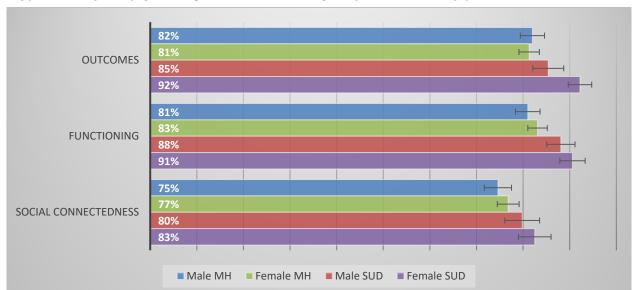


FIGURE 14: ADULT RESPONDENT GENDER AND PRIMARY SERVICE TYPE DIFFERENCES

Error bars show the 95% confidence intervals (CIs) around the MHSIP domain positive percentage scores. Group scores with non-overlapping CIs are significantly different.

### **Appendix: Mental Health Statistics Improvement Program (MHSIP) Survey Domain Questions**

Damain	Adult Survey	Youth Survey	Child Family Survey
Access to Services	<ul> <li>The location of services was convenient (parking, public transportation, distance, etc.).</li> <li>Staff were willing to see me as often as I felt it was necessary.</li> <li>Staff returned my call in 24 hours.</li> <li>Services were available at times that were good for me.</li> <li>I was able to get all the services I thought I needed.</li> <li>I was able to see a psychiatrist when I wanted to.</li> </ul>	<ul> <li>The location of services was convenient.</li> <li>Services were available at times that were convenient for me.</li> </ul>	<ul> <li>The location of services was convenient for us.</li> <li>Services were available at times that were convenient for us.</li> </ul>
Treatment Planning	<ul> <li>I felt comfortable asking questions about my treatment and medication.</li> <li>I, not staff, decided my treatment goals.</li> </ul>	<ul> <li>I helped to choose my services.</li> <li>I helped to choose my treatment goals.</li> <li>I participated in my own treatment.</li> </ul>	<ul> <li>I helped to choose my child's services.</li> <li>I helped to choose my child's treatment goals.</li> <li>I participated in my child's treatment.</li> </ul>
Quality and Appropriateness (Adult)  Cultural Sensitivity (Youth, Child Family)	<ul> <li>Staff here believe that I can grow, change and recover.</li> <li>I felt free to complain.</li> <li>Staff told me what side effects to watch out for.</li> <li>Staff respected my wishes about who is, and who is not, to be given information about my treatment.</li> <li>Staff were sensitive to my cultural background.</li> <li>Staff helped me obtain the information I needed so that I could take charge of managing my illness.</li> </ul>	<ul> <li>Staff treated me with respect.</li> <li>Staff respected my family's religious/spiritual beliefs.</li> <li>Staff spoke with me in a way that I understood.</li> <li>Staff were sensitive to my cultural/ethnic background.</li> </ul>	<ul> <li>Staff treated me with respect.</li> <li>Staff respected my family's religious/spiritual beliefs.</li> <li>Staff spoke with me in a way that I understood.</li> <li>Staff were sensitive to my cultural/ethnic background.</li> </ul>

	Adult Survey	Youth Survey	Child Family Survey
Quality/Cultural Sensitivity (cont.)  Outcomes	<ul> <li>I was given information about my rights.</li> <li>I was encouraged to used consumer-run programs.</li> <li>Staff encouraged me to take responsibility for how I live my life.</li> <li>As a direct result of the services I received</li> <li>I deal more effectively with daily problems.</li> <li>I am better able to control my life.</li> <li>I am better able to deal with crisis.</li> <li>I am getting along better with my family.</li> <li>I do better in social situations.</li> <li>I do better in school and/or work.</li> <li>My symptoms are not bothering me as much.*</li> <li>My housing situation has improved.</li> <li>*Item also counts toward Functioning domain</li> </ul>	<ul> <li>As a direct result of the services I received</li> <li>I am better at handling daily life.</li> <li>I get along better with family members.</li> <li>I get along better with friends and other people.</li> <li>I do better in school and/or work.</li> <li>I am better able to cope when things go wrong.</li> <li>I am satisfied with our family life right now.</li> </ul>	<ul> <li>As a direct result of the services my child received</li> <li>My child is better at handling daily life.*</li> <li>My child gets along better with family members.*</li> <li>My child gets along better with friends and other people.*</li> <li>My child is doing better in school and/or work.*</li> <li>My child is better able to cope when things go wrong.*</li> <li>I am satisfied with our family life right now.</li> <li>*Items also count toward Functioning domain.</li> </ul>
Functioning	<ul> <li>As a direct result of the services I received</li> <li>My symptoms are not bothering me as much.*</li> <li>I do things that are more meaningful to me.</li> <li>I am better able to take care of my needs.</li> <li>I am better able to handle things when they go wrong.</li> </ul>	N/A	<ul> <li>As a direct result of the services my child received</li> <li>My child is better at handling daily life.*</li> <li>My child gets along better with family members.*</li> <li>My child gets along better with friends and other people.*</li> <li>My child is doing better in school and/or work.*</li> </ul>

Daniel .	Adult Survey	Youth Survey	Child Family Survey
Functioning (cont.)	I am better able to do things that I want to do. *Item also counts toward Outcomes domain.		<ul> <li>My child is better able to cope when things go wrong.*</li> <li>My child is better able to do things he or she wants.</li> <li>*Items also count toward Outcomes domain.</li> </ul>
Social Connectedness	<ul> <li>In a crisis, I would have the support I need from family or friends.</li> <li>I am happy with the friendships I have.</li> <li>I have people with whom I can do enjoyable things.</li> <li>I feel I belong in my community.</li> </ul>	N/A	<ul> <li>I know people who will listen and understand me when I need to talk.</li> <li>I have people that I am comfortable talking with about my child's problems.</li> <li>In a crisis, I would have the support I need from family or friends.</li> <li>I have people with whom I can do enjoyable things.</li> </ul>
General Satisfaction	<ul> <li>I like the services that I received here.</li> <li>If I had other choices, I would still get services from this agency.</li> <li>I would recommend this agency to a friend or family member.</li> </ul>	<ul> <li>Overall, I am satisfied with the services I received.</li> <li>The people helping me stuck with me no matter what.</li> <li>I felt I had someone to talk to when I was troubled.</li> <li>I received services that were right for me.</li> <li>I got the help I wanted.</li> <li>I got as much help as I needed.</li> </ul>	<ul> <li>Overall, I am satisfied with the services my child received.</li> <li>The people helping my child stuck with us no matter what.</li> <li>I felt my child had someone to talk to when he/she was troubled.</li> <li>The services my child and/or family received were right for us.</li> <li>My family got the help we wanted for my child.</li> <li>My family got as much help as we needed for my child.</li> </ul>



## NC DEPARTMENT OF **HEALTH AND HUMAN SERVICES**

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

State of North Carolina • Roy Cooper, Governor
Department of Health and Human Services
Mandy Cohen, Secretary
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
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