

NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Mental Health,  
Developmental Disabilities and  
Substance Use Services

**2025 NC Mental Health/Substance Use Disorder Client Perceptions of Care Survey**

**ADULT SURVEY (Clients 18 years and older)**

**Instructions for Community MH/SUD Service Providers**

ALL ITEMS ON THIS PAGE SHOULD BE COMPLETED BY THE SERVICE PROVIDER BEFORE THE CLIENT COMPLETES THE SURVEY.

PLEASE WORK WITH THE LME-MCO TO DETERMINE THE CORRECT NATIONAL PROVIDER IDENTIFIER (NPI) YOUR AGENCY SHOULD USE TO SUBMIT SURVEYS.

**Provider NPI\***

Enter the provider's 10-digit National Provider Identifier number. Contact the LME-MCO if you do not know which NPI to enter.

**Is this member a Medicaid beneficiary?\***

- ☐ Yes
- ☐ No
- ☐ Don't know

**Member's LME-MCO or NC Medicaid Plan\***

Select one.

- ☐ Alliance Health
- ☐ Partners Behavioral Health Management
- ☐ Trillium Health Resources
- ☐ Vaya Health
- ☐ AmeriHealth Caritas of North Carolina
- ☐ Blue Cross and Blue Shield of North Carolina
- ☐ UnitedHealthcare of North Carolina
- ☐ WellCare of North Carolina
- ☐ Carolina Complete Health, Inc.
- ☐ Eastern Band of Cherokee Indians (EBCI) Tribal Option
- ☐ NC Medicaid Direct (fee for service)

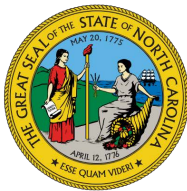
PLEASE WORK WITH THE TAILORED PLAN TO DETERMINE THE CORRECT LME-MCO CLIENT NUMBER TO SUBMIT WITH EACH MEMBER SURVEY. THE TAILORED PLAN CLIENT NUMBER UNIQUELY IDENTIFIES THE MEMBER WITHIN THE TAILORED PLAN AND IS DISTINCT FROM OTHER IDENTIFIERS SUCH AS THE PROVIDER AGENCY INTERNAL RECORD NUMBER, COMMON NAME DATA SERVICE (CNDS) NUMBER, MEDICAID ID, OR OTHER INSURANCE ID.

**Member's Tailored Plan Client Number \***

Enter the person's unique Client Number assigned by the Tailored Plan (LME-MCO). Contact the Tailored Plan (LME-MCO) if you do not know the member's correct Tailored Plan Client Number. NC Medicaid Plan members will not have a LME-MCO Client Number.

**Please indicate how the client survey is being administered.\***

- ☐ Client is completing electronically using computer or other device
- ☐ Client is completing paper copy
- ☐ Clinical provider staff is administering by telephone or camera connection
- ☐ Non-clinical provider staff is administering by telephone or camera connection
- ☐ TP/LME-MCO is administering by telephone or camera connection
- ☐ Other (please describe):



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Thank you for helping our agency make services better by agreeing to answer some questions about your services. Your answers are confidential and will not influence current or future services you receive.

**BACKGROUND INFORMATION**

Please tell us a little about yourself.

**What is your age?**

Enter your age in years on your most recent birthday.

**Gender:**

- ☐ Male
- ☐ Female
- ☐ Other

**Are you Hispanic or Latino/a?**

- ☐ Yes
- ☐ No

**Which of the following best describes your racial background?**

Select the one that best describes you.

- ☐ White
- ☐ Asian
- ☐ Black/African American
- ☐ Multiracial
- ☐ American Indian/Native American
- ☐ Alaskan Native
- ☐ Pacific Islander
- ☐ Unknown
- ☐ Other

**What is the primary reason you are currently receiving services?**

- ☐ Mental Health
- ☐ Substance Use

**YOUR SERVICES**

Please answer the following questions based on the services you have received so far in the past year. Indicate if you Strongly Agree, Agree, are Neutral, Disagree, or Strongly Disagree with each statement. If the question is about something you have not experienced, please fill in the circle for Not Applicable (N/A) to indicate that this item does not apply to you.

**1. I like the services that I received here.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ I am Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A

**2. If I had other choices, I would still get services from this agency.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ I am Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A

**3. I would recommend this agency to a friend or family member.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ I am Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A

**4. The location of services was convenient (parking, public transportation, distance, etc.).**

- ☐ Strongly Agree
- ☐ Agree
- ☐ I am Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A

**5. Staff were willing to see me as often as I felt it was necessary.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ I am Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A

**6. Staff returned my call within 24 hours.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ I am Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A

**7. Services were available at times that were good for me.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ I am Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A

**8. I was able to get all the services I thought I needed.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ I am Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A

**9. Staff here believe that I can grow, change and recover.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ I am Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A

**10. I felt free to complain.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ I am Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A

**11. Staff told me what side effects to watch out for.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ I am Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A

**12. Staff respected my wishes about who is, and who is not, to be given information about my treatment.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ I am Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A

**13. Staff were sensitive to my cultural background (race, religion, language, etc.).**

- ☐ Strongly Agree
- ☐ Agree
- ☐ I am Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A

**14. Staff helped me obtain the information I needed so that I could take charge of managing my illness.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ I am Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A

**15. I was able to see a psychiatrist when I wanted to.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ I am Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A

**16. I felt comfortable asking questions about my treatment and medication.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ I am Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A

**17. I was given information about my rights.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ I am Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A

**18. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).**

- ☐ Strongly Agree
- ☐ Agree
- ☐ I am Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A

**19. Staff encouraged me to take responsibility for how I live my life.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ I am Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A

**20. I, not staff, decided my treatment goals.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ I am Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A

As a direct result of the services I received...

**21. I deal more effectively with daily problems.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ I am Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A

**22. I am better able to control my life.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ I am Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A

**23. I am better able to deal with crisis.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ I am Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A

**24. I am getting along better with my family.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ I am Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A

**25. I do better in social situations.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ I am Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A

As a direct result of the services I received...

**26. I do better in school and/or work.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ I am Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A

**27. My symptoms are not bothering me as much.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ I am Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A

**28. My housing situation has improved.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ I am Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A

**29. I do things that are more meaningful to me.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ I am Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A

**30. I am better able to take care of my needs.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ I am Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A

**31. I am better able to handle things when they go wrong.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ I am Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A

**32. I am better able to do things that I want to do.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ I am Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A



Please answer the questions below about your relationships with people other than your mental health service provider(s).

**33. In a crisis, I would have the support I need from family or friends.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ I am Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A

**34. I am happy with the friendships I have.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ I am Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A

**35. I have people with whom I can do enjoyable things.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ I am Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A

**36. I feel I belong in my community.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ I am Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A

**In what North Carolina county do you currently live?**

- |                                   |                                    |
|-----------------------------------|------------------------------------|
| <input type="radio"/> Alamance    | <input type="radio"/> Alexander    |
| <input type="radio"/> Alleghany   | <input type="radio"/> Anson        |
| <input type="radio"/> Ashe        | <input type="radio"/> Avery        |
| <input type="radio"/> Beaufort    | <input type="radio"/> Bertie       |
| <input type="radio"/> Bladen      | <input type="radio"/> Brunswick    |
| <input type="radio"/> Buncombe    | <input type="radio"/> Burke        |
| <input type="radio"/> Cabarrus    | <input type="radio"/> Caldwell     |
| <input type="radio"/> Camden      | <input type="radio"/> Carteret     |
| <input type="radio"/> Caswell     | <input type="radio"/> Catawba      |
| <input type="radio"/> Chatham     | <input type="radio"/> Cherokee     |
| <input type="radio"/> Chowan      | <input type="radio"/> Clay         |
| <input type="radio"/> Cleveland   | <input type="radio"/> Columbus     |
| <input type="radio"/> Craven      | <input type="radio"/> Cumberland   |
| <input type="radio"/> Currituck   | <input type="radio"/> Dare         |
| <input type="radio"/> Davidson    | <input type="radio"/> Davie        |
| <input type="radio"/> Duplin      | <input type="radio"/> Durham       |
| <input type="radio"/> Edgecombe   | <input type="radio"/> Forsyth      |
| <input type="radio"/> Franklin    | <input type="radio"/> Gaston       |
| <input type="radio"/> Gates       | <input type="radio"/> Graham       |
| <input type="radio"/> Granville   | <input type="radio"/> Greene       |
| <input type="radio"/> Guilford    | <input type="radio"/> Halifax      |
| <input type="radio"/> Harnett     | <input type="radio"/> Haywood      |
| <input type="radio"/> Henderson   | <input type="radio"/> Hertford     |
| <input type="radio"/> Hoke        | <input type="radio"/> Hyde         |
| <input type="radio"/> Iredell     | <input type="radio"/> Jackson      |
| <input type="radio"/> Johnston    | <input type="radio"/> Jones        |
| <input type="radio"/> Lee         | <input type="radio"/> Lenoir       |
| <input type="radio"/> Lincoln     | <input type="radio"/> Macon        |
| <input type="radio"/> Madison     | <input type="radio"/> Martin       |
| <input type="radio"/> McDowell    | <input type="radio"/> Mecklenburg  |
| <input type="radio"/> Mitchell    | <input type="radio"/> Montgomery   |
| <input type="radio"/> Moore       | <input type="radio"/> Nash         |
| <input type="radio"/> New Hanover | <input type="radio"/> Northampton  |
| <input type="radio"/> Onslow      | <input type="radio"/> Orange       |
| <input type="radio"/> Pamlico     | <input type="radio"/> Pasquotank   |
| <input type="radio"/> Pender      | <input type="radio"/> Perquimans   |
| <input type="radio"/> Person      | <input type="radio"/> Pitt         |
| <input type="radio"/> Polk        | <input type="radio"/> Randolph     |
| <input type="radio"/> Richmond    | <input type="radio"/> Robeson      |
| <input type="radio"/> Rockingham  | <input type="radio"/> Rowan        |
| <input type="radio"/> Rutherford  | <input type="radio"/> Sampson      |
| <input type="radio"/> Scotland    | <input type="radio"/> Stanly       |
| <input type="radio"/> Stokes      | <input type="radio"/> Surry        |
| <input type="radio"/> Swain       | <input type="radio"/> Transylvania |
| <input type="radio"/> Tyrrell     | <input type="radio"/> Union        |
| <input type="radio"/> Vance       | <input type="radio"/> Wake         |
| <input type="radio"/> Warren      | <input type="radio"/> Washington   |
| <input type="radio"/> Watauga     | <input type="radio"/> Wayne        |
| <input type="radio"/> Wilkes      | <input type="radio"/> Wilson       |
| <input type="radio"/> Yadkin      | <input type="radio"/> Yancey       |

**TELEHEALTH/TELETHERAPY**

"Telehealth" uses an electronic device like a computer or telephone for appointments with your provider. This can include therapy appointments (teletherapy) or check-ins by telephone or using the camera on your computer or smartphone to "video chat" or "facetime" with your service provider. "Teletherapy" is a form of telehealth.

**1. In the past six months, did you receive any teletherapy or other telehealth services from your mental health or substance use service provider(s)?**

- ☐ Yes
- ☐ No
- ☐ Not sure

**2. Access/Provider- 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)?** Check all that apply.

- ☐ No, nothing interfered with my ability to get telehealth services
- ☐ My provider didn't offer telehealth services
- ☐ Telehealth appointments weren't available at convenient times for me

**3. Technology/Cost- 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)?** Check all that apply.

- ☐ No, nothing interfered with my ability to get telehealth services
- ☐ I don't have a smartphone or computer
- ☐ High speed internet is limited or not available in my area
- ☐ The cost of internet or phone service is a barrier
- ☐ I'm not comfortable using the technology for telehealth (smartphone/computer, internet, etc.)

**4. Discomfort/Privacy- 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)?** Check all that apply.

- ☐ No, nothing interfered with my ability to get telehealth services
- ☐ I'm not comfortable using the technology for telehealth (smartphone/computer, internet, etc.)
- ☐ I have concerns about the privacy of telehealth sessions

**5. Personal Preference- 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)?** Check all that apply.

- ☐ No, nothing interfered with my ability to get telehealth services
- ☐ I don't think telehealth would be helpful
- ☐ I don't feel telehealth is right for me
- ☐ I prefer face to face over teletherapy/telehealth services

**6. Compared to seeing your mental health or substance use service provider in person, how helpful were the teletherapy or telehealth services you received in the past six months?**

- ☐ Much less helpful
- ☐ Somewhat less helpful
- ☐ About the same as seeing my provider in person
- ☐ Somewhat more helpful
- ☐ Much more helpful
- ☐ Doesn't apply; I didn't receive any telehealth

**7. Is there anything else you'd like to tell us about your experience with teletherapy or telehealth services?**

**Thank you for completing the survey!**

**Who to Contact with Concerns about Your Services**

The North Carolina Division of Mental Health, Developmental Disabilities and Substance Use Services, Customer Service and Community Rights Team, is committed to addressing

the needs of consumers and family members through timely and quality customer service. Contact us at 919-715-3197, Toll-Free at 1-855-262-1946, by email at [dmh.advocacy@dhhs.nc.gov](mailto:dmh.advocacy@dhhs.nc.gov), or on the web at [www.ncdhhs.gov/mhddsas](http://www.ncdhhs.gov/mhddsas) by scrolling down to the Customer Service and Consumer Empowerment link.