

2022 MENTAL HEALTH AND SUBSTANCE USE SERVICES CLIENT PERCEPTIONS OF CARE



NC DEPARTMENT OF **HEALTH AND HUMAN SERVICES**

Division of Mental Health,
Developmental Disabilities
and Substance Abuse Services

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, 2022 and September 19, 2022 using the three methods described in Table 1.¹ 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: 2022 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

¹ 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 were extended to the 2022 survey year and included flexibilities such as the use of web-based surveys and provider administration of surveys via two-way audio-video connection.

Nearly one-third (29.6%) of all surveys were administered remotely by telephone or two-way audio-video connection. Nearly half (53.4%) 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. Additionally, less than one percent were administered in person by provider staff or with a combination of 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 2022 surveys of each type submitted by each LME-MCO.

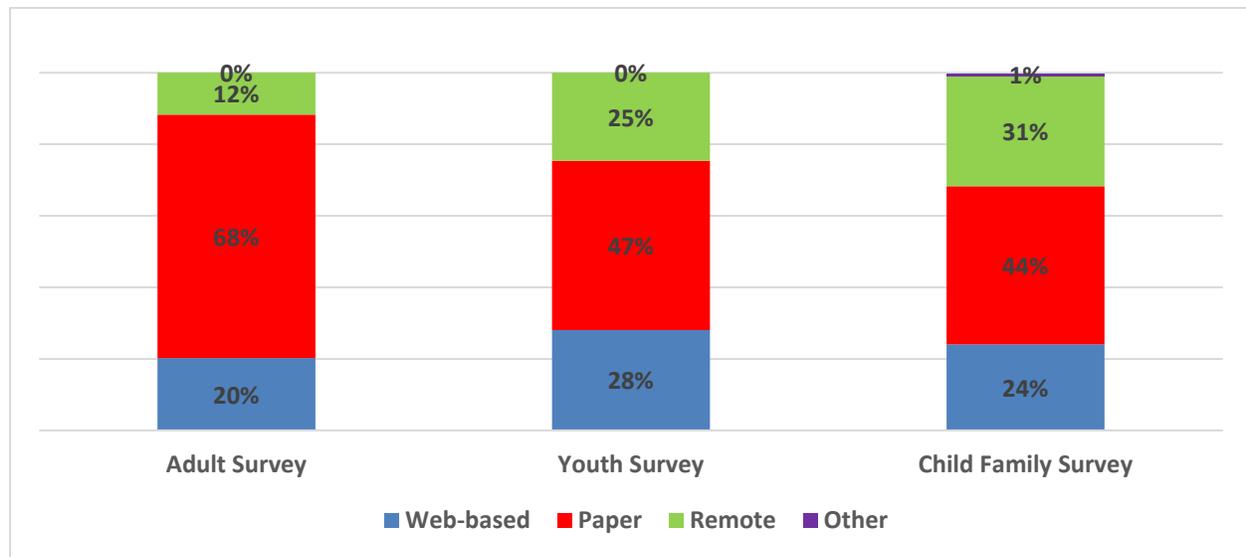
TABLE 2: 2022 CLIENT SURVEYS SUBMITTED PER LME-MCO*

LME-MCO	Adult	Youth	Child Family	Total	Percent of State Total
Alliance Behavioral Healthcare	808	186	103	1,097	22.3%
Eastpointe	372	148	127	647	13.2%
Partners Behavioral Health	449	125	75	649	13.2%
Sandhills Center	376	81	49	506	10.3%
Trillium Health Resources	609	199	153	961	19.5%
Vaya Health	779	170	106	1,055	21.5%
State Total	3,393	909	613	4,915	100.00%
Percent of State Total	69.0%	18.5%	12.5%	100%	

* 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: 2022 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 3: 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.

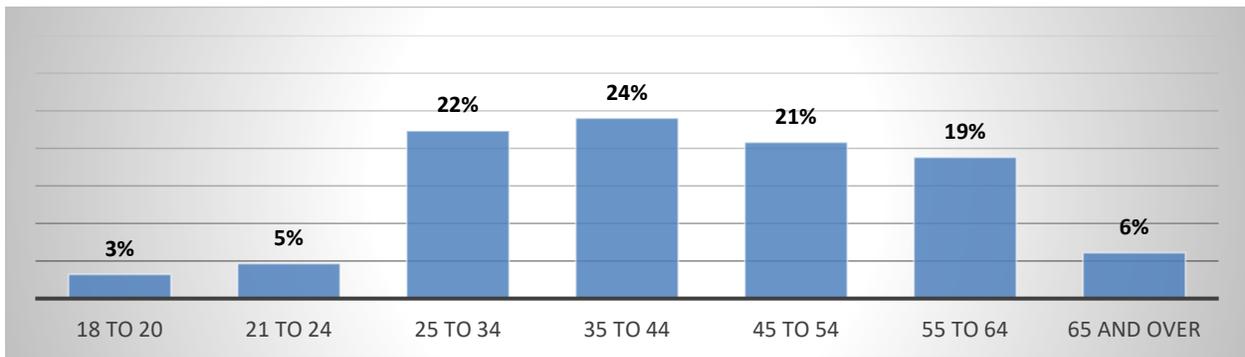
A domain score is calculated only if a respondent answered two-thirds or more of the domain items with a response other than “N/A” (not applicable). For this reason, total numbers of respondents with calculated scores for each domain vary and generally are smaller than the total number of survey respondents.

Survey Respondent Demographics

Adult Survey

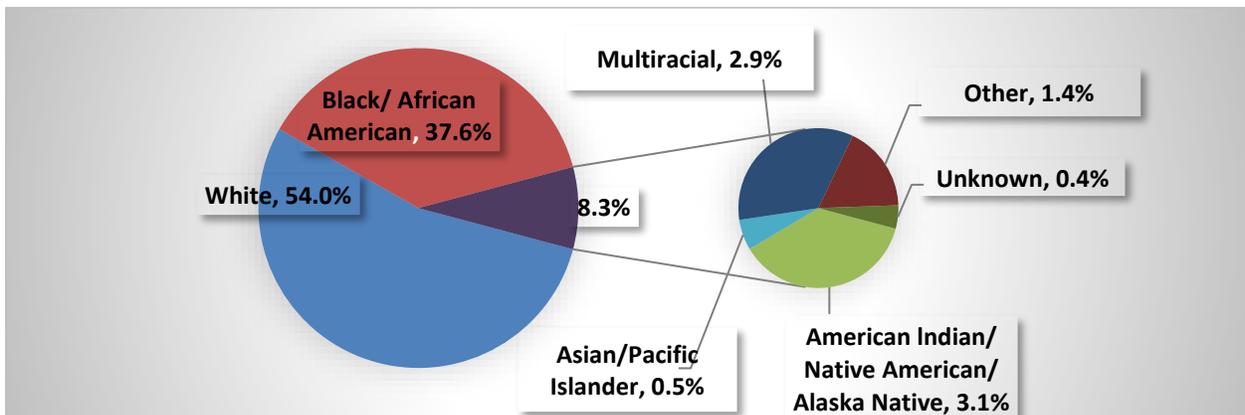
The 2022 Adult Survey sample included 3,393 individuals with a reported age within the requested range of 18 years and older.² Average respondent age was 43.5 years. The sample consisted of 51.3 percent female respondents, 48.1 percent male respondents, and 0.6 percent with self-described or non-binary gender.

FIGURE 2: ADULT RESPONDENT AGE DISTRIBUTION



Of those who reported, 54 percent self-identified as White, and 37.6 percent as Black/African American, and 8.3 percent other ethnicities. In response to a separate question, nearly four percent of the sample also identified as Hispanic or Latino.

FIGURE 3: ADULT RESPONDENT RACE/ETHNICITY

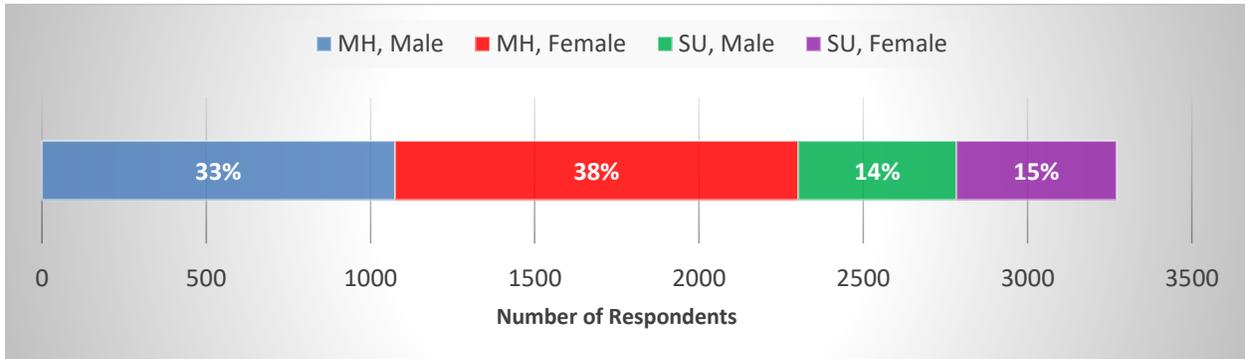


Seventy percent of adult respondents reported that their primary reason for receiving services was related to mental health and thirty percent reported the primary reason was substance

² Analyses in later sections of this report included surveys from respondents who did not report their age.

use. MH services clients included more women than men, while a slightly higher proportion of SU clients were male.

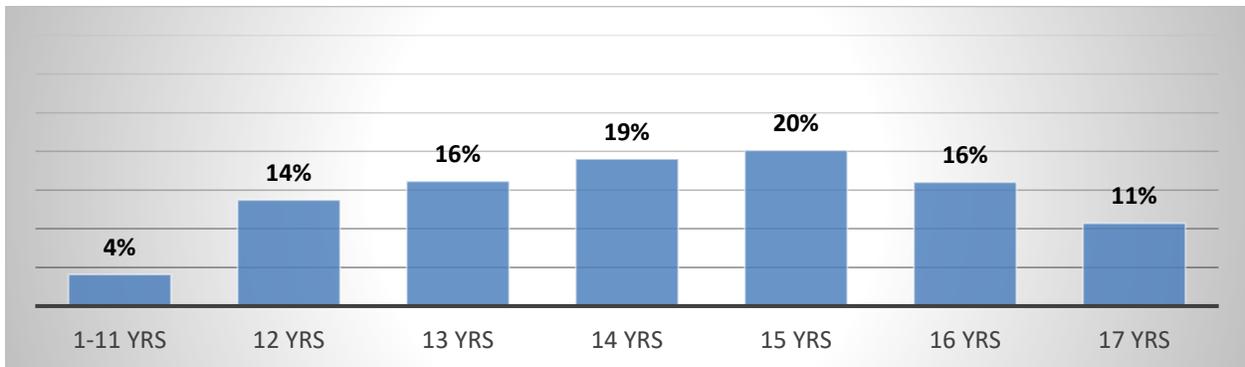
FIGURE 4: ADULT RESPONDENT GENDER AND PRIMARY REASON FOR SERVICES, PERCENTAGE OF TOTAL SAMPLE



Youth Survey

The Youth Survey sample included 866 respondents within the requested range of 12 to 17 years, 37 with reported ages younger than 12 years, and six aged 18-19 years of age, for a total of 909 with a reported age under 20 years.³ Respondents were 14.2 years of age on average. The sample consisted of 50.8 percent male respondents, 47.2 percent female, and two percent self-described as non-binary, in transition, or other.

FIGURE 5: YOUTH RESPONDENT AGE DISTRIBUTION

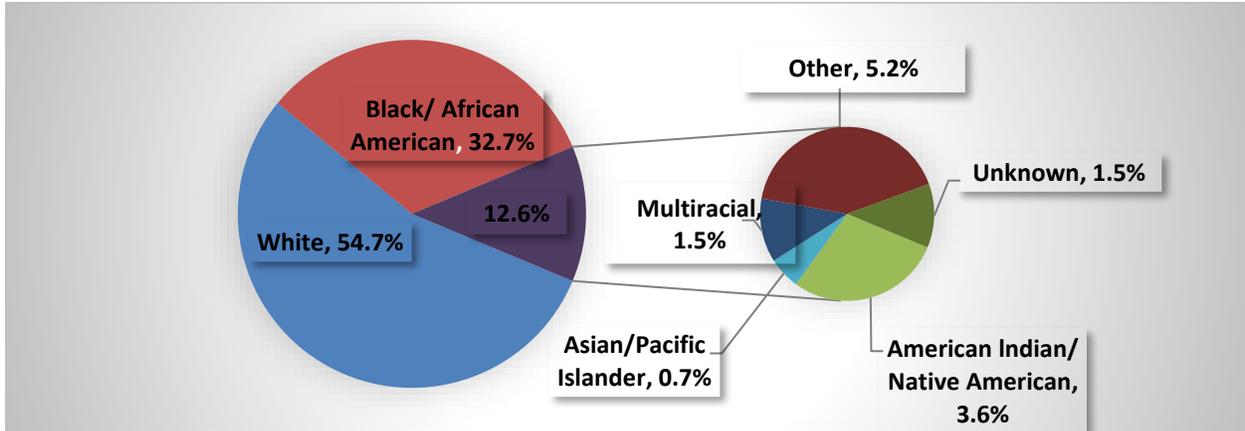


Of participants who responded, 54.7 percent identified as White, 32.7 percent as Black/African American, and 12% other ethnicities including multiracial, American Indian/Native American,

³Analyses in later sections of this report include surveys from respondents who did not report age.

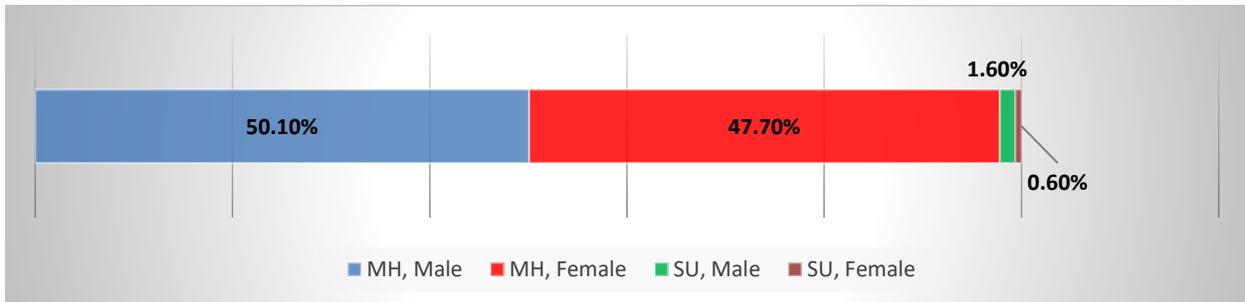
Asian, other and unknown. In response to a separate question, 12.4 percent also self-identified as Hispanic or Latino.

FIGURE 6: YOUTH RESPONDENT RACE/ETHNICITY



Most youth respondents indicated mental health as the primary reason (97.8%). Approximately two-point two percent of male and two percent of female respondents reported a primary reason for receiving services related to Substance Use (2.2%).

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



Child Family Survey⁴

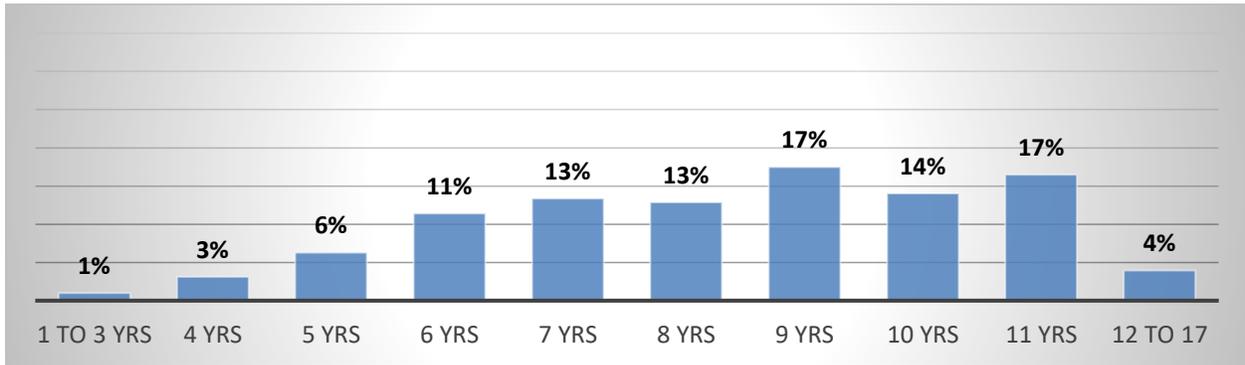
Child Family Surveys were completed for 589 children within the requested age range of up to 11 years, and for an additional 24 clients ages 12 to 17 years, for a total of 613 surveys.⁵ Sixty-three point five percent identified as male and thirty-five point one percent as female. Less than

⁴Analysis of Family Survey data does not include primary service type.

⁵Analyses in later sections of this report include surveys from respondents who did not report age.

two percent identified as other/non-binary or did not respond. The average child age was 8.4 years.

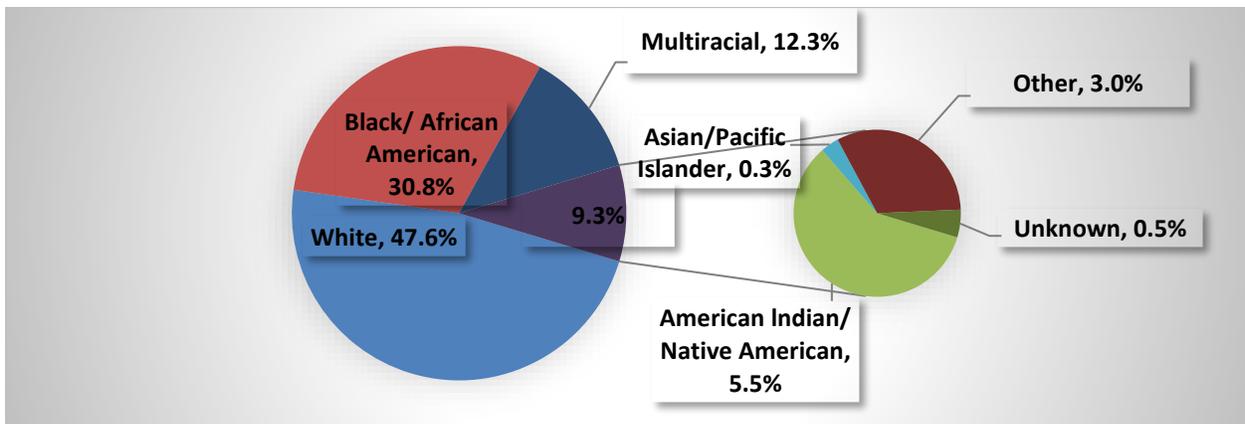
FIGURE 8: FAMILY SURVEY CHILD AGE DISTRIBUTION



Among respondents who reported child racial background, 47.6 percent reported a background of White, 30.8 percent reported Black/African American, three percent Other, less than six percent reported identified as Native American or Asian, less than one percent Unknown, and 12.3 percent reported Multiracial. In response to a separate question, 11.9 percent of child clients were described as Hispanic or Latino.

Moreover, 99.7 percent of respondents reported seeking mental health services. Of that pool, 64 percent were male and 36 percent were female. Less than one percent sought treatment for substance use services.

FIGURE 9: FAMILY SURVEY CHILD RACE/ETHNICITY



Statewide Annual Scores and Trends in Client Perceptions of Care

Statewide 2022 Adult, Youth, and Child Family survey MHSIP domain scores are shown in Figure 10. Annual Adult, Youth, and Child Family survey results for 2013 through 2022 are shown in Figures 11, 12, and 13.

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:
 - Adult, Youth, and Child Family survey *Quality and Appropriateness* or *Cultural Sensitivity*
 - Adult and Child Family survey *Access* and *General Satisfaction*
 - Youth survey *Treatment Planning*
- Domains rated positively by fewer than 80 percent of respondents include:
 - Youth, and Child Family survey *Outcomes* and *Functioning*
 - Adult *Social Connectedness*
- Scores in each domain are fairly stable over the period from 2012 to 2019 and higher in 2020 compared to the previous five-year average.⁶ Increases observed in 2020 were largely maintained through the 2022 survey year. 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 and 2021 compared to the previous eight years. Domains with the largest increases include:
 - Adult, Youth, and Child Family survey *Outcomes* and *Functioning*
 - Adult and Youth *Treatment Planning*
 - Youth *Access*

⁶ The use of alternative survey administration methods related to the COVID-19 emergency may have contributed to the higher positive percentages observed for the 2020-2022 surveys.

FIGURE 10A: 2022 CLIENT PERCEPTIONS OF CARE AT A GLANCE: ADULT, YOUTH, AND CHILD FAMILY SURVEYS

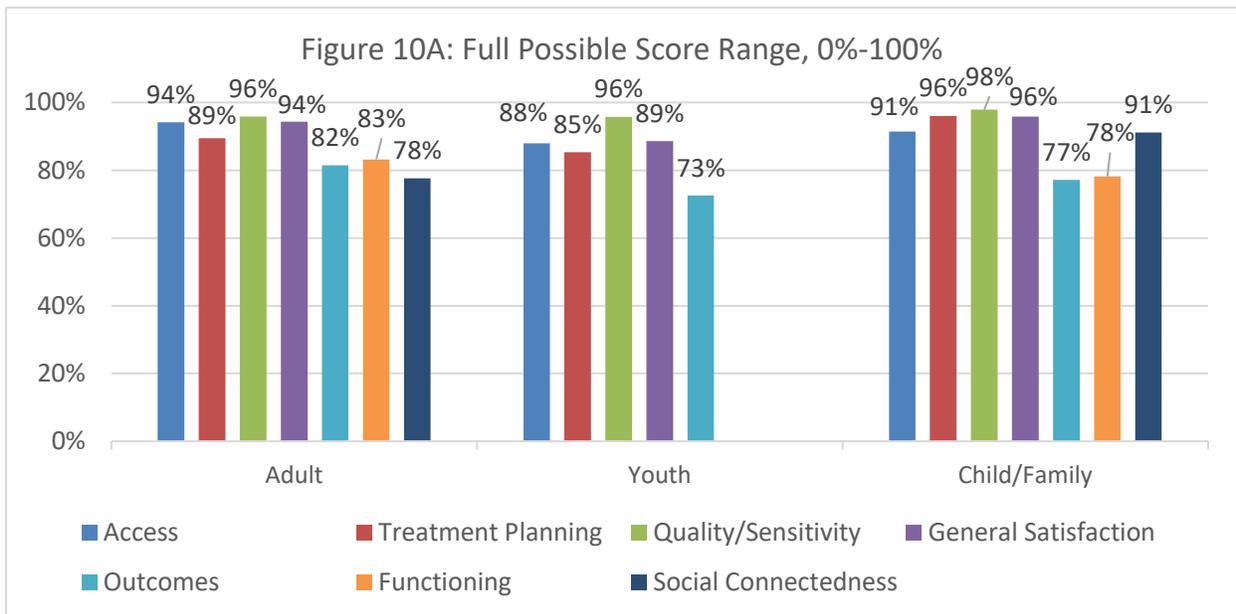


FIGURE 10B: 2022 CLIENT PERCEPTIONS OF CARE AT A GLANCE: ADULT, YOUTH, AND CHILD FAMILY SURVEYS

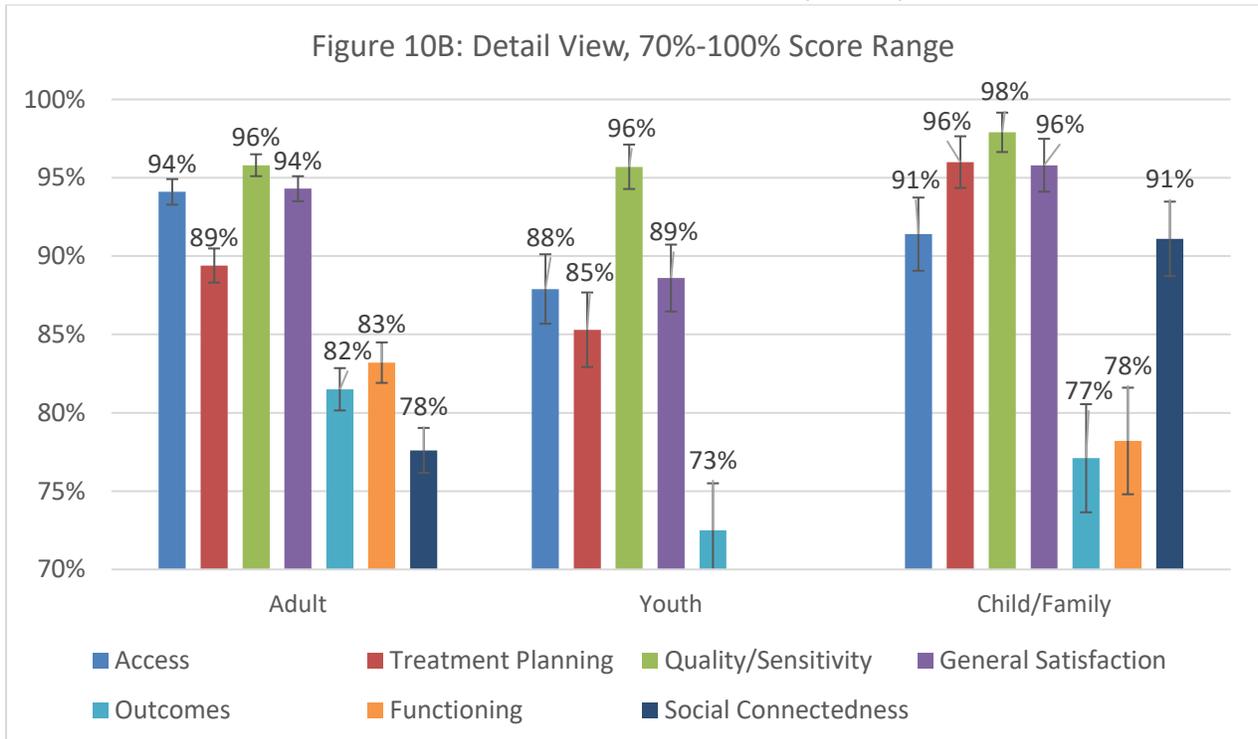


Figure 10A illustrates the relative scores for all MHSIP domains within each survey population. Figure 10B shows more detail in the upper range of the percentage scale. Error bars in Figure

10B 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

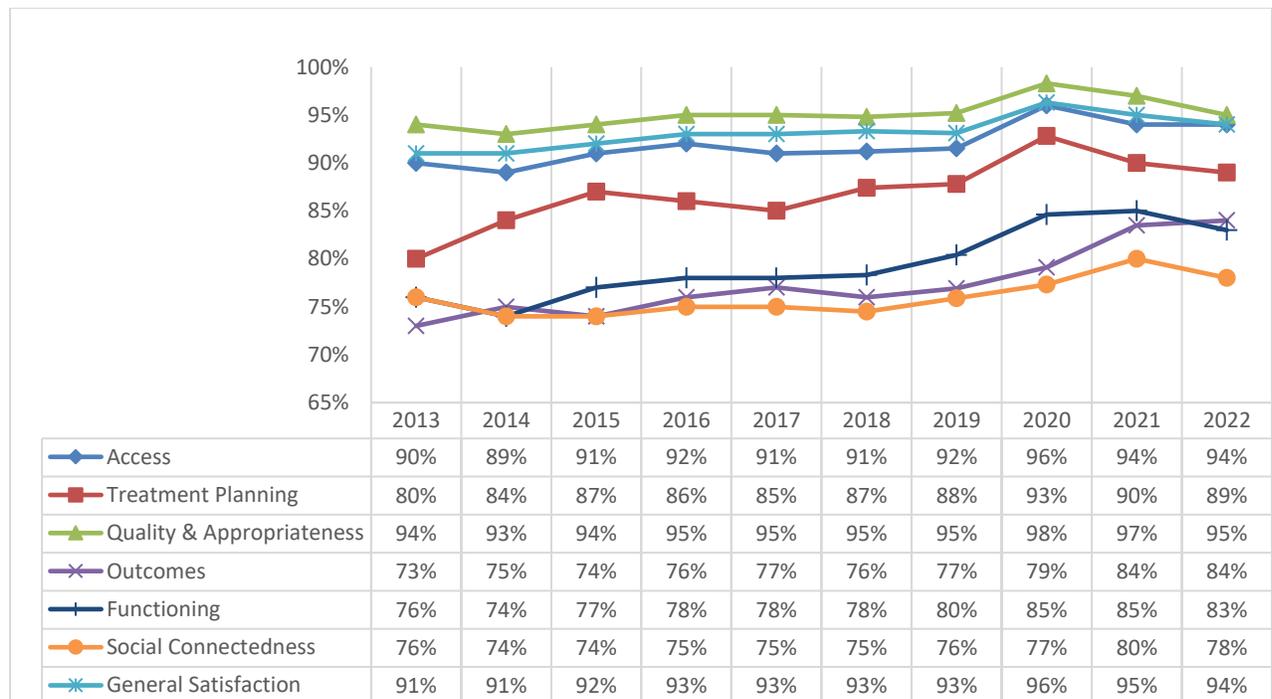


FIGURE 12: STATEWIDE ANNUAL TRENDS IN YOUTH SURVEY DOMAINS

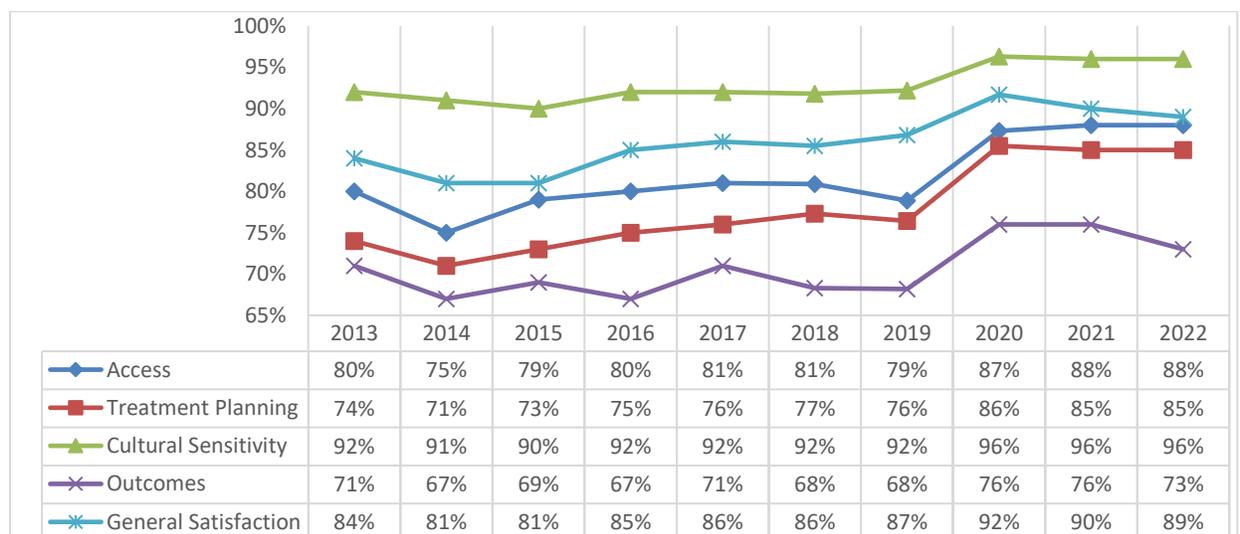
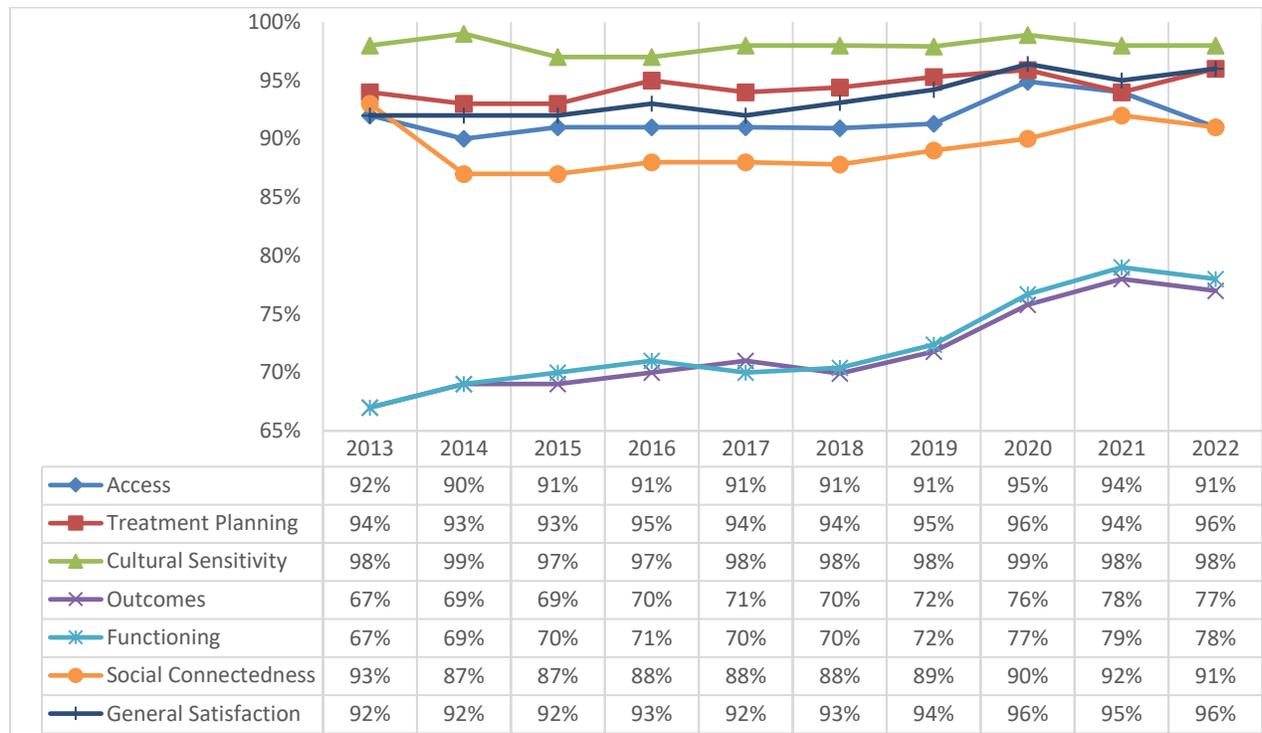


FIGURE 13: STATEWIDE ANNUAL TRENDS IN CHILD FAMILY SURVEY DOMAINS



*Family Survey *Outcomes* and *Functioning* MHSIP domain scores are based on five common items, and both domains include one additional unique item. *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, there were few no substantial differences 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.⁷ All correlations between client age in years and numerical survey domain scores were +/-0.05 or smaller.^{8,9}

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.¹⁰ 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.

⁷ As shown in Figure 10, however, scores for similar domains did differ across the three respondent age group populations.

⁸ The numerical domain score is the average item score for all items that count toward the domain.

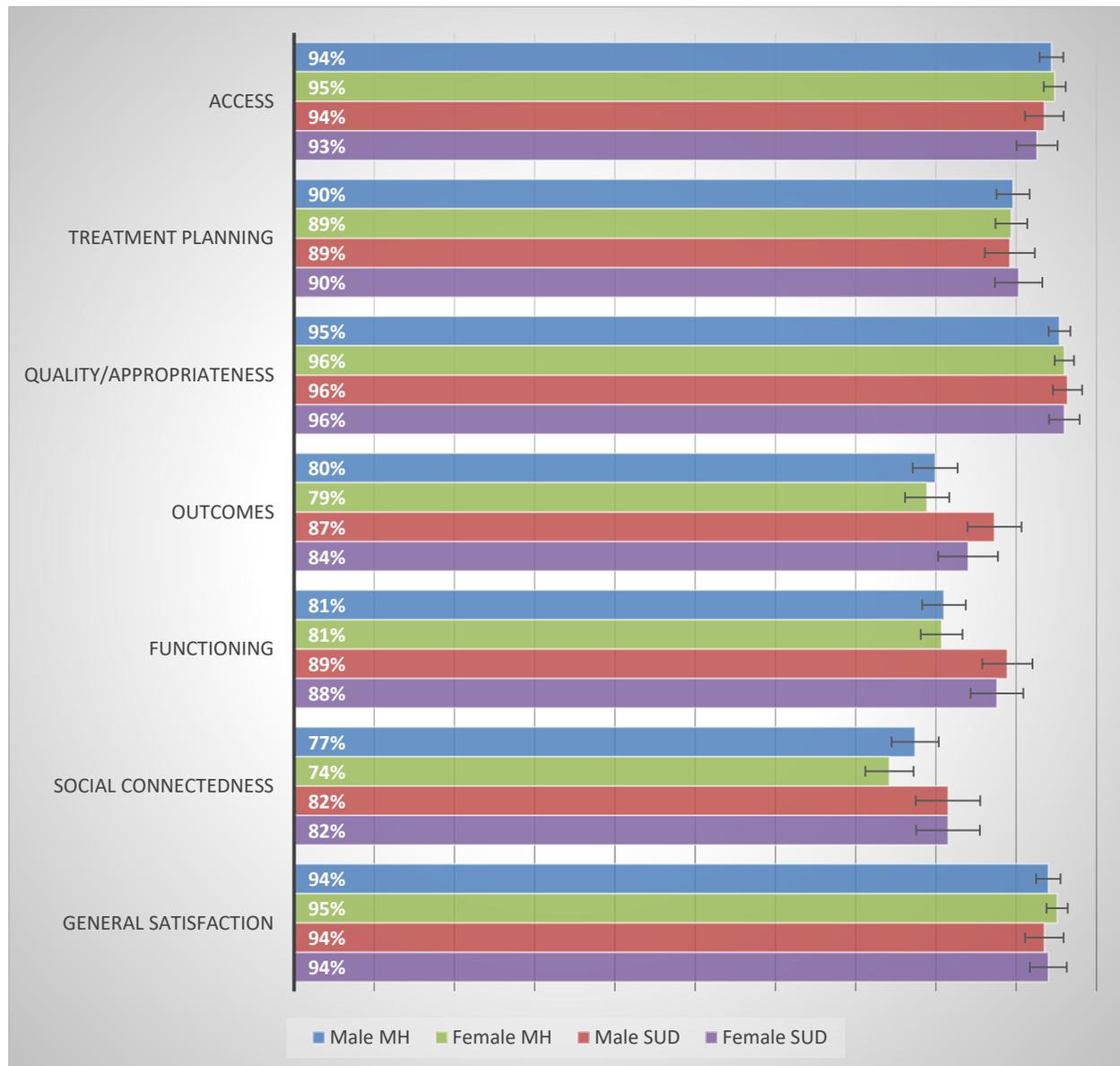
⁹ A correlation coefficient of +/-1.0 indicates a perfect predictive relationship; a correlation of 0.0 indicates no relationship at all.

¹⁰ 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.

Gender and Primary Service Type

Overall, 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, a significantly larger percentage of both male and female SUD clients reported positive perceptions in the Functioning domain compared to male or female MH clients.

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.

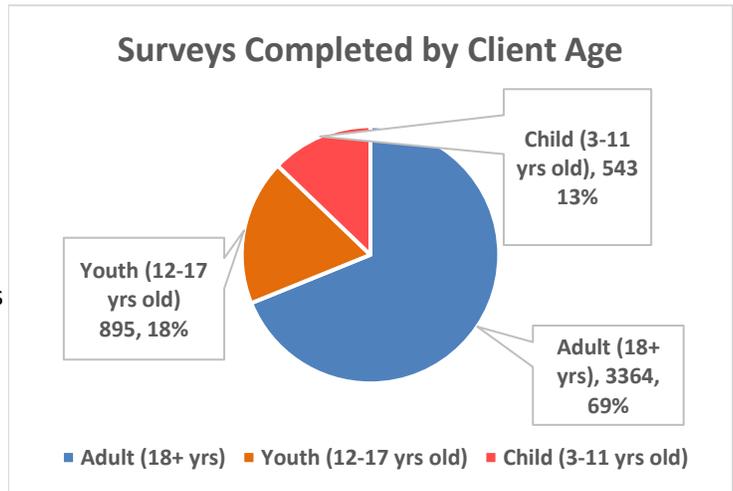
Telehealth and COVID

Background

As part of the 2022 North Carolina Mental Health (MH) and Substance Use (SU) Services Client Perceptions of Care Surveyⁱ, clients across the state responded to supplemental questions about their experiences during the COVID-19 emergency,ⁱⁱ including the telehealth services they received

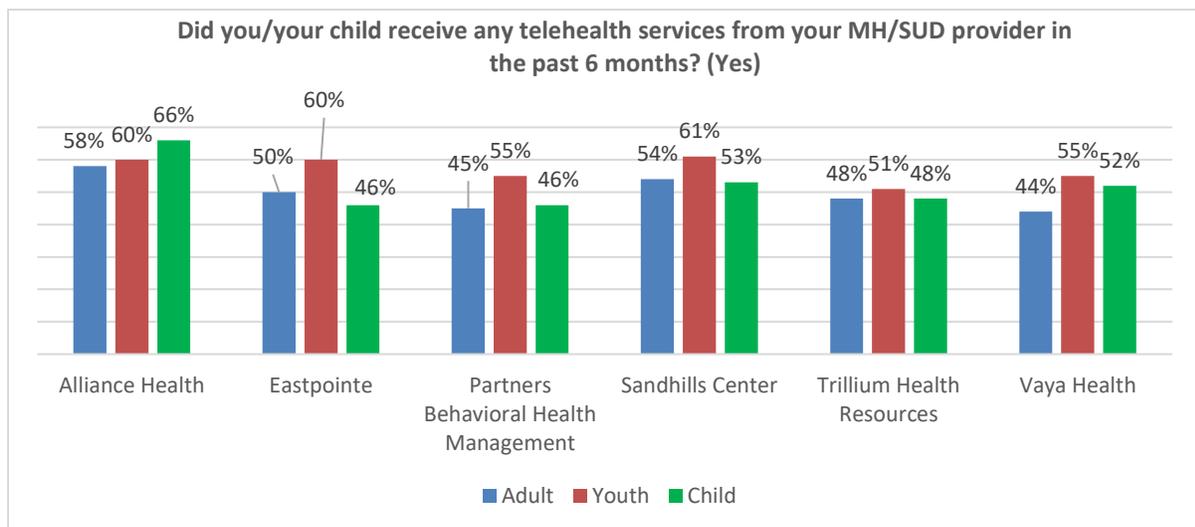
Community-based MH and SUD service providers assisted with survey administration from August 1 through September 19, 2022. Respondents were asked about their experiences in the past six months, since the COVID-19 emergency started.

A total of 4,915 respondents completed surveys administered remotely by telephone or two-way audio-video connection, on paper, and web-based versions.

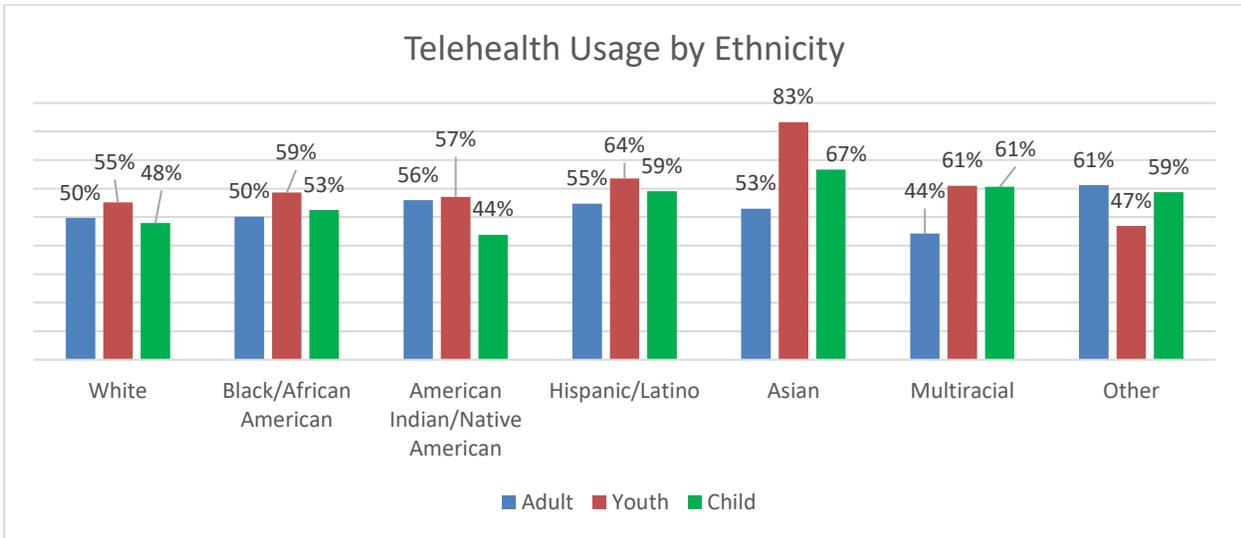


Use of Telehealth During the COVID-19 Emergency

Across all age groups, 51% of individuals surveyed reported they or their child received telehealth services in the past six months. Adults (50%) were less likely to use telehealth than child (51%) and Youth clients (56%). Data analysis indicated that the utilization of telehealth services was reduced this year compared to 2020 and 2021. The percentage of telehealth usage also varied by LME-MCO.^{iv}

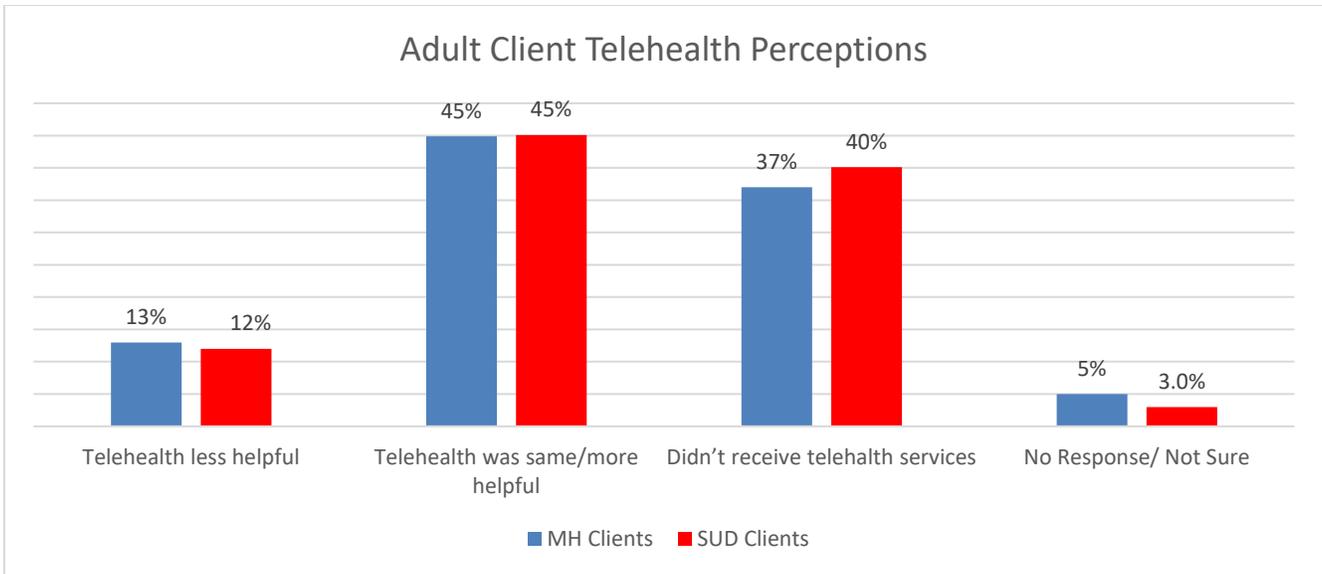


Among adult survey respondents, MH service clients (51%) were marginally more likely to use telehealth than SUD service clients (48%). A majority of clients across all ethnicities reported using telehealth services^v.

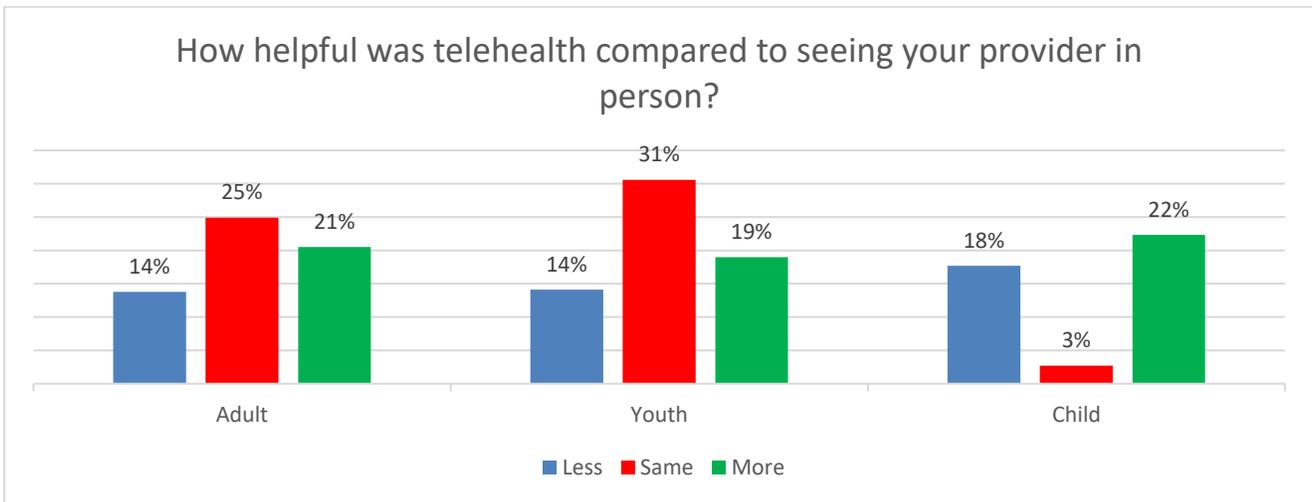


Perceptions of Telehealth Helpfulness

Adult SUD service clients were less likely to report using telehealth than MH clients, however, both groups of clients rated telehealth services as the same or more helpful. Moreover, 13% of MH clients and 12% of SUD clients reported telehealth services were less helpful than seeing a provider in person. Five-point two percent and two-point seven percent of MH and SUD clients did not respond to this question.

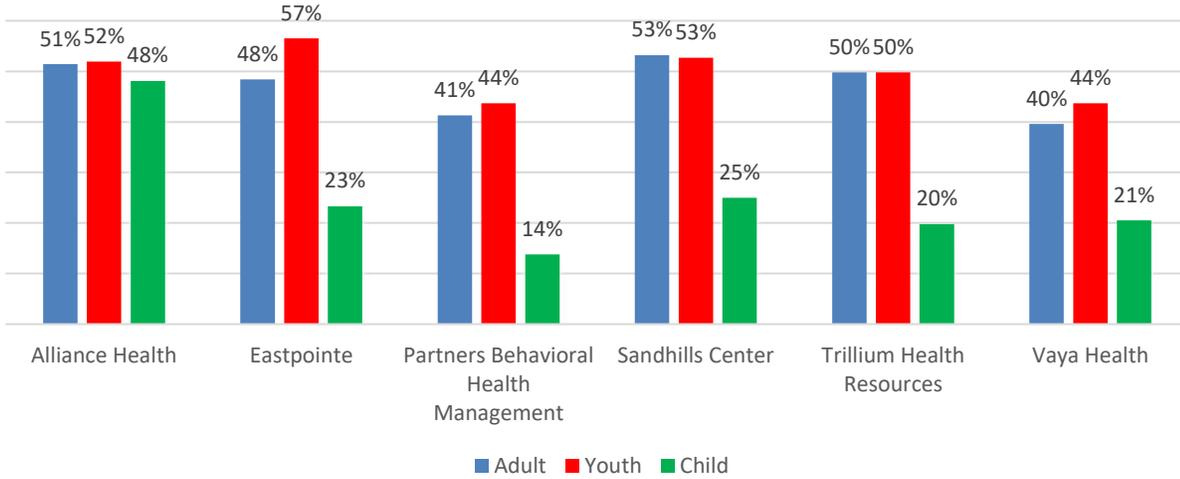


Rough 1 in 3 of Adult and Youth respondents reported the telehealth services received were more helpful than seeing their provider in person. Roughly 22% of child family respondents reported that telehealth was more helpful than seeing a provider in person. However, nearly half of adult and youth respondents rated telehealth about the same and/or better than seeing their provider in person.



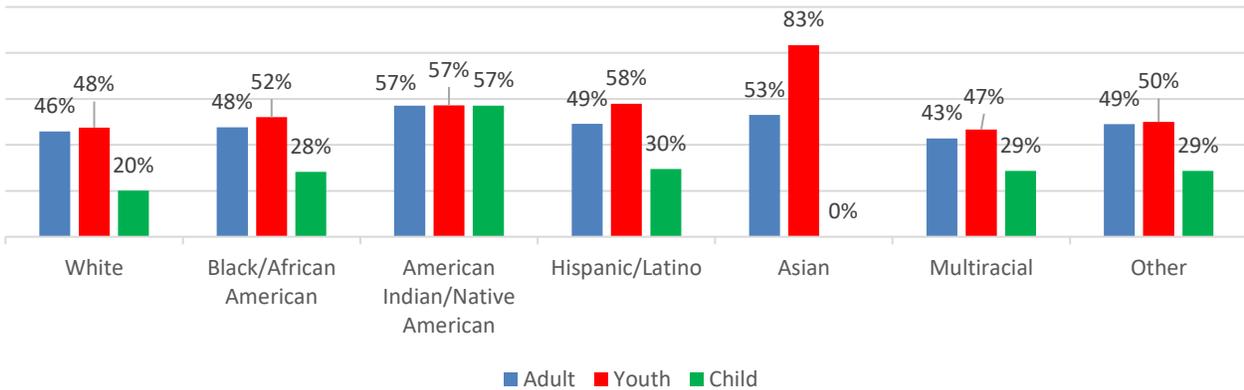
Differences in perceptions of helpfulness for children, youth, and adults were also more pronounced within some LMEs-MCOs than others. Child family consumers were less likely to rate telehealth as the same or better than in-person.

Telehealth was about the same or better than seeing provider in person.



Perceived helpfulness also varied across racial/ethnic and age groups. Telehealth was perceived to be as or more helpful for the majority ($\geq 50\%$) of Adult and Youth respondents across all ethnicities. In comparison, the helpfulness of telehealth was not perceived as favorably by Child Family respondents’.

Ethnicity and Telehealth the same, somewhat more, or much more helpful

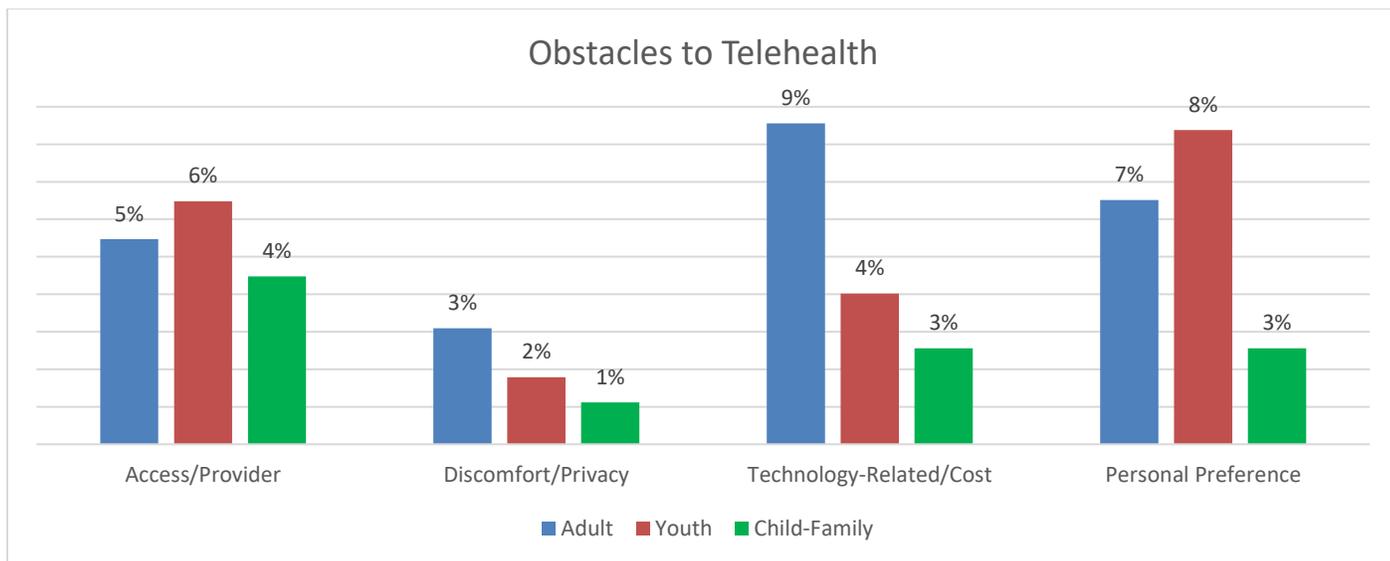


Obstacles to Receiving Telehealth

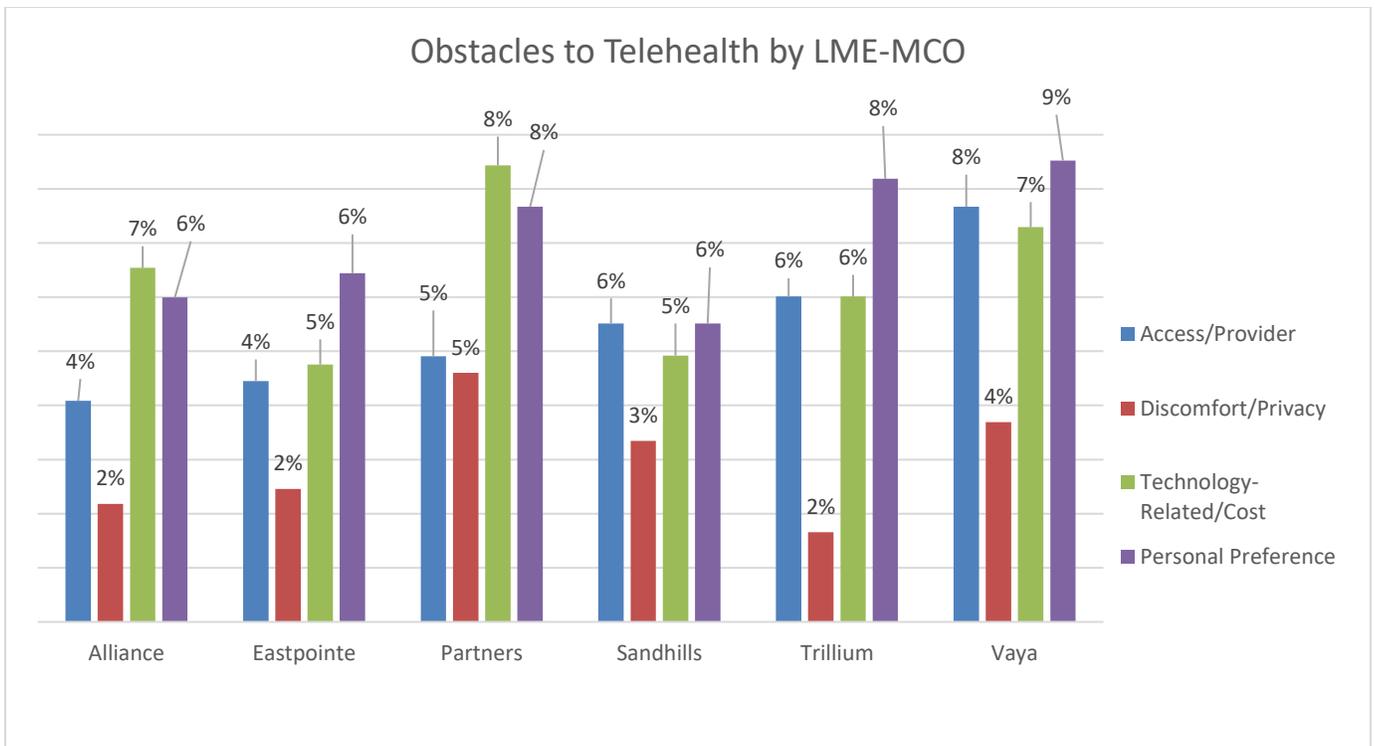
Data analysis indicated that 51.7 percent of respondents received telehealth services, 41.6 percent did not receive telehealth services, and 6.7 percent were not sure. Respondents were asked: “In the past six months, did any of the following interfere with your ability to receive teletherapy or telehealth services from your mental

health or substance use provider(s)?" Respondents were able to select multiple options in response to this question. Survey responses indicated that 71.1% of adults, 70.3% of youth, and 68.1% of child/ family respondents reported "No, nothing interfered with my ability to get telehealth service". Six percent of adults, one percent of youth, and less than one percent of child/ family respondents reported that "My provider didn't offer telehealth services".

The bar chart below shows the frequently cited obstacles to receiving telehealth services across LME-MCO for all age populations. Obstacles to treatment were categorized into four areas: technology-related, access/provider, discomfort/privacy, and personal preference. Technology-related issues represented the most often cited hindrance.



The bar chart below shows the frequently cited obstacles to receiving telehealth services across LME-MCO for all age populations. Approximately, seven obstacles to treatment were categorized into four areas: technology-related, access/provider, discomfort/privacy, and personal preference. Personal preferences represented the most often cited reason for not utilizing telehealth services followed by Technology-related or cost/financial barriers.



S

- i. The annual Perceptions of Care survey assesses client satisfaction and perceptions of quality and outcomes of publicly funded mental health and substance use disorder services. The survey satisfies a Substance Abuse and Mental Health Services Administration (SAMHSA) reporting requirement for the Community Mental Health Services Block Grant. Please refer to the 2022 Mental Health and Substance Use Services Client Perceptions of Care report for additional information about survey administration and respondent samples.
- ii. On March 10, 2020, Governor Roy Cooper issued an Executive Order declaring a State of Emergency to coordinate response and protective actions to prevent the spread of COVID-19. Subsequent orders were issued in the following months, including statewide stay-at-home orders and orders to limit social gatherings, close public schools and some businesses, require the use of face coverings, and encourage everyone to stay at least six feet apart from others.
- iii. In April 2020, in response to the COVID-19 Pandemic, NC Medicaid and the DHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services modified Behavioral Health and other Clinical Coverage Policies to include telehealth service delivery. “Telehealth” is the use of two-way real time interactive audio and video to provide care and services when providers and service clients are in different physical locations.
- iv. Due to the COVID-19 emergency, LME-MCO provider and participant sampling guidelines included flexibilities that may have impacted representativeness of resulting survey samples. The impact of these modifications on final participant samples and observed differences between LMEs-MCOs is unknown.
- v. Sample size for Asian participants was less than five, thus this category was excluded from analysis. 57.3% of child respondents did not receive telehealth service. A lower participation rate than other survey populations.

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

Domain	Adult Survey	Youth Survey	Child Family Survey
<i>Access to Services</i>	<ul style="list-style-type: none"> The location of services was convenient (parking, public transportation, distance, etc.). Staff were willing to see me as often as I felt it was necessary. Staff returned my call in 24 hours. Services were available at times that were good for me. I was able to get all the services I thought I needed. I was able to see a psychiatrist when I wanted to. 	<ul style="list-style-type: none"> The location of services was convenient. Services were available at times that were convenient for me. 	<ul style="list-style-type: none"> The location of services was convenient for us. Services were available at times that were convenient for us.
<i>Treatment Planning</i>	<ul style="list-style-type: none"> I felt comfortable asking questions about my treatment and medication. I, not staff, decided my treatment goals. 	<ul style="list-style-type: none"> I helped to choose my services. I helped to choose my treatment goals. I participated in my own treatment. 	<ul style="list-style-type: none"> I helped to choose my child's services. I helped to choose my child's treatment goals. I participated in my child's treatment.
<i>Quality and Appropriateness (Adult)</i> <i>Cultural Sensitivity (Youth, Child Family)</i>	<ul style="list-style-type: none"> Staff here believe that I can grow, change and recover. I felt free to complain. Staff told me what side effects to watch out for. Staff respected my wishes about who is, and who is not, to be given information about my treatment. Staff were sensitive to my cultural background. Staff helped me obtain the information I needed so that I could take charge of managing my illness. 	<ul style="list-style-type: none"> Staff treated me with respect. Staff respected my family's religious/spiritual beliefs. Staff spoke with me in a way that I understood. Staff were sensitive to my cultural/ethnic background. 	<ul style="list-style-type: none"> Staff treated me with respect. Staff respected my family's religious/spiritual beliefs. Staff spoke with me in a way that I understood. Staff were sensitive to my cultural/ethnic background.

Domain	Adult Survey	Youth Survey	Child Family Survey
Quality/Cultural Sensitivity (cont.)	<ul style="list-style-type: none"> I was given information about my rights. I was encouraged to use consumer-run programs. Staff encouraged me to take responsibility for how I live my life. 		
Outcomes	<p><i>As a direct result of the services I received...</i></p> <ul style="list-style-type: none"> I deal more effectively with daily problems. I am better able to control my life. I am better able to deal with crisis. I am getting along better with my family. I do better in social situations. I do better in school and/or work. My symptoms are not bothering me as much.* My housing situation has improved. <p><i>*Item also counts toward Functioning domain</i></p>	<p><i>As a direct result of the services I received...</i></p> <ul style="list-style-type: none"> I am better at handling daily life. I get along better with family members. I get along better with friends and other people. I do better in school and/or work. I am better able to cope when things go wrong. I am satisfied with our family life right now. 	<p><i>As a direct result of the services my child received...</i></p> <ul style="list-style-type: none"> My child is better at handling daily life.* My child gets along better with family members.* My child gets along better with friends and other people.* My child is doing better in school and/or work.* My child is better able to cope when things go wrong.* I am satisfied with our family life right now. <p><i>*Items also count toward Functioning domain.</i></p>
Functioning	<p><i>As a direct result of the services I received...</i></p> <ul style="list-style-type: none"> My symptoms are not bothering me as much.* I do things that are more meaningful to me. I am better able to take care of my needs. I am better able to handle things when they go wrong. 	N/A	<p><i>As a direct result of the services my child received...</i></p> <ul style="list-style-type: none"> My child is better at handling daily life.* My child gets along better with family members.* My child gets along better with friends and other people.* My child is doing better in school and/or work.*

Domain	Adult Survey	Youth Survey	Child Family Survey
Functioning (cont.)	<ul style="list-style-type: none"> I am better able to do things that I want to do. <i>*Item also counts toward Outcomes domain.</i> 		<ul style="list-style-type: none"> My child is better able to cope when things go wrong.* My child is better able to do things he or she wants. <i>*Items also count toward Outcomes domain.</i>
Social Connectedness	<ul style="list-style-type: none"> In a crisis, I would have the support I need from family or friends. I am happy with the friendships I have. I have people with whom I can do enjoyable things. I feel I belong in my community. 	N/A	<ul style="list-style-type: none"> I know people who will listen and understand me when I need to talk. I have people that I am comfortable talking with about my child's problems. In a crisis, I would have the support I need from family or friends. I have people with whom I can do enjoyable things.
General Satisfaction	<ul style="list-style-type: none"> I like the services that I received here. If I had other choices, I would still get services from this agency. I would recommend this agency to a friend or family member. 	<ul style="list-style-type: none"> Overall, I am satisfied with the services I received. The people helping me stuck with me no matter what. I felt I had someone to talk to when I was troubled. I received services that were right for me. I got the help I wanted. I got as much help as I needed. 	<ul style="list-style-type: none"> Overall, I am satisfied with the services my child received. The people helping my child stuck with us no matter what. I felt my child had someone to talk to when he/she was troubled. The services my child and/or family received were right for us. My family got the help we wanted for my child. My family got as much help as we needed for my child.



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HEALTH AND HUMAN SERVICES

Division of Mental Health,
Developmental Disabilities
and Substance Abuse Services

State of North Carolina • Roy Cooper, Governor
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