2025 MENTAL HEALTH AND SUBSTANCE USE SERVICES CONSUMER PERCEPTIONS OF CARE

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

Quality Management

June 2026

Contents

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 North Carolina Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS) publishes this annual report and shares survey data with Local Management Entity-Managed Care Organization (LME-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 11, 2025 and September 24, 2025 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: 2025 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. The 2020 survey administration guidelines were extended to the 2025 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-quarter (23.4%) of all surveys were completed by the consumer using the web-based survey form. While 51.9% were completed by clients as paper-and-pencil surveys. 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.

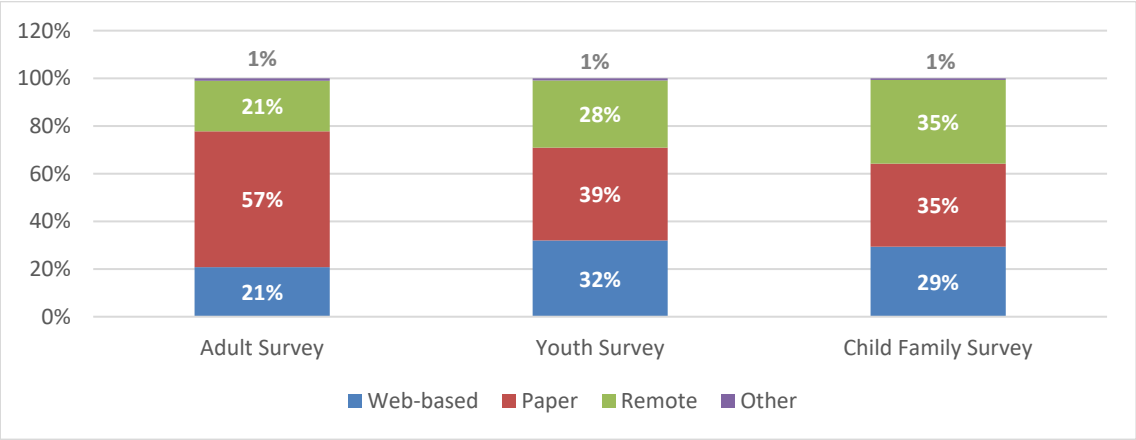
Adult surveys are intended for individuals 18 years and older. Youth surveys are for individuals ages 12 to 17 years. Child Family surveys are designed for parents, family members, and guardians of children ages 11 years and younger. Table 2 shows the numbers of 2025 surveys of each type submitted by each LME-MCO.

TABLE 2: 2025 CLIENT SURVEYS SUBMITTED PER TAILORED PLAN

LME-MCO	Adult	Youth	Child Family	Total	Percent of State Total
Alliance Behavioral Healthcare	1969	449	240	2658	34.2%
Partners Behavioral Health	811	225	76	1112	14.3%
Trillium Health Resources	2078	416	269	2763	35.5%
Vaya Health	970	178	97	1245	16.0%
State Total	5828	1268	682	7778	100.0%
Percent of State Total	74.9%	16.3%	8.8%	100.0%	

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: 2025 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.

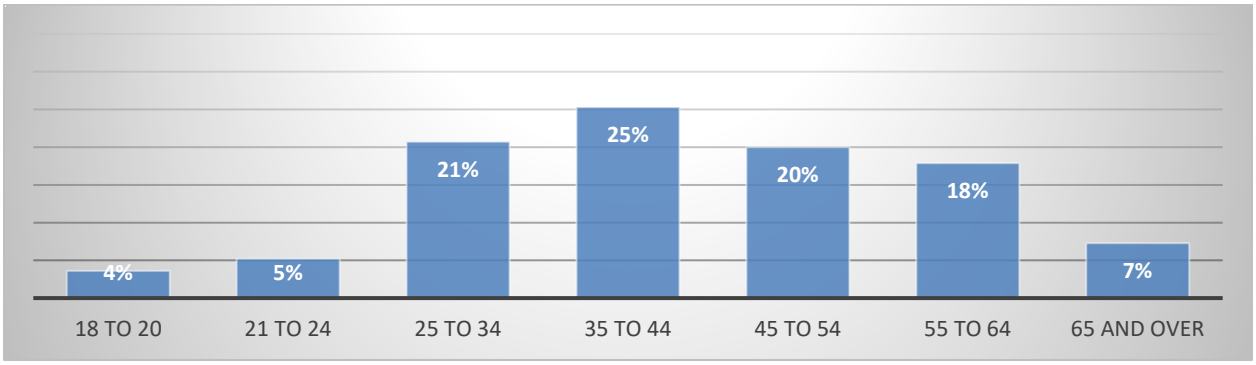
A domain score is calculated only if a respondent answered two-thirds or more of the domain items with a response other than "N/A" (not applicable). For this reason, total numbers of respondents with calculated scores for each domain vary and generally are smaller than the total number of survey respondents.

Survey Respondent Demographics

Adult Survey

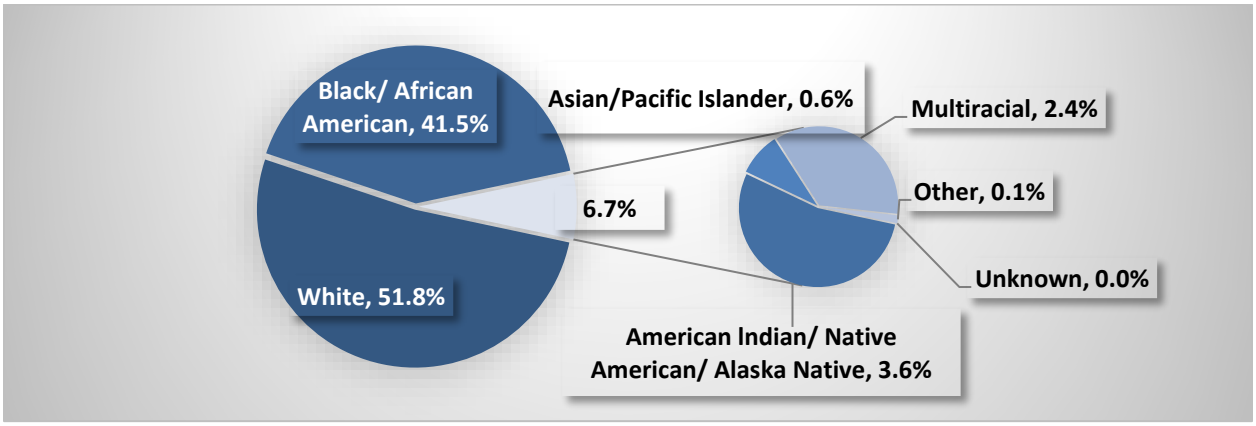
The 2025 Adult Survey sample included 5,710 individuals with a reported age within the requested range of 18 years and older.[2] Average respondent age was 43.56 years. The sample consisted of 49.2 percent female respondents, 50.2 percent male respondents, and 0.6 percent who identified as transgender, non-binary, or a self-described gender.

FIGURE 2: ADULT RESPONDENT AGE DISTRIBUTION



Of those who reported an ethnicity, 51.8 percent self-identified as white, and 41.5 percent as Black/African American, 2.4 percent Multiracial, 6.7 percent as other ethnic group. In response to a separate question, 4.6 percent of the sample also identified as Hispanic or Latino.

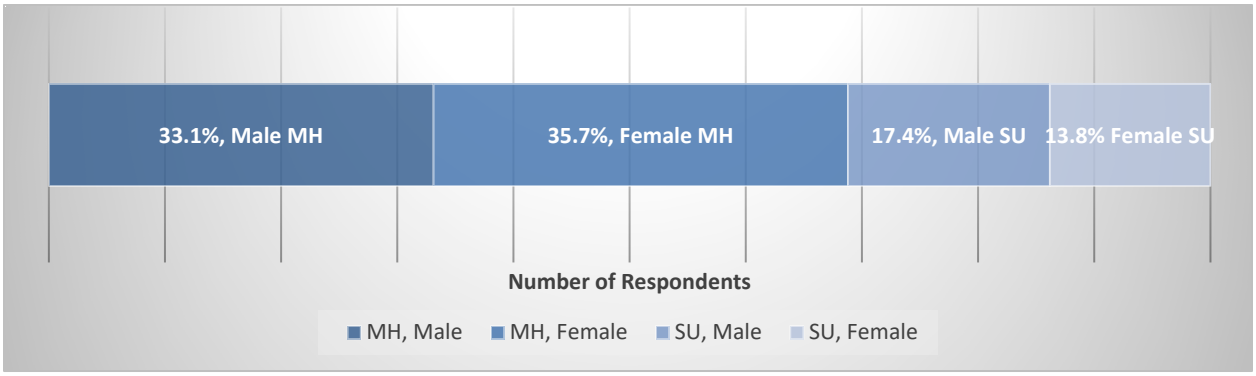
FIGURE 3: ADULT RESPONDENT RACE/ETHNICITY



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

Descriptive analysis also revealed that 68.9% of Adult respondents reported that their primary reason for receiving services was related to mental health while 31.1% reported the primary reason was substance use. MH services clients were more likely to be women than men, while a slightly higher proportion of SUD clients were male.

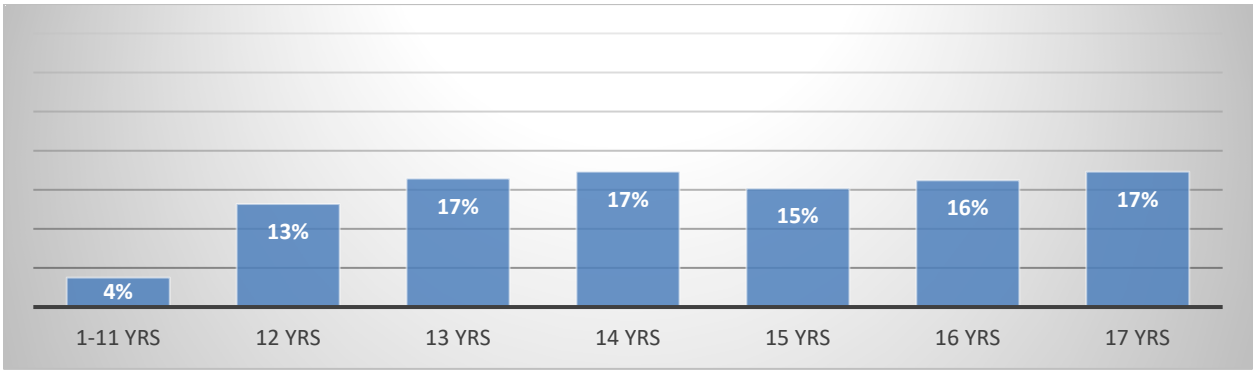
FIGURE 4: ADULT RESPONDENT GENDER AND PRIMARY REASON FOR SERVICES, PERCENTAGE OF TOTAL SAMPLE



Youth Survey

The Youth Survey sample included 1,169 respondents within the requested range of 12 to 17 years, 47 reported ages younger than 12 years, and eight aged 18-19 years of age. There were 1,224 youth respondents under the age of 20.[3] Including 47 respondents aged 1-11 years old that completed the youth survey. On average, respondents were 14.38 years old. The sample consisted of 51.6% male respondents, 47.2% female, and 1.2% self-described as non-binary, in transition, or other.

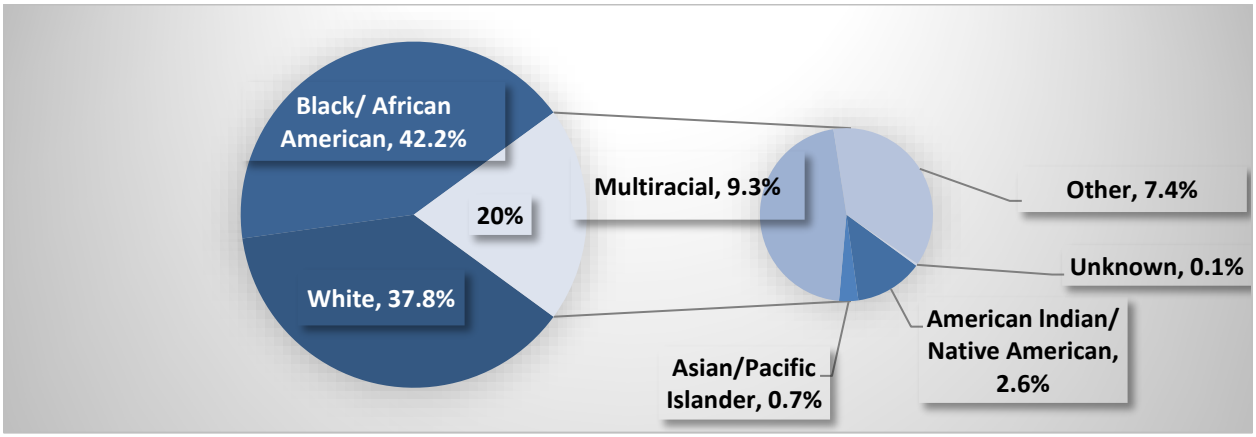
FIGURE 5: YOUTH RESPONDENT AGE DISTRIBUTION



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

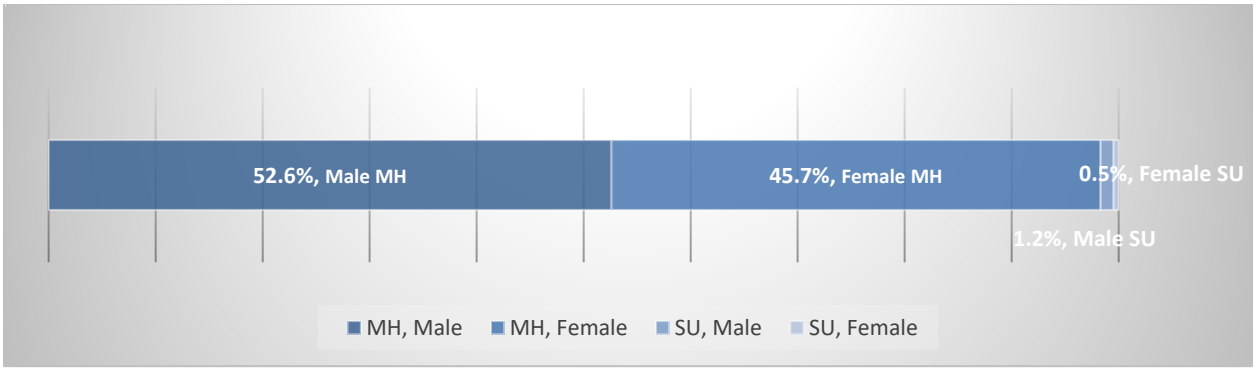
The ethnic distribution of respondents was assessed to be, 42.2% identified as Black/African American, 37.8% as white, 9.3% multiracial, and 20.1% other ethnicities including 2.6% American Indian/Native America, 0.7% Asian or Pacific Islander,7.4% other and 0.1% unknown. In response to a separate question, 11.8% identified as Hispanic or Latino.

FIGURE 6: YOUTH RESPONDENT RACE/ETHNICITY



The majority of youth respondents indicated mental health as the primary reason (98.3%). A total of 1.7% of youth respondents reported receiving treatment for substance use disorders. This included 0.5% of males and 1.2% of female youth respondents.

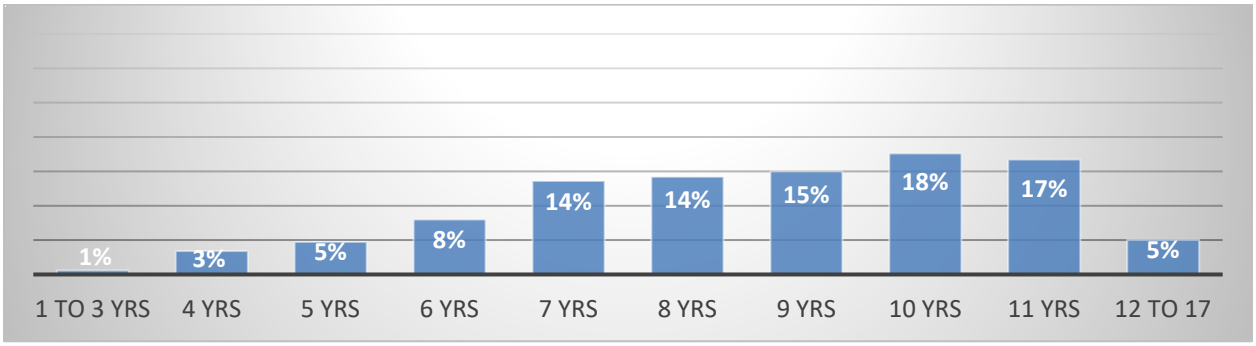
FIGURE 7: YOUTH RESPONDENT GENDER AND PRIMARY REASON FOR SERVICES



Child Family Survey

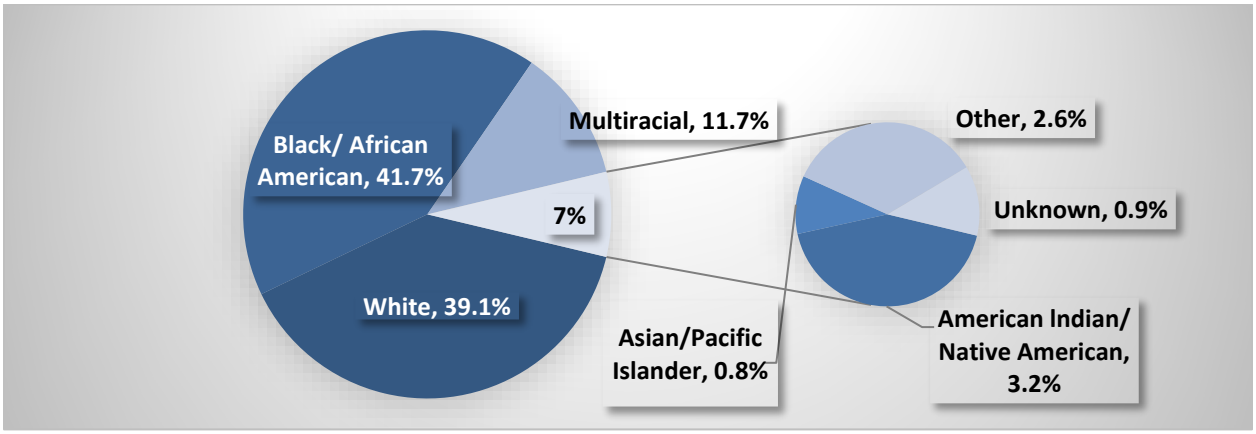
Child Family Surveys were completed for over 642 children within the requested age range of up to 11 years, and for an additional 34 clients aged 12 to 17 years, for a total of 676 surveys. 66.4% identified as male and 33.6% as female. The average child was 8.67 years old.

FIGURE 8: CHILD FAMILY SURVEY CHILD AGE DISTRIBUTION



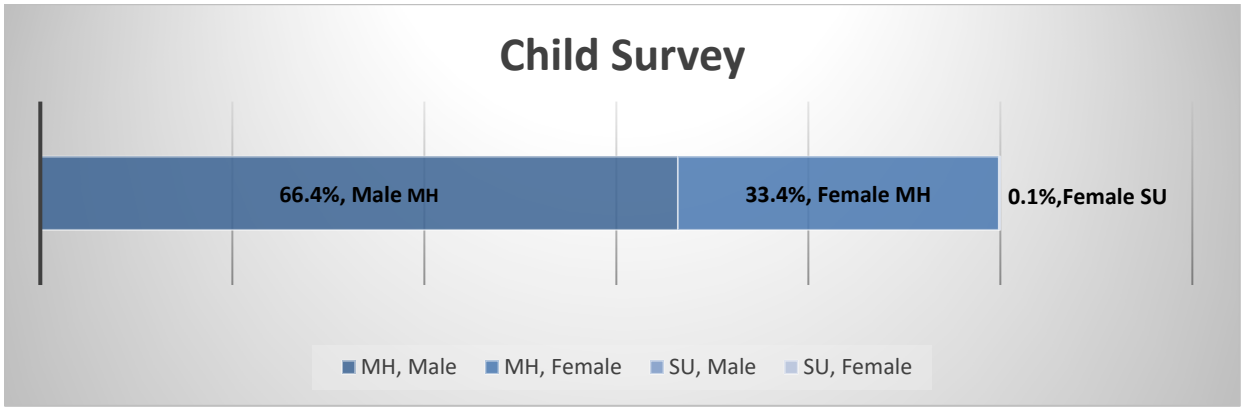
Among respondents who reported child racial background, 44.6% reported a background of white, 40.9% identified as Black/African American, 9.8% multiracial, and 4.8% other ethnicities including American Indian/Native America, Asian, other and unknown. In response to a separate question, 11.3 percent of child clients identified as Hispanic or Latino.

FIGURE 9: FAMILY SURVEY CHILD RACE/ETHNICITY



Moreover, 99.8 percent of respondents reported seeking mental health services. Of that pool, 64.4 percent were male and 33.4 percent were female. Among the child population only 0.1% sought treatment for substance use disorder services. One respondent did not respond to this question.

FIGURE 10: CHILD FAMILY RESPONDENT GENDER AND PRIMARY REASON FOR SERVICES



Statewide Annual Scores and Trends in Client Perceptions of Care

Statewide 2025 Adult, Youth, and Child Family survey MHSIP domain scores are shown in Figures 11A and 11 B. Annual Adult, Youth, and Child Family survey results for 2016 through 2025 are shown in Figures 12, 13, and 14.

Survey Domains

Access to Services	Treatment Planning	Quality & Appropriateness/ Cultural Sensitivity	Outcomes	Functioning	Social Connectedness	General Satisfaction
• Location • Seen When Needed • Returned Calls In 24 Hours • Convenient • Receive All Needed Services • Able To See Psychiatrist	• Choose Services • Choose Treatment/Treatment Goals • Participated In Treatment • Comfortable Asking Questions	• Believe I Can Recover • Information To Manage Illness • Free To Complain • Treated With Respect • Respected Beliefs/Background • Felt Free To Complain	• Dealing With Daily Problems • Control of Life • Better Able To Deal With Crisis • Better In Social Situations • Better At Work/School • Improved Housing • Satisfied With Life	• Reduced Symptoms • Take Care of Needs • Able To Handle Things When They Go Wrong • Able To The Things I Want • Child Gets Along With Family/Friends	• In A Crisis, Have Family Support • Happy With Friendships • I Can Do Enjoyable Things • I Belong In My Community	• Like My Services • Would Stay With Agency • Recommend Agency • People Stuck With Me • I Had Someone To Talk To • I Got The Help I Wanted/Needed

Several trends in client perceptions were observed over the years:

- Adult and Child family members and clients reported more positive perceptions on average than youth respondents.

- Overall, respondents from each of the three survey populations reported positive perceptions about their experiences with providers and services (*Access*, *Treatment Planning*, *Quality and Appropriateness*, and *Cultural Sensitivity* domains) with *General Satisfaction* domains being amongst the highest rated domain.

- Less highly rated domains represented consumer views about their treatment outcomes and relationships (*Outcomes*, *Functioning*, and *Social Connectedness* domains).

- Domains rated positively by 90 percent or more respondents include:
  - Adult, Youth, and Child Family survey *General Satisfaction* and *Quality and Appropriateness* or *Cultural Sensitivity*
  - Adult and Child Family survey *Access* and *General Satisfaction*

- Domains rated positively by fewer than 80 percent of respondents include:
  - Youth, and Child Family survey *Outcomes* and *Functioning*

FIGURE 11A: 2025 CLIENT PERCEPTIONS OF CARE AT A GLANCE: ADULT, YOUTH, AND CHILD FAMILY SURVEYS

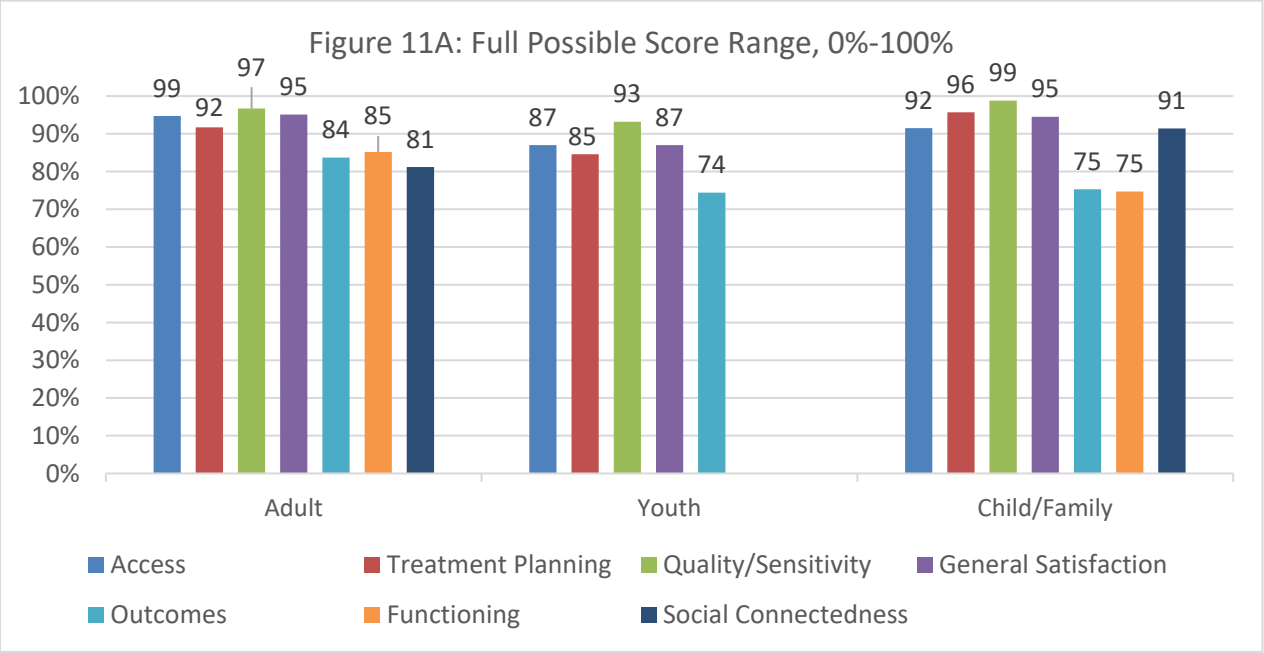
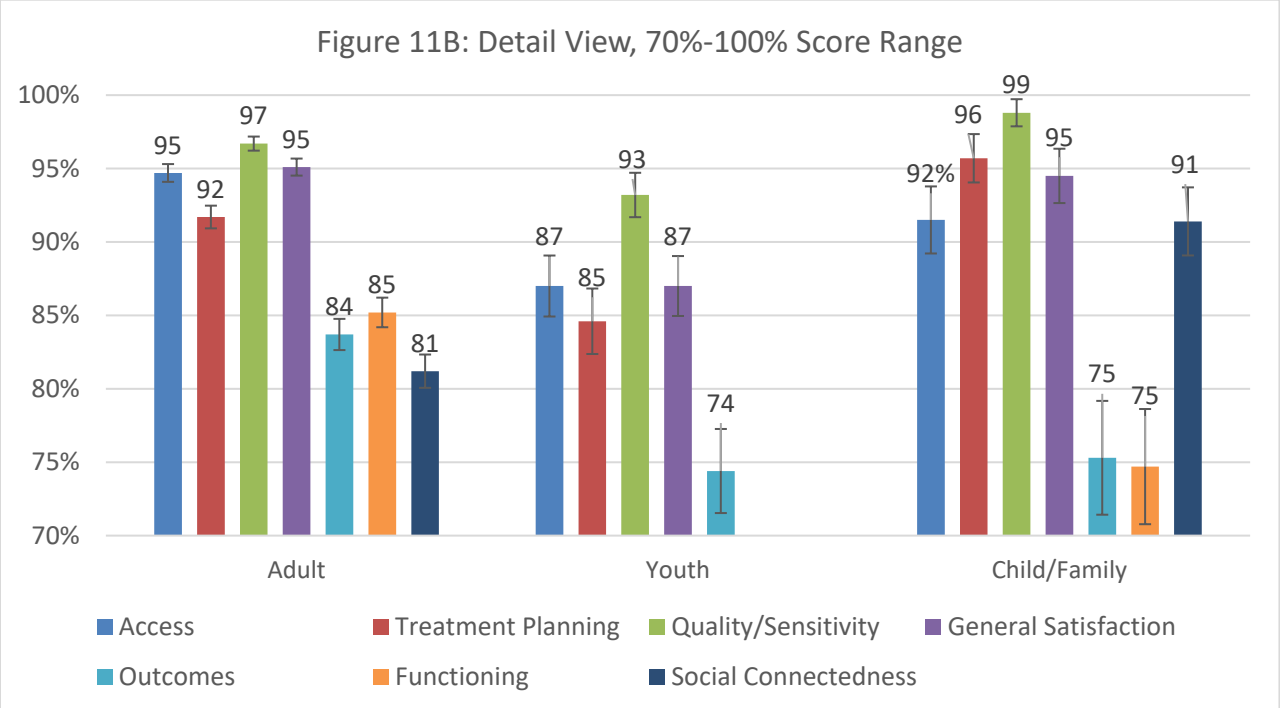


FIGURE 11B: 2025 CLIENT PERCEPTIONS OF CARE AT A GLANCE: ADULT, YOUTH, AND CHILD FAMILY SURVEYS



Adult domain scores remained high (95% Access, 97% Quality, 95% Satisfaction) with growth in Outcomes (84%) and Functioning (85%), showing stable, strong perceptions of service experience alongside gradual improvement in perceived progress from the prior year.

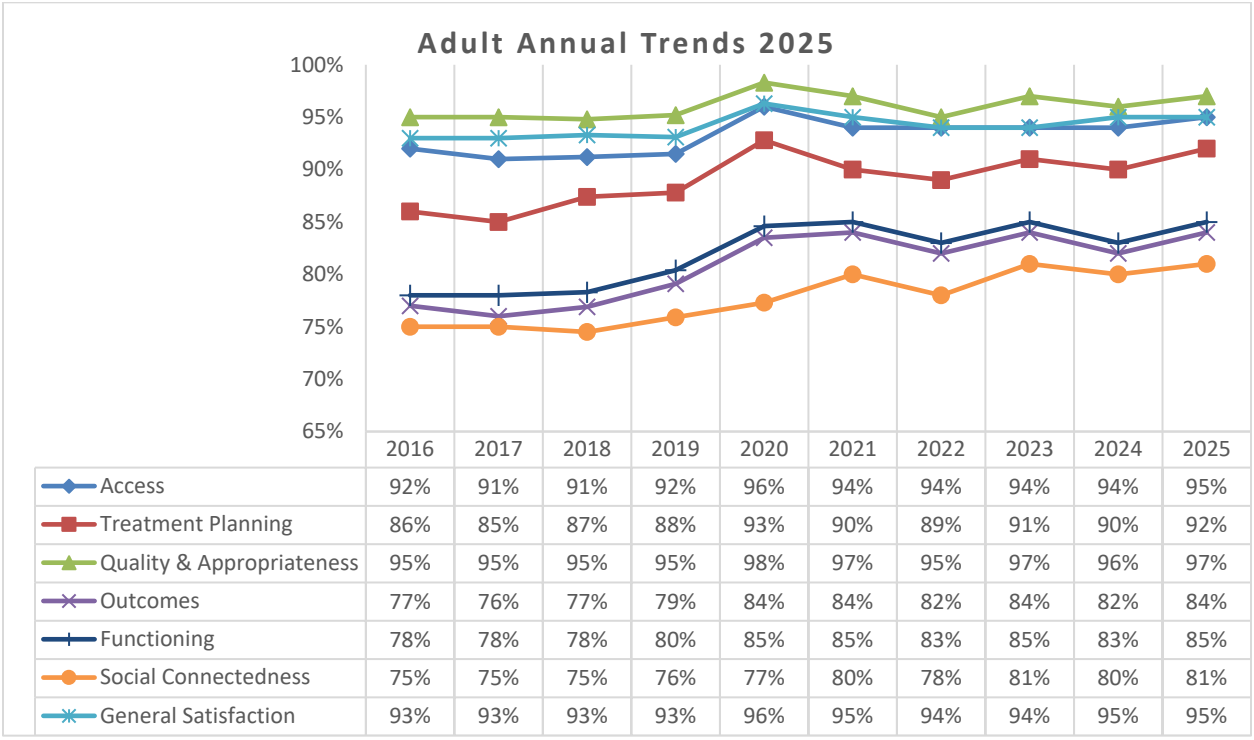
Youth ratings, while improving through 2022, leveled off or dipped slightly in 2025, particularly in General Satisfaction (87%) and in Outcomes (75%) and Treatment Planning (both 83%), indicating more variability in perceived benefits.

Child/Family respondents continued to report very strong experiences with services, with exceptionally high ratings in Cultural Sensitivity (99%), Treatment Planning (96%), and General Satisfaction (95%), though Outcomes and Functioning similarly remained at 75%.

Across all three populations, service-experience domains consistently outperformed domains reflecting perceived personal or social improvement, suggesting that while families value the quality of care received, gains in day-to-day functioning and well-being remain more modest.

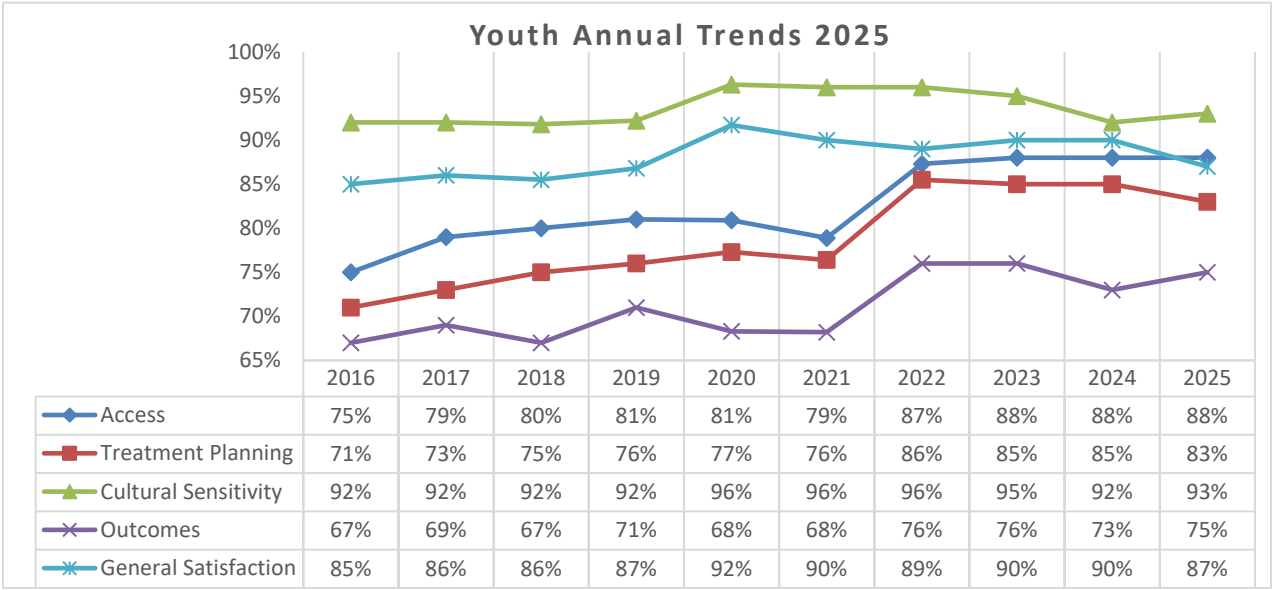
Figure 11A illustrates the relative scores for all MHSIP domains within each survey population. Figure 11B shows more detail in the upper range of the percentage scale. Error bars in Figure 11B show the 95% confidence intervals (CI) around the MHSIP domain positive percentage scores. Within survey population (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 12: STATEWIDE ANNUAL TRENDS IN ADULT SURVEY DOMAINS



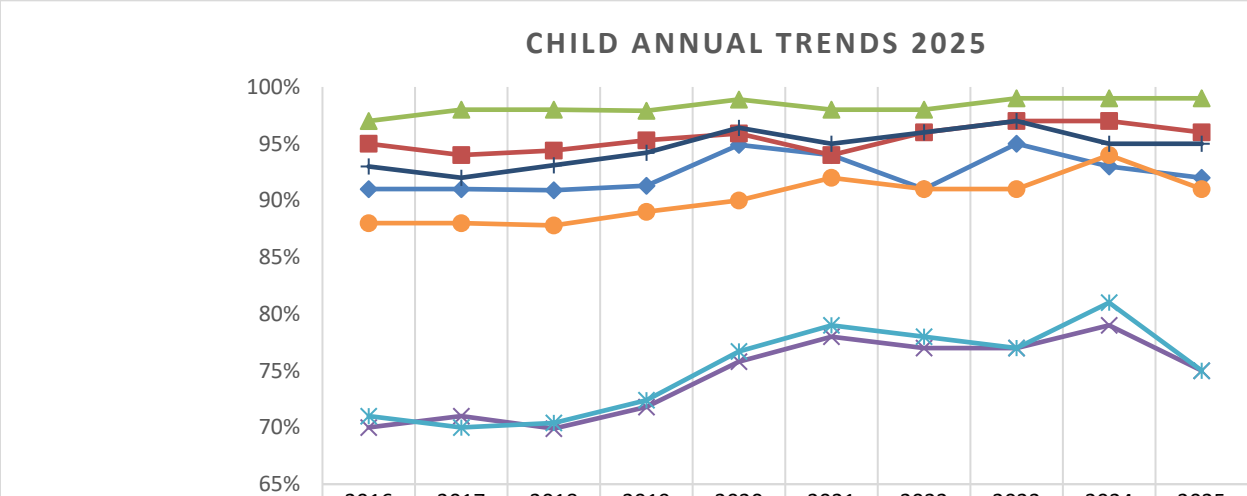
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Access	92%	91%	91%	92%	96%	94%	94%	94%	94%	95%
Treatment Planning	86%	85%	87%	88%	93%	90%	89%	91%	90%	92%
Quality & Appropriateness	95%	95%	95%	95%	98%	97%	95%	97%	96%	97%
Outcomes	77%	76%	77%	79%	84%	84%	82%	84%	82%	84%
Functioning	78%	78%	78%	80%	85%	85%	83%	85%	83%	85%
Social Connectedness	75%	75%	75%	76%	77%	80%	78%	81%	80%	81%
General Satisfaction	93%	93%	93%	93%	96%	95%	94%	94%	95%	95%

FIGURE 13: STATEWIDE ANNUAL TRENDS IN YOUTH SURVEY DOMAINS



	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Access	75%	79%	80%	81%	81%	79%	87%	88%	88%	88%
Treatment Planning	71%	73%	75%	76%	77%	76%	86%	85%	85%	83%
Cultural Sensitivity	92%	92%	92%	92%	96%	96%	96%	95%	92%	93%
Outcomes	67%	69%	67%	71%	68%	68%	76%	76%	73%	75%
General Satisfaction	85%	86%	86%	87%	92%	90%	89%	90%	90%	87%

FIGURE 14: STATEWIDE ANNUAL TRENDS IN CHILD FAMILY SURVEY DOMAINS



	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Access	91%	91%	91%	91%	95%	94%	91%	95%	93%	92%
Treatment Planning	95%	94%	94%	95%	96%	94%	96%	97%	97%	96%
Cultural Sensitivity	97%	98%	98%	98%	99%	98%	98%	99%	99%	99%
Outcomes	70%	71%	70%	72%	76%	78%	77%	77%	79%	75%
Functioning	71%	70%	70%	72%	77%	79%	78%	77%	81%	75%
Social Connectedness	88%	88%	88%	89%	90%	92%	91%	91%	94%	91%
General Satisfaction	93%	92%	93%	94%	96%	95%	96%	97%	95%	95%

*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 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 meaningfully related to MHSIP survey domain scores among any of the three survey populations. All correlations between client age in years and numerical survey domain scores were +/-0.09 or smaller.

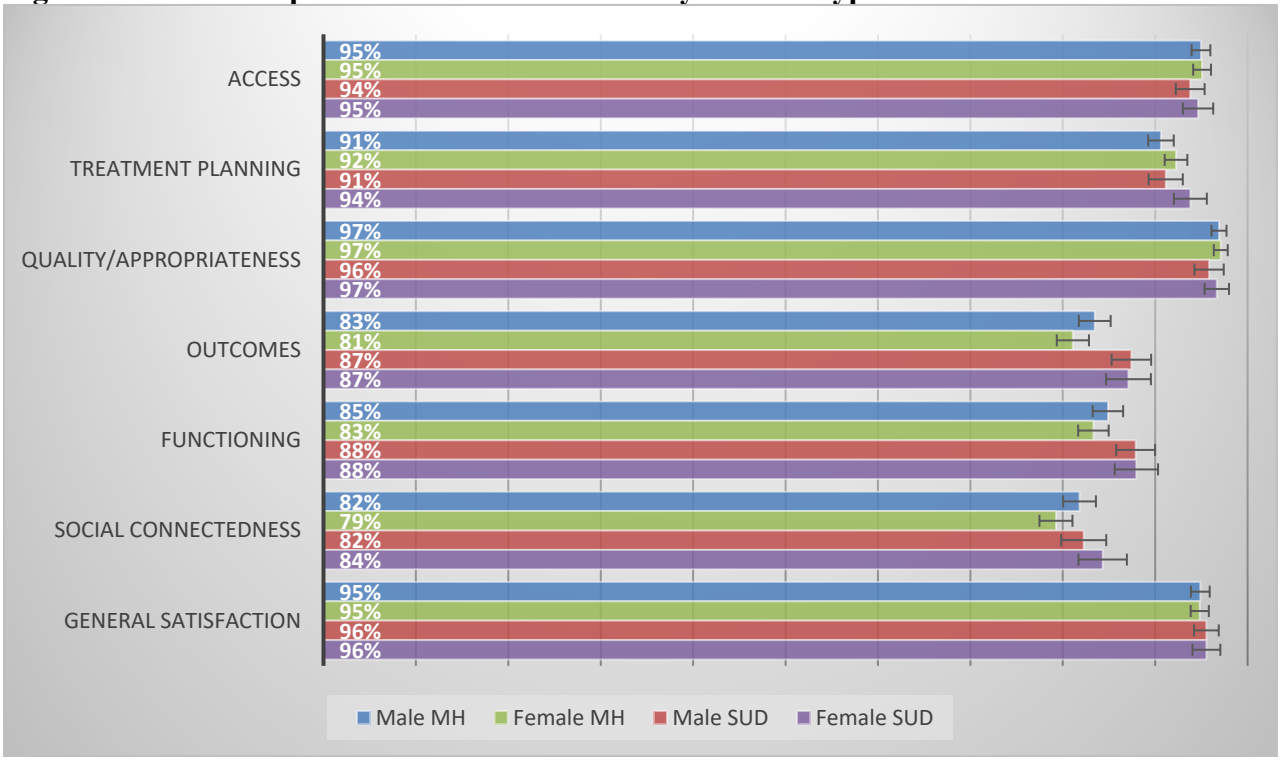
Race/Ethnic Background

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, and Hispanic/Latino clients.[4] 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

Overall, adults receiving primary substance use (SUD) services continued to report more positive perceptions in the Outcomes, Functioning, and Social Connectedness domains compared to those receiving primary mental health (MH) services. Male and female SUD clients showed notably higher positive perceptions in Functioning (88%–88% for SUD vs. 83%–85% for MH) and Outcomes (87%–87% for SUD vs. 81%–83% for MH). Social Connectedness followed a similar pattern, with female SUD clients rating it more favorably (84%) than female MH clients (79%). General Satisfaction and Quality/Appropriateness also received strong ratings across all groups, with 95%-97% positive ratings.

Figure 15: Adult Respondent Gender and Primary Service Type Differences



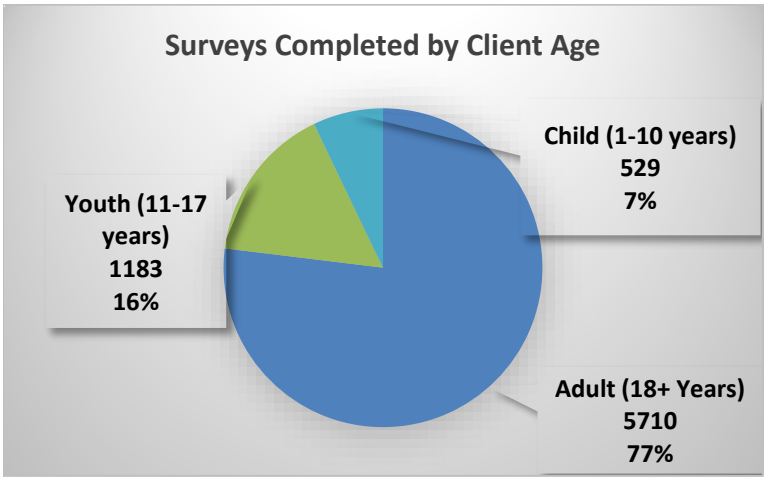
[4] The Hispanic/Latino category was created by selecting all individuals who identified as Hispanic/Latino regardless of other reported racial/ethnic background. Large percentages of individuals who identified as multiracial also identified as Hispanic/Latino, resulting in non-Hispanic multiracial sample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

Telehealth Services

Background

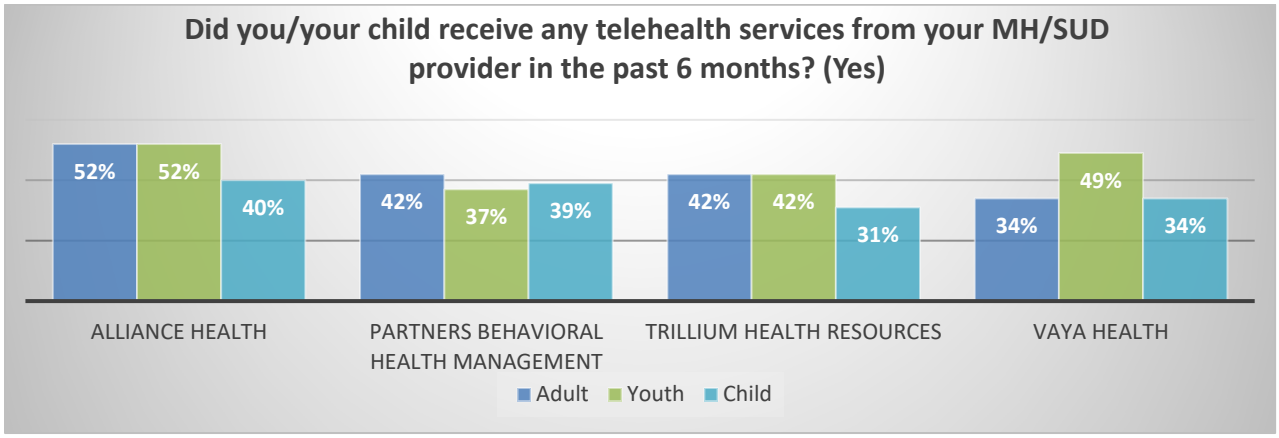
North Carolina Mental Health (MH) and Substance Use (SUD) clients across the state responded to supplemental questions about their experiences using telehealth and teletherapy services. Respondents were asked about their experiences using telehealth services in the past six months.

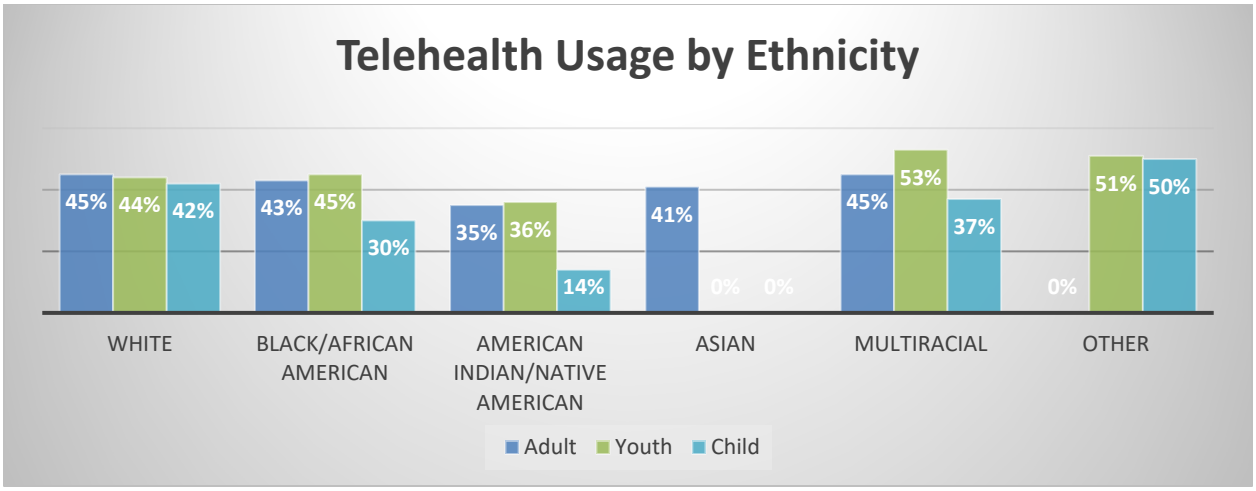
A total of 7,778 respondents completed surveys administered remotely, by telephone or two-way audio-video connection, on paper, and web-based versions. Of that total 7,422 reported an age. Regardless of data collection method, all surveys were entered into a web-based survey platform.



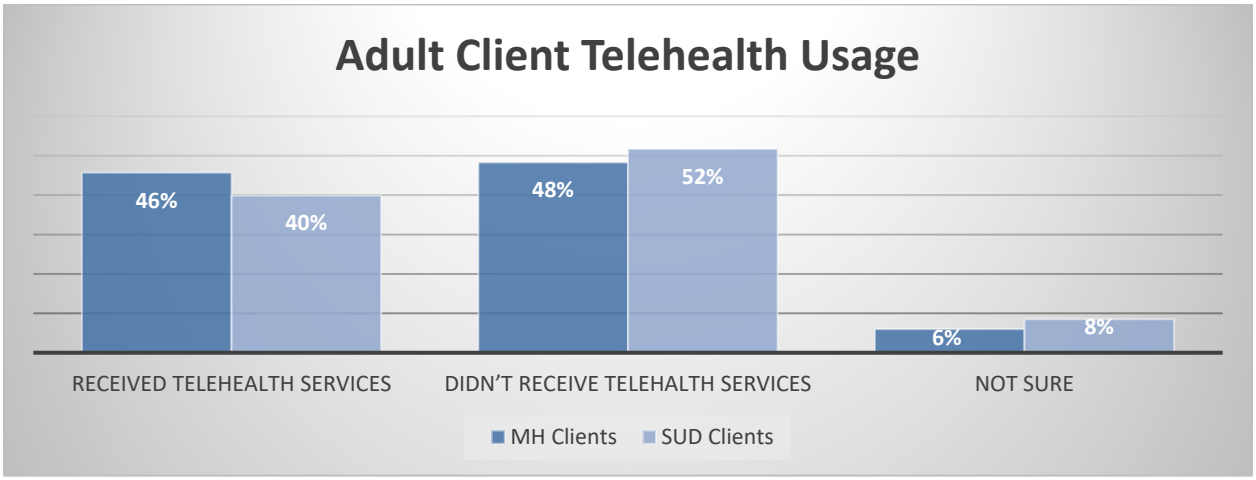
Use of Telehealth Services

Across all age groups, 41.2% of individuals surveyed reported they or their child received telehealth services in the past six months. Youth (45.5%) respondents utilized telehealth services at the highest rate. While Child (35.3%) consumers utilized telehealth services less than Adults (43.8%). The percentage of telehealth usage also varied by LME-MCO[iv]. Telehealth usage was common among many racial/ethnic groups for all survey populations.



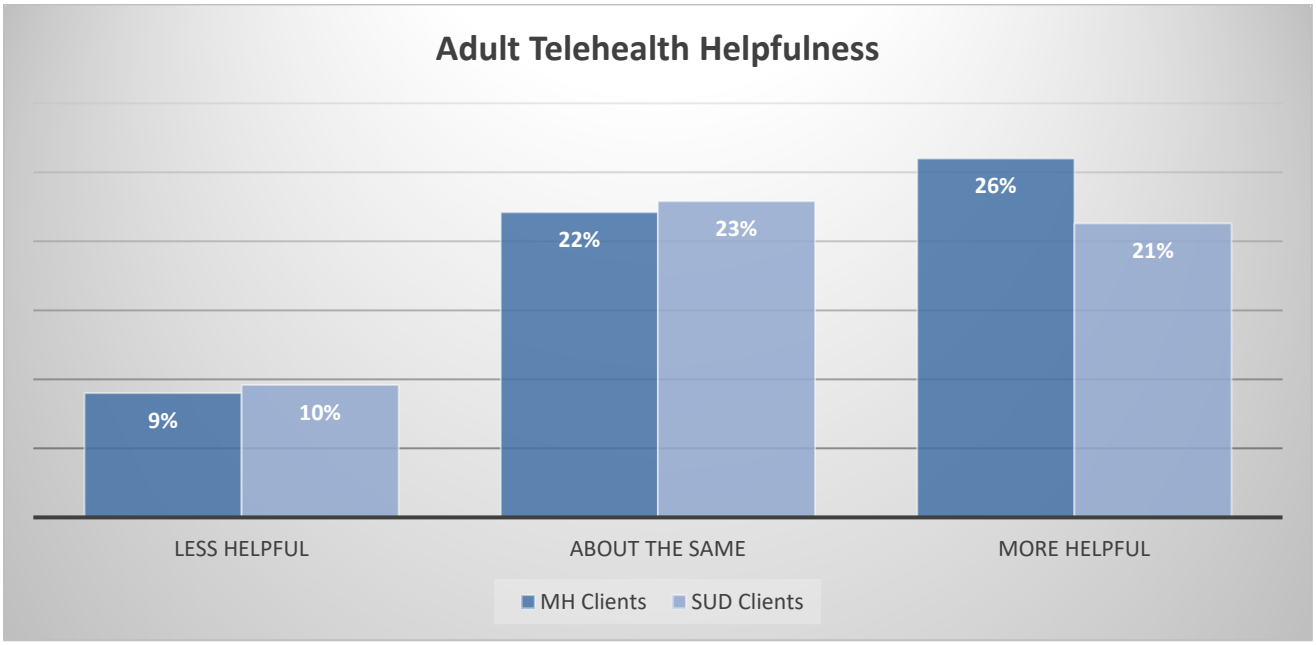


Latino and Hispanic respondents used telehealth services at similar rates with 53% of Adults, 50.4% of Youth, and 36% of Children participating. Among adult survey respondents, MH service clients (45.7%) were slightly more likely to use telehealth than SUD service clients (39.9%).

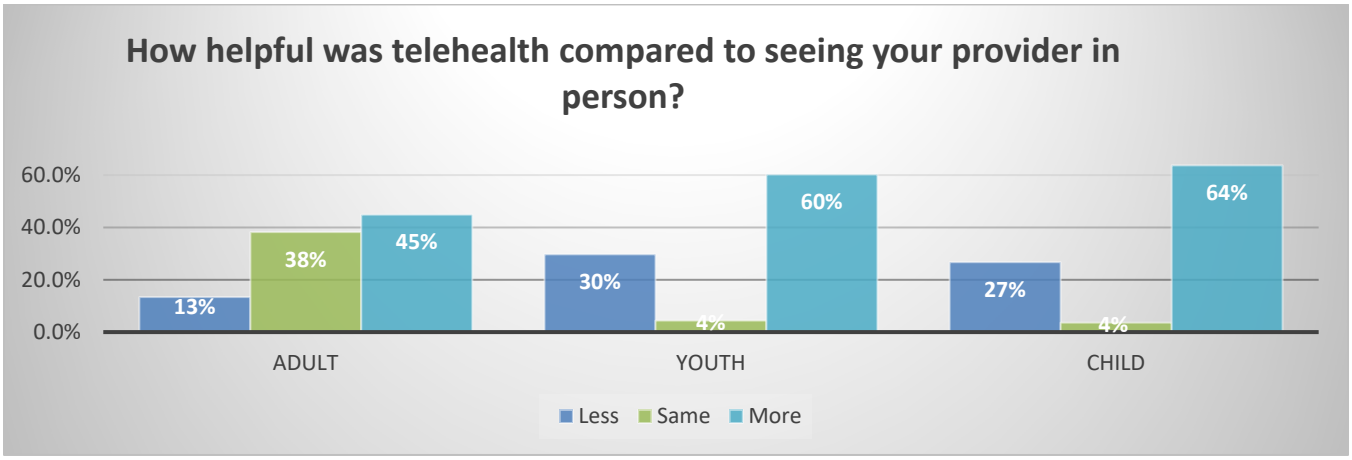


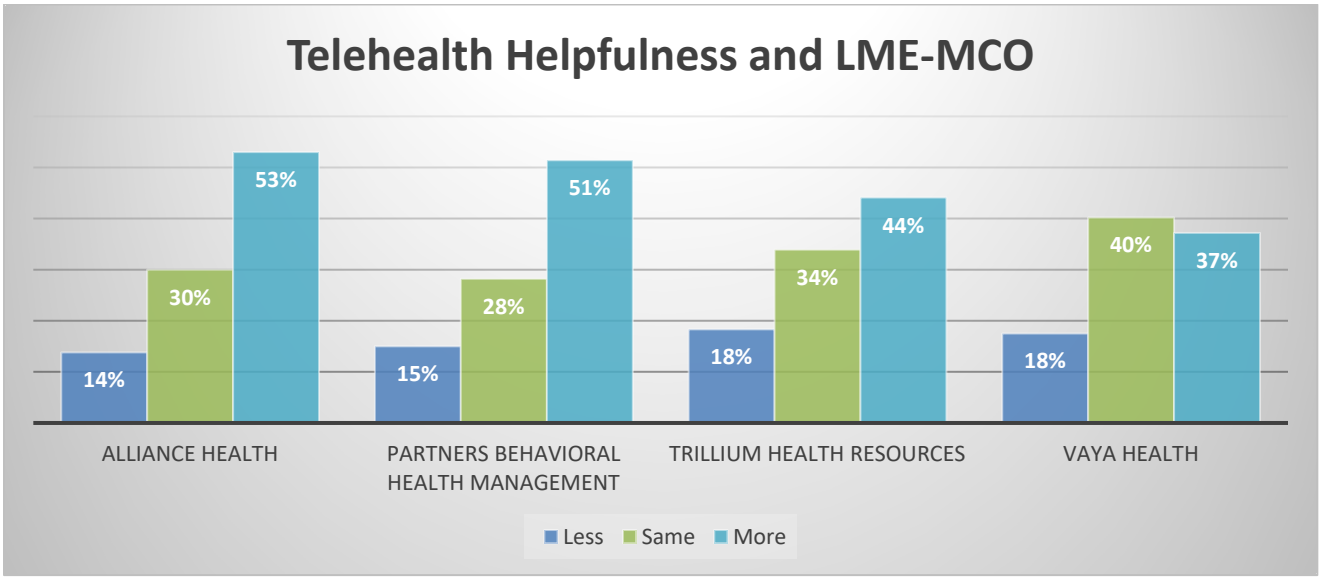
Perceptions of Telehealth Helpfulness

Adult SUD service clients (43.6%) were less likely to report using telehealth services than MH clients (48.5%). A slightly higher percentage of MH clients (26.0%) and SUD consumers (21.3%) reported telehealth services as being more helpful than seeing their provider in person.

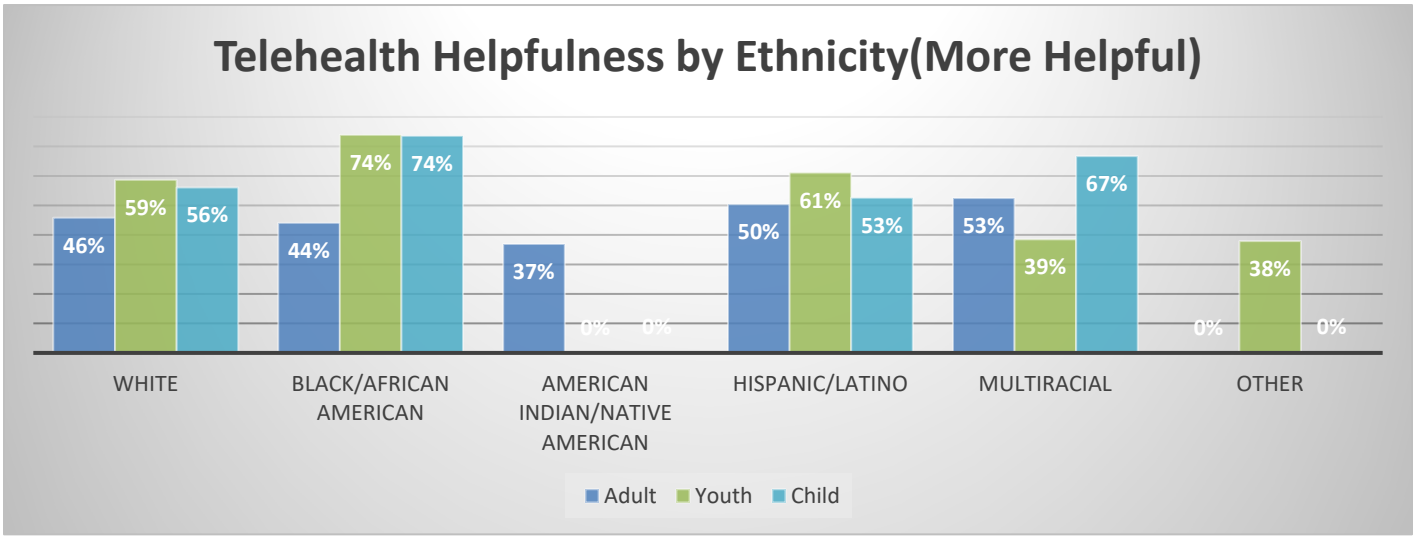


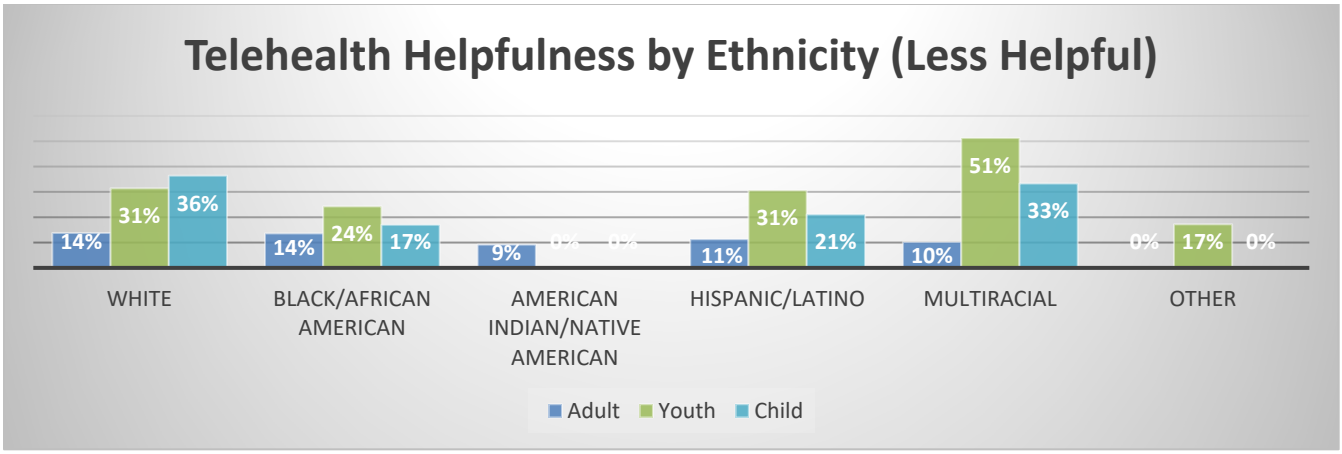
The helpfulness of telehealth services compared to seeing a provider in person was assessed among consumers who responded "yes" to receiving telehealth services in the last six months. Consumers were asked to indicate whether telehealth services were less, about the same, or more helpful than seeing their provider in person. Data indicated that 63.7% of Child respondents, 60.2% of Youth, and 44.9% of Adults said that telehealth was more helpful than seeing a provider in person. Moreover, nearly 30% (29.7) of Youth consumers said that it was less helpful than seeing a provider in person. While over a third (38.2%) of Adult respondents rated telehealth about the same as seeing their provider in person. A significantly higher proportion when compared to Youth and Child consumers.





Perceived helpfulness also varied across racial/ethnic and age groups. Telehealth was perceived to be more helpful by Youth respondents across all ethnicities. In comparison, consumers who identified as Multiracial were more likely to rate telehealth as less helpful (53%). A majority of Latino, Black/African American, and white American consumers said telehealth was more helpful than seeing a provider in person. Particularly, Youth and Child consumers.





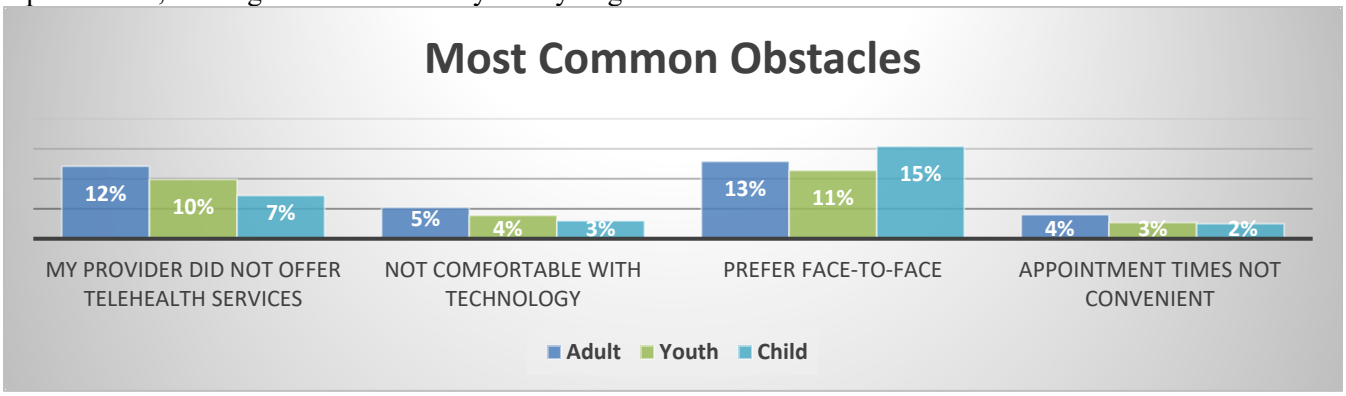
Obstacles to Receiving Telehealth

The figures below show the frequently cited obstacles to receiving telehealth services. Consumers who indicated that they received telehealth services 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)? Approximately, twelve obstacles to treatment were categorized into four areas: technology-related, access/provider, discomfort and privacy, and personal preference. Respondents could select multiple obstacles within each category. Access & provider and discomfort & privacy concerns represented the most often cited hindrances. In previous years, technology issues such as no high-speed internet or no smartphone/computer were the biggest obstacles.

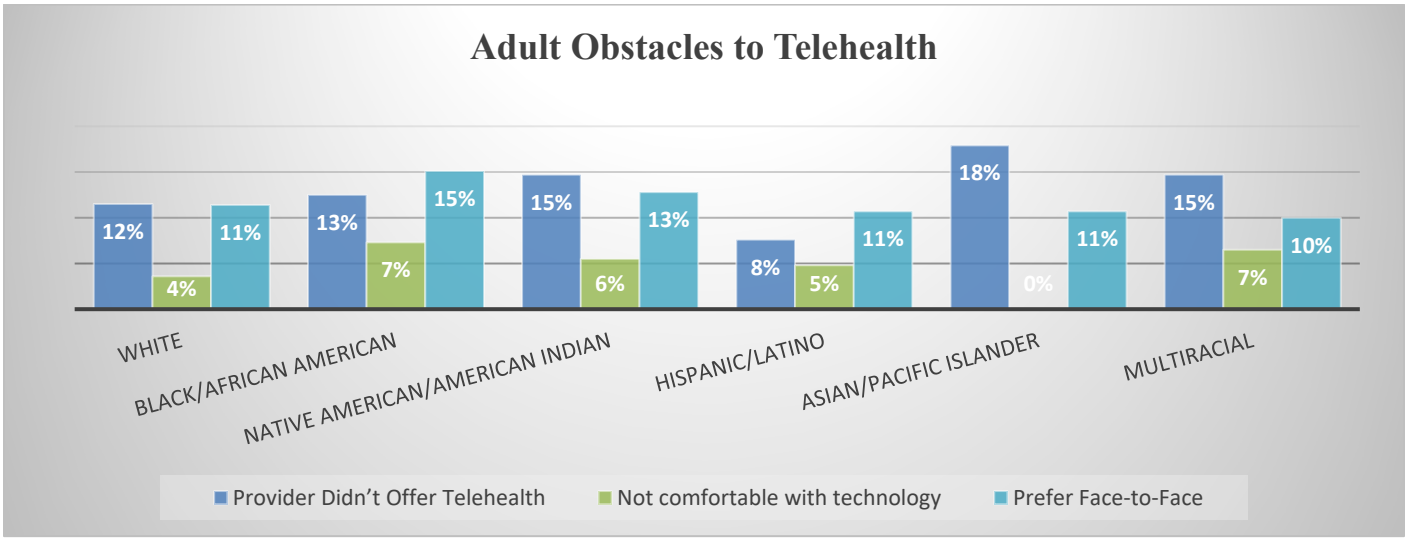
Examples of statements that highlighted obstacles to telehealth include: My provider didn't offer telehealth services, Telehealth appointments weren't available at convenient times for me, I don't have a smartphone or computer, I'm not comfortable using the technology for telehealth (smartphone/computer, internet, etc.), and I don't think telehealth would be helpful.

Across age groups, the most frequently reported obstacle to receiving telehealth services was that providers did not offer telehealth, with adults and youth reporting the highest rates. Discomfort with technology and a preference for face-to-face services were also common barriers, though these varied somewhat by age group. Youth showed notably higher preference for in-person care compared to other groups.

On average (across obstacle categories), 86.9% of Adults, 89.7% of Youth, and 90% of Child respondents reported "No, nothing interfered with my ability to get telehealth service".

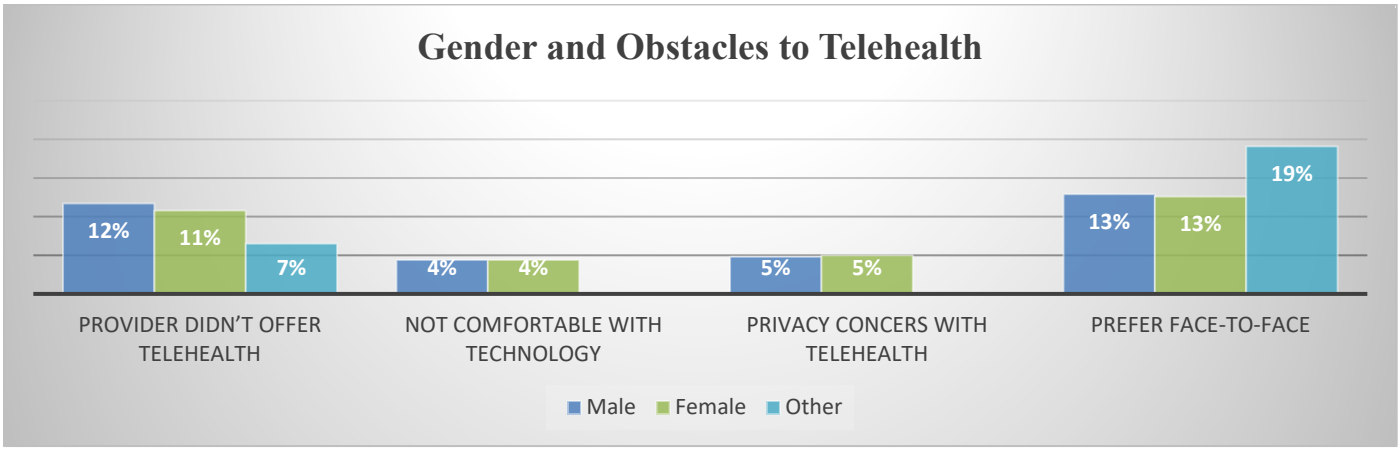


Among Adult consumers, the majority of adults across ethnicity reported “My provider didn’t offer telehealth services” as the primary barrier to telehealth services. African American (7%) and Multiracial (7%) respondents reported slightly higher rates of discomfort with using technology for telehealth. Concerns with privacy were also noted, but at a smaller percentage among African American (2.5%), white (1.4%), and Latino (2.6%) consumers.



Among youth, 8% of African American, 10.5% of white Americans, and 16.9% of Latino consumers indicated that “My provider did not offer telehealth services” as obstacles to receiving services. A preference for face-to-face services was also noted by 10.9% of African American and 12.6% of white American youth consumers.

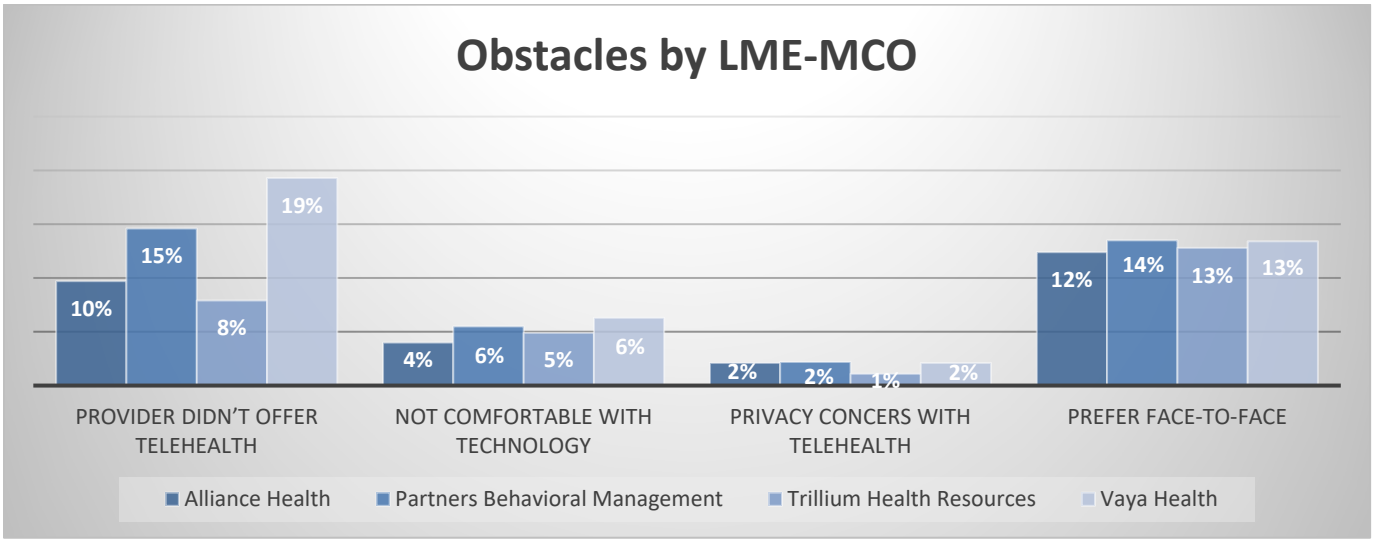
Across gender identities, consumers consistently reported providers not offering telehealth and personal preference for in-person services as leading barriers. Male and “other” gender respondents reported higher rates of preference for face-to-face care, while females reported slightly higher privacy concerns with telehealth.



Adult consumers within all four LME-MCOs identified “provider didn’t offer telehealth” and “prefer face-to-face” as the most frequent barriers, though the rates differed across organizations. Trillium Health

Resources showed the highest reported preference for face-to-face services, while Alliance and Partners reported similar patterns of technological discomfort and privacy concerns.

The chart below shows the frequently cited obstacles to receiving telehealth services across LME-MCO for all age populations. Providers not offering telehealth services or appointment availability/inconvenience were common "Access and Provider" obstacles. Consumers also indicated a personal preference or belief that telehealth "…isn't right for me" or "…don't think telehealth would be helpful" as a reasons for not utilizing telehealth services. Moreover, a lack of ownership of a phone or computer, discomfort with technology, and cost/financial barriers represented additional impediments to receiving telehealth services.



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 2025 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 NCDHHS 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.

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

Domain	Adult Survey	Youth Survey	Child Family Survey
Access to Services	• 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.	• The location of services was convenient. • Services were available at times that were convenient for me.	• The location of services was convenient for us. • Services were available at times that were convenient for us.
Treatment Planning	• I felt comfortable asking questions about my treatment and medication. • I, not staff, decided my treatment goals.	• I helped to choose my services. • I helped to choose my treatment goals. • I participated in my own treatment.	• I helped to choose my child's services. • I helped to choose my child's treatment goals. • I participated in my child's treatment.
Quality and Appropriateness **(Adult)** ***Cultural Sensitivity*** **(Youth, Child Family)**	• 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. • I was given information about my rights.	• 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.	• 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.)**	• I was encouraged to used consumer-run programs. • Staff encouraged me to take responsibility for how I live my life.		
Outcomes	*As a direct result of the services I received…* • 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. **Item also counts toward* Functioning *domain*	*As a direct result of the services I received…* • 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.	*As a direct result of the services my child received…* • 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. **Items also count toward* Functioning *domain.*
Functioning ***Functioning*** **(cont.)**	*As a direct result of the services I received…* • 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. • I am better able to do things that I want to do. **Item also counts toward* Outcomes *domain.*	N/A	*As a direct result of the services my child received…* • 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.* • My child is better able to do things he or she wants.

Domain	Adult Survey	Youth Survey	Child Family Survey
			**Items also count toward* Outcomes *domain.*
Social Connectedness	• 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	• 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	• 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.	• 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.	• 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.

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

State of North Carolina • Josh Stein, Governor
Department of Health and Human Services
Dr. Devdutta Sangvai, Secretary
Division of Mental Health, Developmental Disabilities, and Substance Use Services
www.ncdhhs.gov • www.ncdhhs.gov/mhddsas

The Department of Health and Human Services does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. 06/2026