

2021 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, 2021 and September 23, 2021 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: 2021 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 2021 survey year and included flexibilities such as the use of web-based surveys and provider administration of surveys via two-way audio-video connection.

Roughly one-third (36%) of all surveys were administered remotely by telephone or two-way audio-video connection. Nearly half (46%) were completed by clients as paper-and-pencil surveys. Fewer than one out of five (17%) were completed as web-based surveys using electronic devices supplied by the provider. An additional 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 2021 surveys of each type submitted by each LME-MCO.

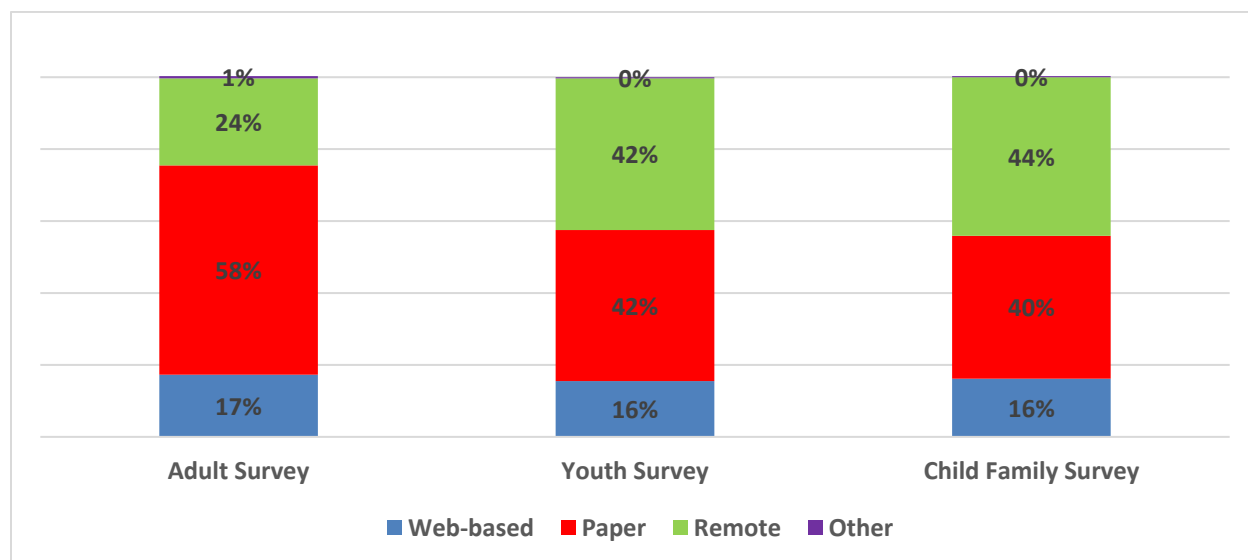
TABLE 2: 2021 CLIENT SURVEYS SUBMITTED PER LME-MCO*

LME-MCO	Adult	Youth	Child Family	Total	Percent of State Total
Alliance Behavioral Healthcare	827	176	110	1,113	22.5%
Cardinal Innovations Healthcare	423	88	26	537	10.8%
Eastpointe	347	150	124	621	12.5%
Partners Behavioral Health	266	107	79	452	9.1%
Sandhills Center	463	76	54	593	12.0%
Trillium Health Resources	805	158	113	1,076	21.7%
Vaya Health	366	109	86	561	11.3%
State Total	3,497	864	592	4,953	100%
Percent of State Total	70.6%	17.4%	12.0%	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: 2021 SURVEY ADMINISTRATION METHOD BY SURVEY POPULATION



Survey Domains

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

- Access to Services
- Treatment Planning
- Quality and Appropriateness
- Cultural Sensitivity
- Outcomes
- Functioning
- Social Connectedness
- General Satisfaction

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

TABLE 4: CLIENT PERCEPTIONS OF CARE MHSIP SURVEY DOMAINS

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

Survey Domain Scores

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

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

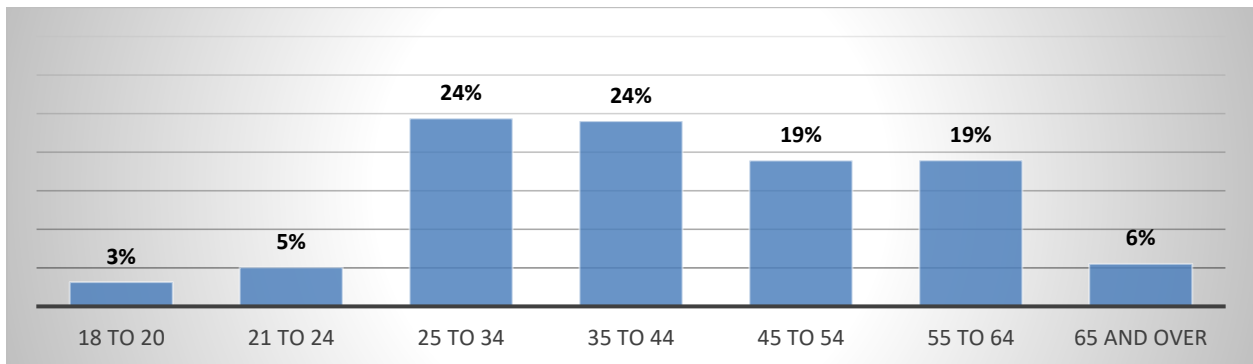
A domain score is calculated only if a respondent answered two-thirds or more of the domain items with a response other than “N/A” (not applicable). For this reason, total numbers of respondents with calculated scores for each domain vary and generally are smaller than the total number of survey respondents.

Survey Respondent Demographics

Adult Survey

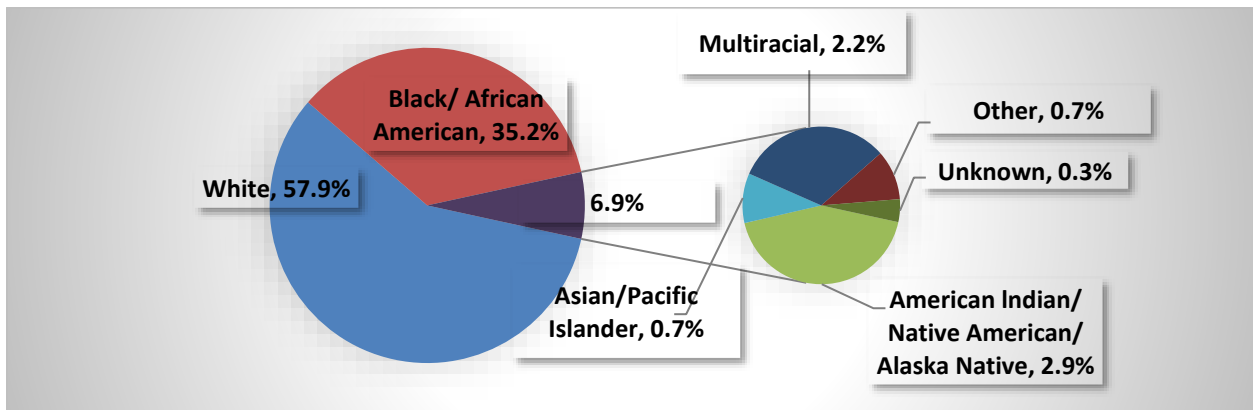
The 2021 Adult Survey sample included 3,378 individuals with a reported age within the requested range of 18 years and older.² Average respondent age was 42.7 years. The sample consisted of 50.4 percent female respondents, 46.6 percent male respondents, and 0.3 percent with self-described or non-binary gender.

FIGURE 2: ADULT RESPONDENT AGE DISTRIBUTION



Of those who reported, 57.9 percent self-identified as White, and 35.2 percent as Black/African American. In response to a separate question, nearly four percent of the sample also identified as Hispanic or Latino.

FIGURE 3: ADULT RESPONDENT RACE/ETHNICITY

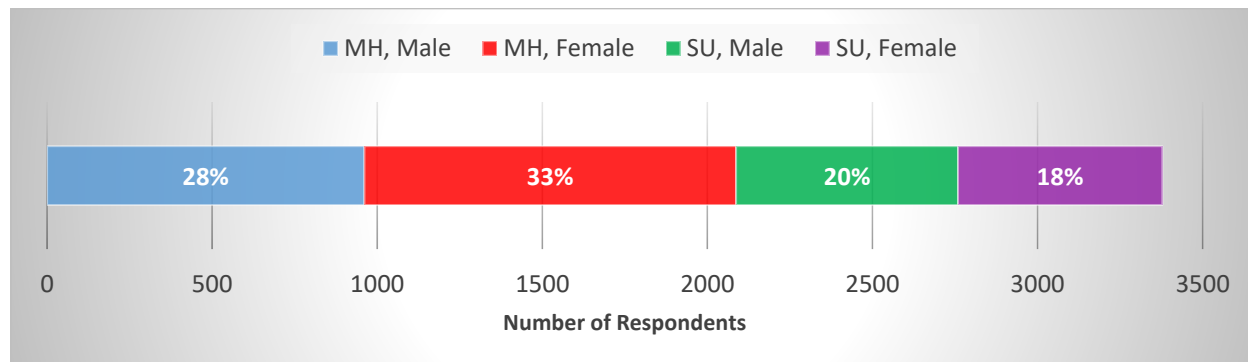


Sixty-one percent of adult respondents reported that their primary reason for receiving services was related to mental health, and thirty-eight percent reported the primary reason was

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

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

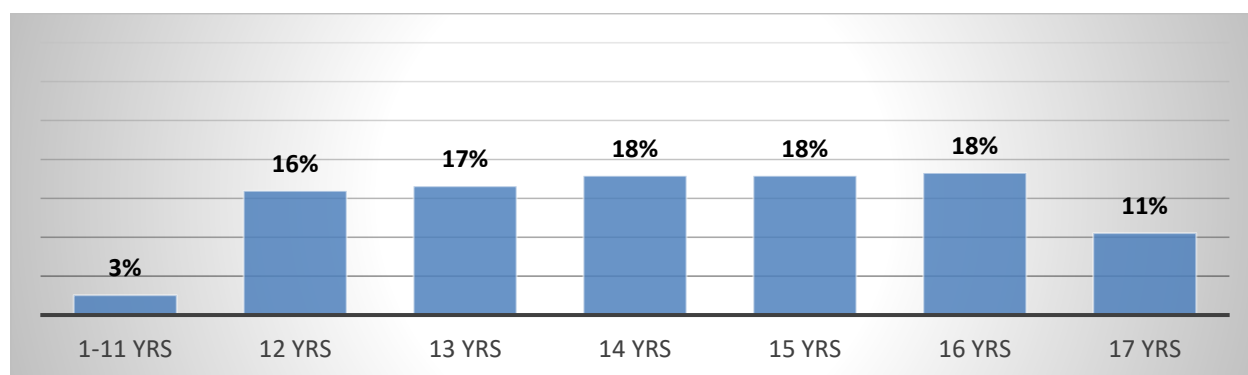
FIGURE 4: ADULT RESPONDENT GENDER AND PRIMARY REASON FOR SERVICES, PERCENTAGE OF TOTAL SAMPLE



Youth Survey

The Youth Survey sample included 806 respondents within the requested range of 12 to 17 years, 21 with reported ages younger than 12 years, and three age 18-19 years of age, for a total of 827 with a reported age under 20 years.³ Respondents were 14.1 years of age on average. The sample consisted of 46.8 percent male respondents, 44.6 percent female, and three-point one percent who chose to self-describe as non-binary or other.

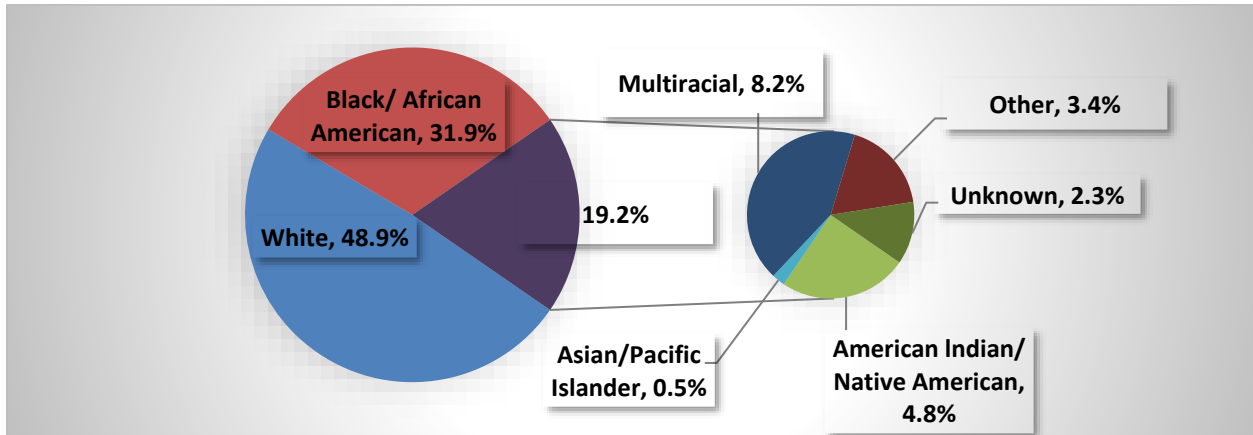
FIGURE 5: YOUTH RESPONDENT AGE DISTRIBUTION



Of participants who responded, 49 percent identified as White, 32 percent as Black/African American, and eight percent as multiracial. In response to a separate question, 11 percent also self-identified as Hispanic or Latino.

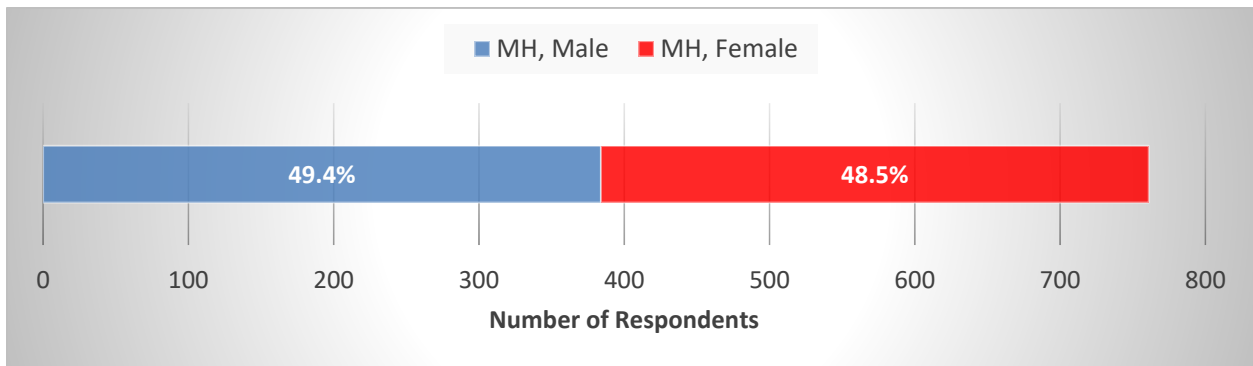
³Analyses in later sections of this report include surveys from respondents who did not report age.

FIGURE 6: YOUTH RESPONDENT RACE/ETHNICITY



Few youth respondents of either gender reported a primary reason for receiving services related to SU (2.1%). Most reported MH as the primary reason (97.9%).

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



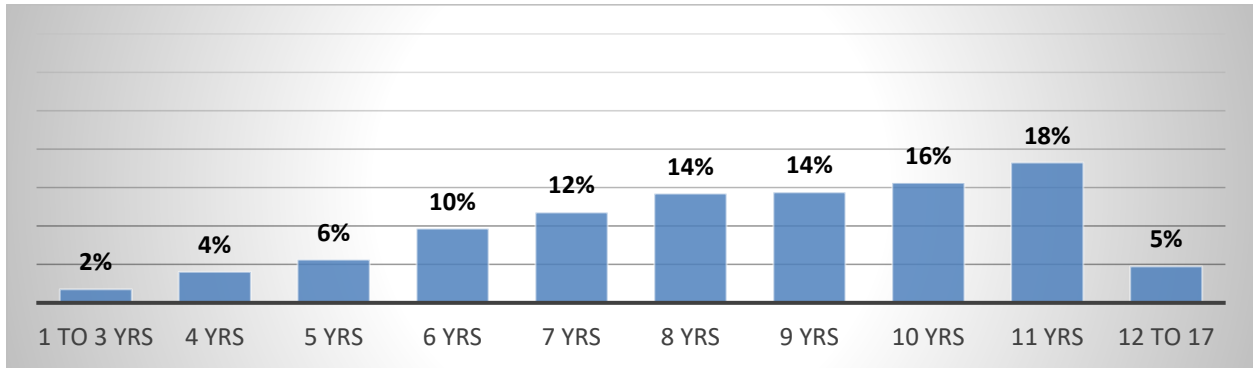
Child Family Survey⁴

Child Family Surveys were completed for 543 children within the requested age range of up to 11 years, and for an additional 27 clients ages 12 to 17 years, for a total of 570 surveys.⁵ Sixty percent identified as male, thirty-six percent female clients, and four percent as other/non-binary or did not respond. The average child age was 8.5 years.

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

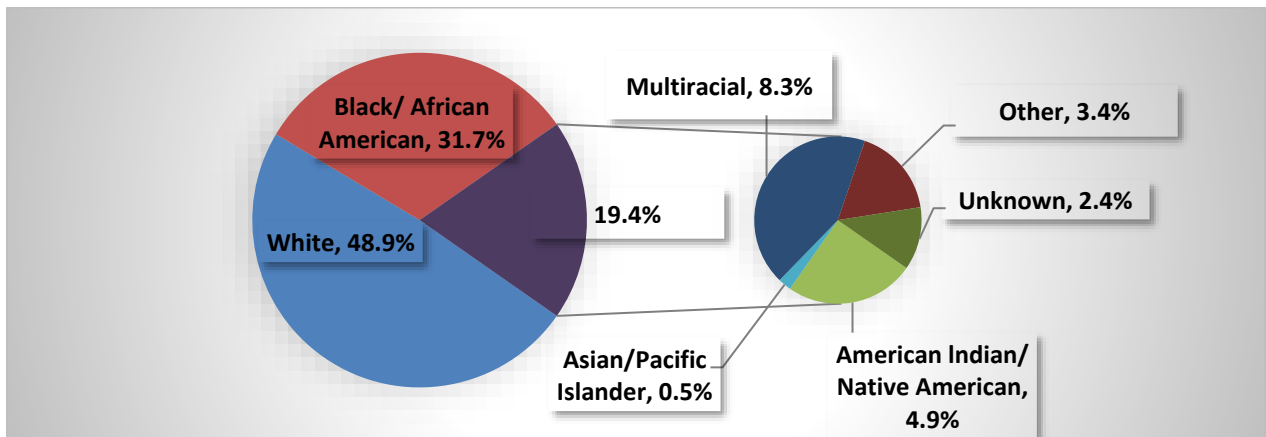
⁵Analyses in later sections of this report include surveys from respondents who did not report age.

FIGURE 8: FAMILY SURVEY CHILD AGE DISTRIBUTION



Of respondents who reported child racial background, 49 percent reported a background of White, 32 percent reported Black/African American, and eight percent reported multiracial. In response to a separate question, eight percent of child clients were described as Hispanic or Latino.

FIGURE 9: FAMILY SURVEY CHILD RACE/ETHNICITY



Statewide Annual Scores and Trends in Client Perceptions of Care

Statewide 2021 Adult, Youth, and Child Family survey MHSIP domain scores are shown in Figure 10. Annual Adult, Youth, and Child Family survey results for 2012 through 2021 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*
 - Adult and Child Family 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 during the 2021 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 and 2021 surveys.

FIGURE 10A: 2021 CLIENT PERCEPTIONS OF CARE AT A GLANCE: ADULT, YOUTH, AND CHILD FAMILY SURVEYS

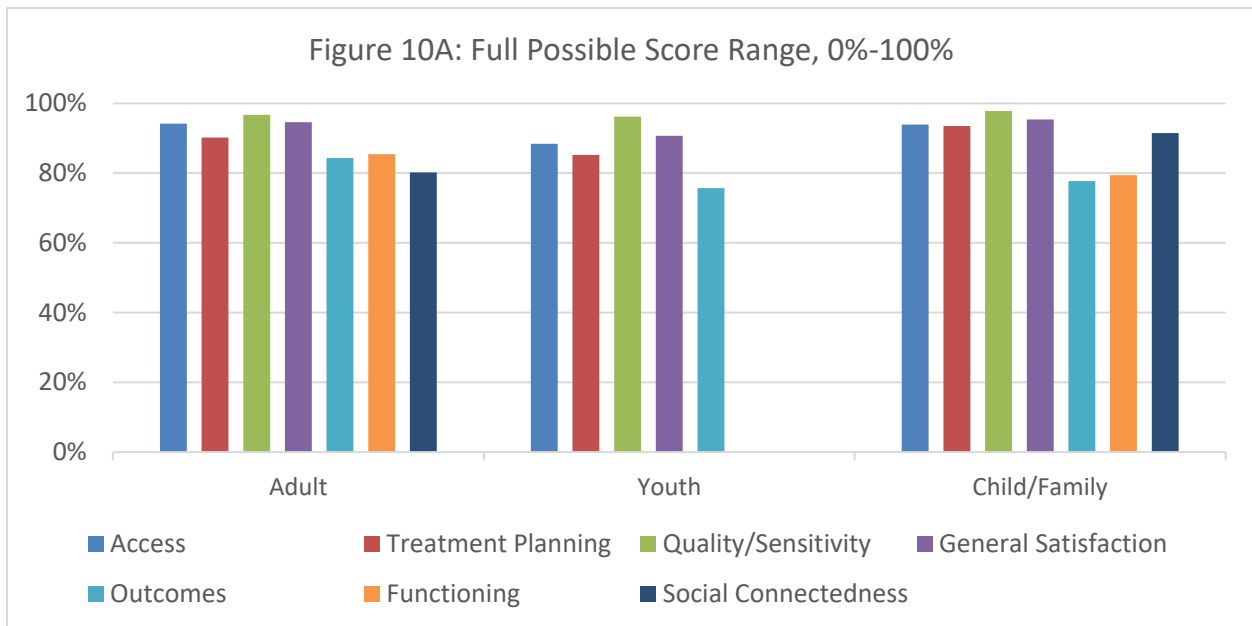


FIGURE 10B: 2021 CLIENT PERCEPTIONS OF CARE AT A GLANCE: ADULT, YOUTH, AND CHILD FAMILY SURVEYS

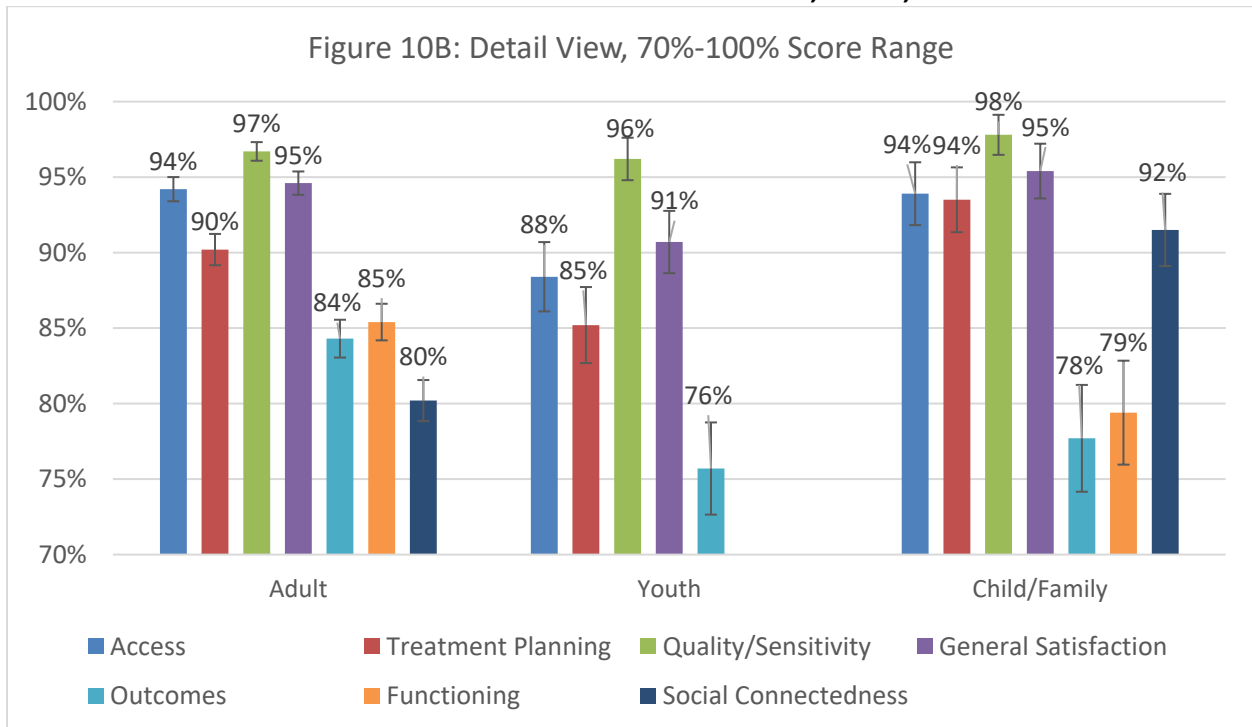


Figure 10A illustrates the relative scores for all MHSIP domains within each survey population. Figure 10B shows more detail in the upper range of the percentage scale. Error bars in Figure 2B show the 95% confidence intervals (CI) around the MHSIP domain positive percentage scores. Within survey population (Adult, Youth, or Child Family), scores with non-overlapping

CIs are significantly different, which means the scores in the population are probably different. Because larger samples produce more reliable estimates of population scores, the CIs around Adult Survey scores contain less sampling error and are smaller than the CIs around Youth and Child Family Survey scores, which are based on smaller samples. Given equal sample sizes, confidence intervals for more extreme scores—those close to zero or 100 percent—will also be smaller than those for scores that are closer to 50 percent.

FIGURE 11: STATEWIDE ANNUAL TRENDS IN ADULT SURVEY DOMAINS

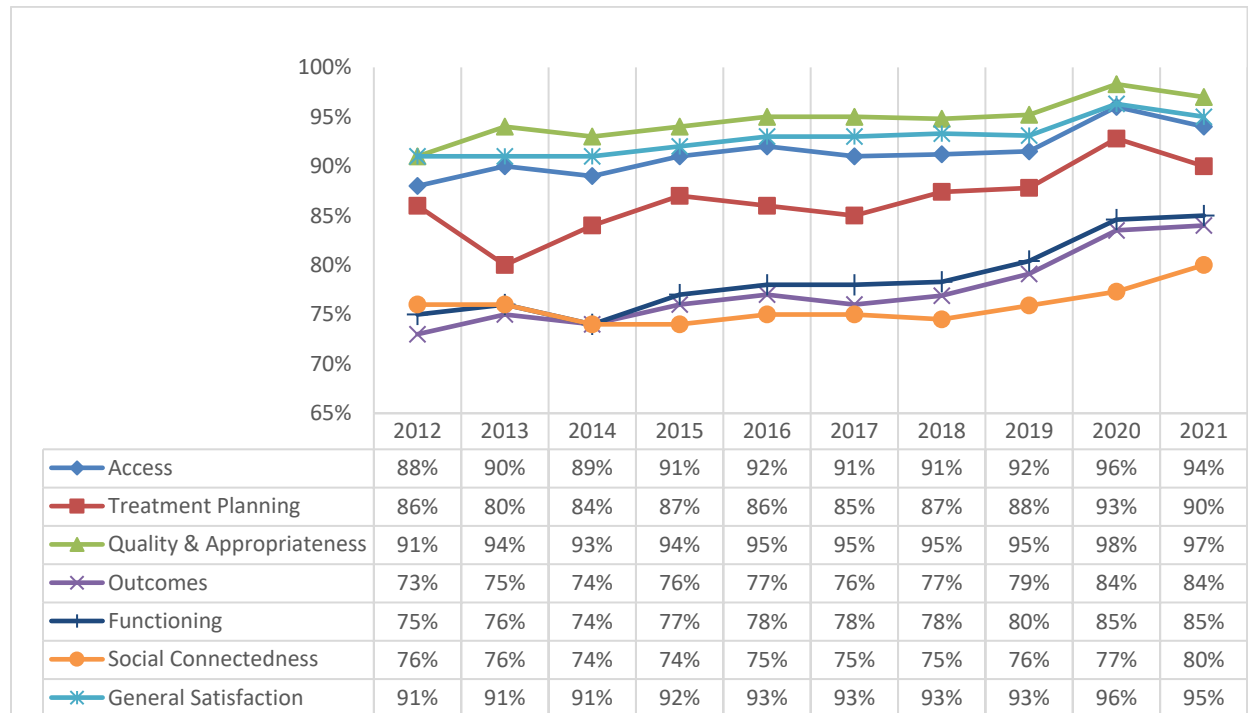


FIGURE 12: STATEWIDE ANNUAL TRENDS IN YOUTH SURVEY DOMAINS

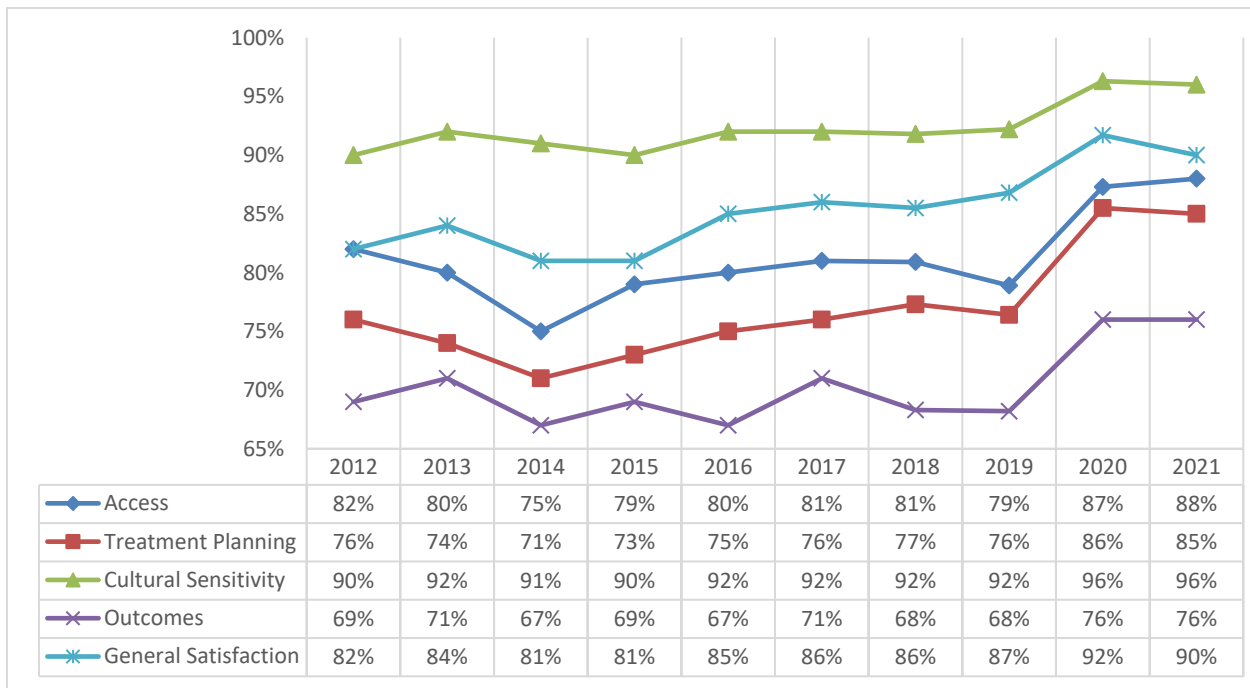
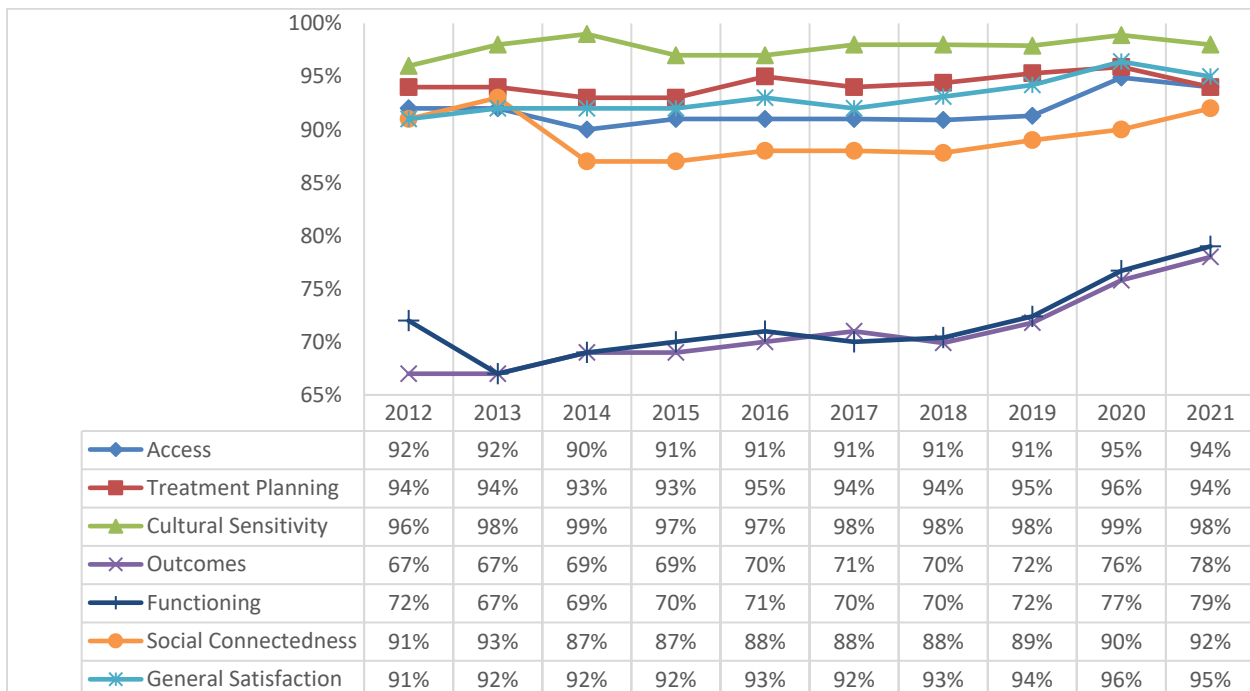


FIGURE 13: STATEWIDE ANNUAL TRENDS IN CHILD FAMILY SURVEY DOMAINS



*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 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.

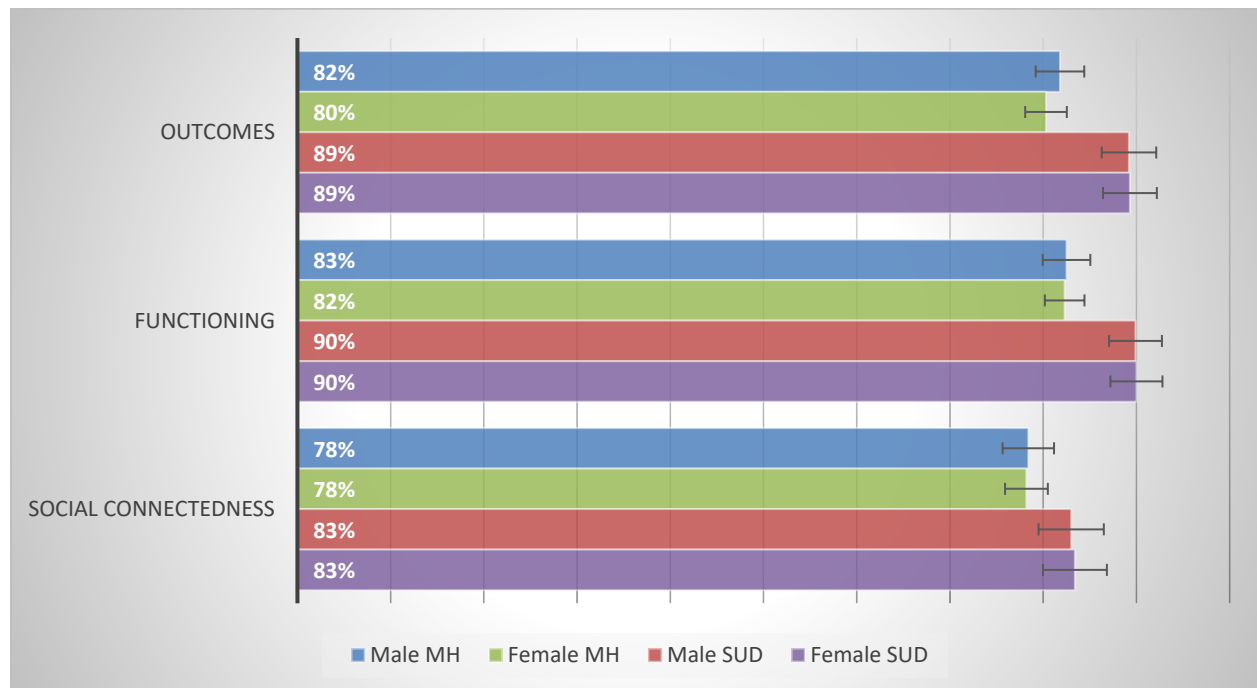
⁹ A correlation coefficient of +/-1.0 indicates a perfect predictive relationship; a correlation of 0.0 indicates no relationship at all.

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

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 Outcomes and Functioning domains compared to male or female MH clients. Male SUD clients were also more likely than female MH clients to report positive perceptions related to Functioning.

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.

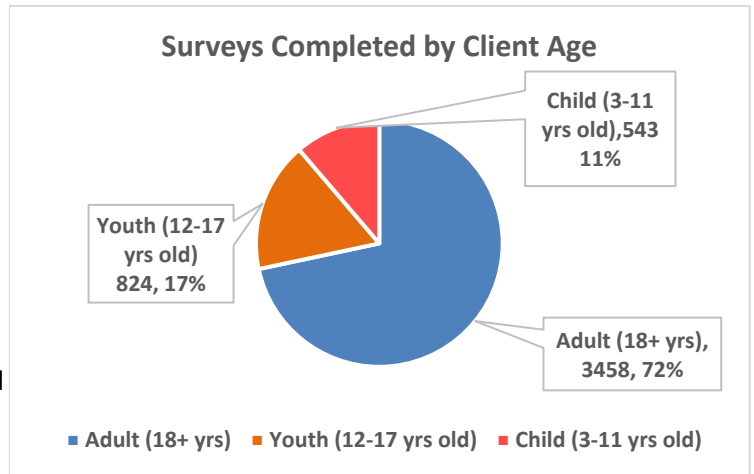
Telehealth and COVID

Background

As part of the 2021 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.ⁱⁱⁱ

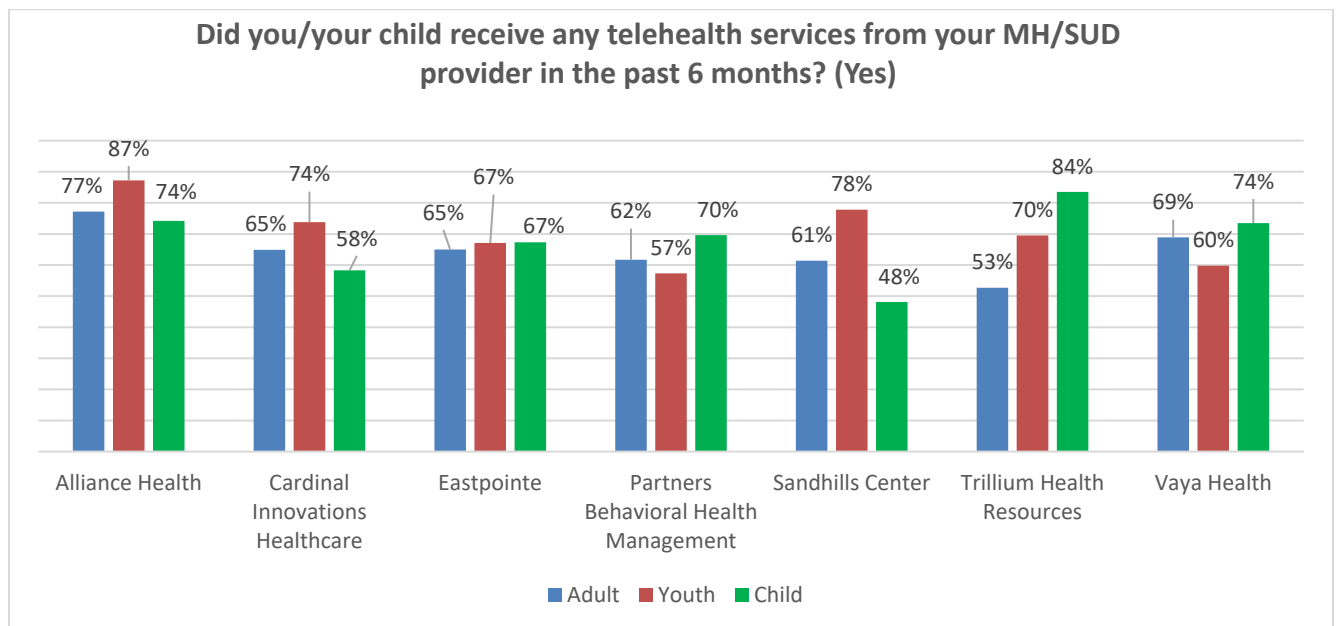
Community-based MH and SUD service providers assisted with survey administration from August 1 through September 23, 2021. Respondents were asked about their experiences in the past six months, since the COVID-19 emergency started.

A total of 4,825 respondents completed surveys administered remotely by telephone or two-way audio-video connection, on paper, and web-based versions.

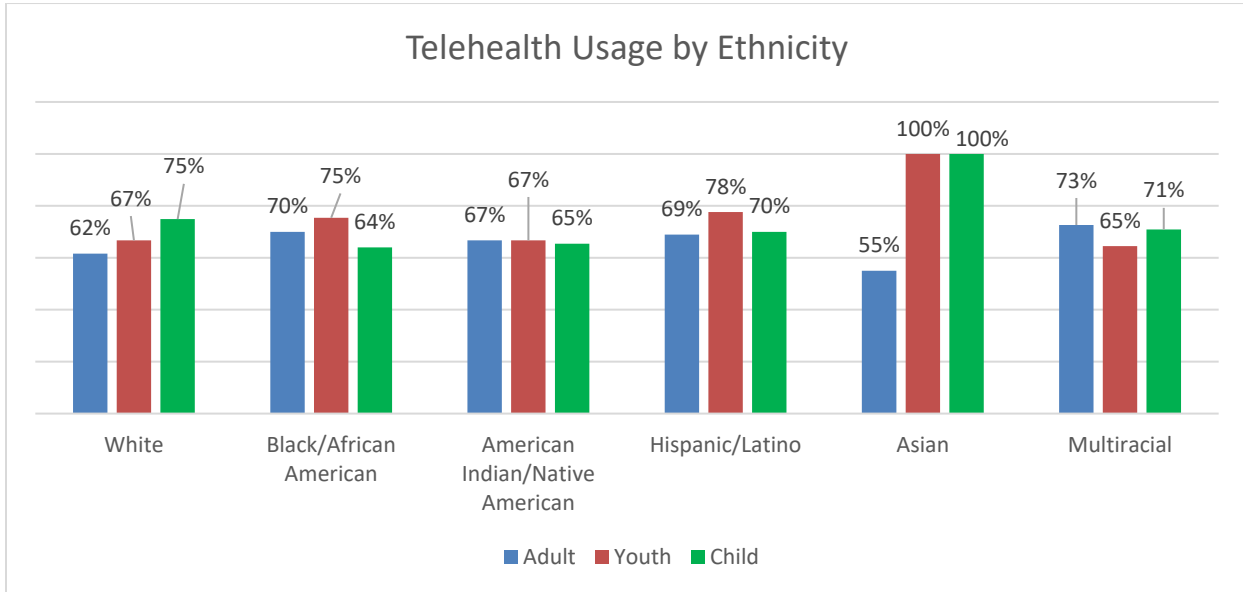


Use of Telehealth During the COVID-19 Emergency

Across all age groups, 62% of individuals surveyed reported they or their child received telehealth services in the past six months. Adults (65%) were less likely to use telehealth than child (71%) and Youth clients (71%). These percentages varied by LME-MCO.^{iv}

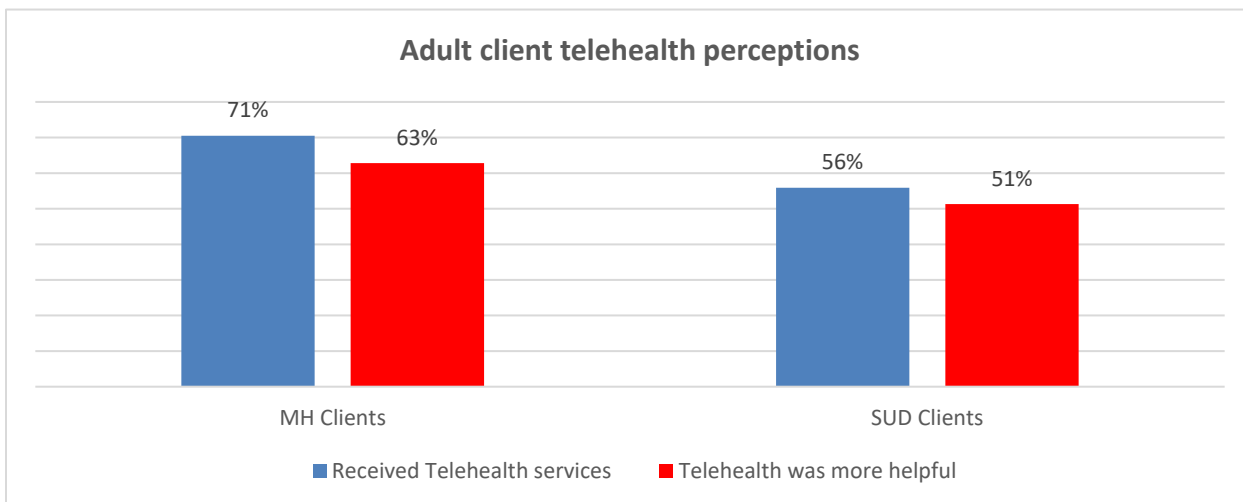


Among adult survey respondents, MH service clients (80%) were significantly more likely to use telehealth than SUD service clients (65%). A majority of clients across all ethnicities reported using telehealth services^v.

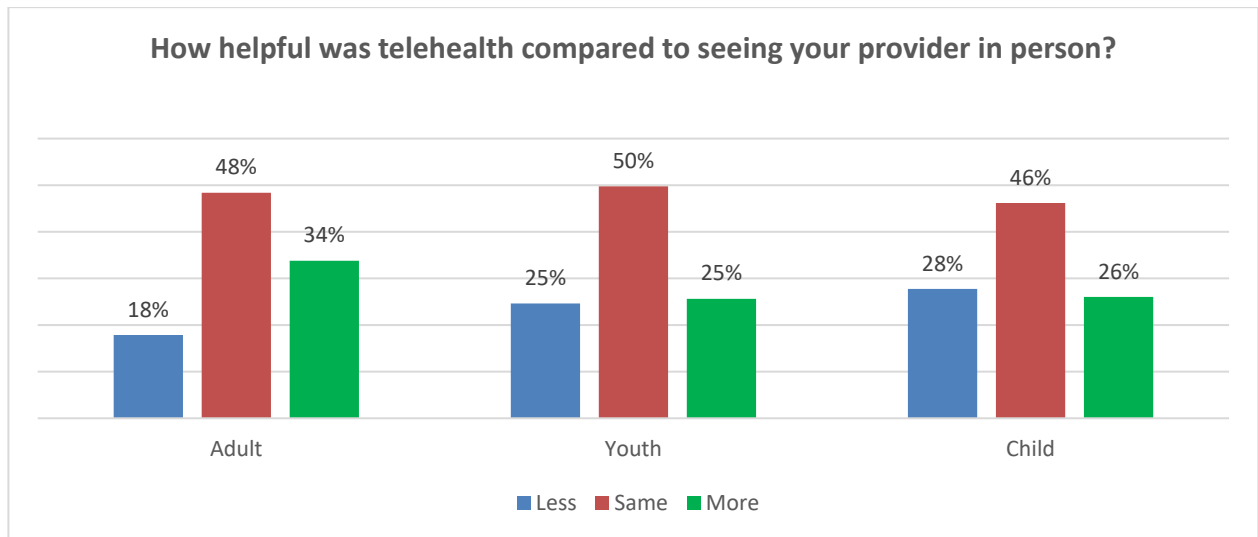


Perceptions of Telehealth Helpfulness

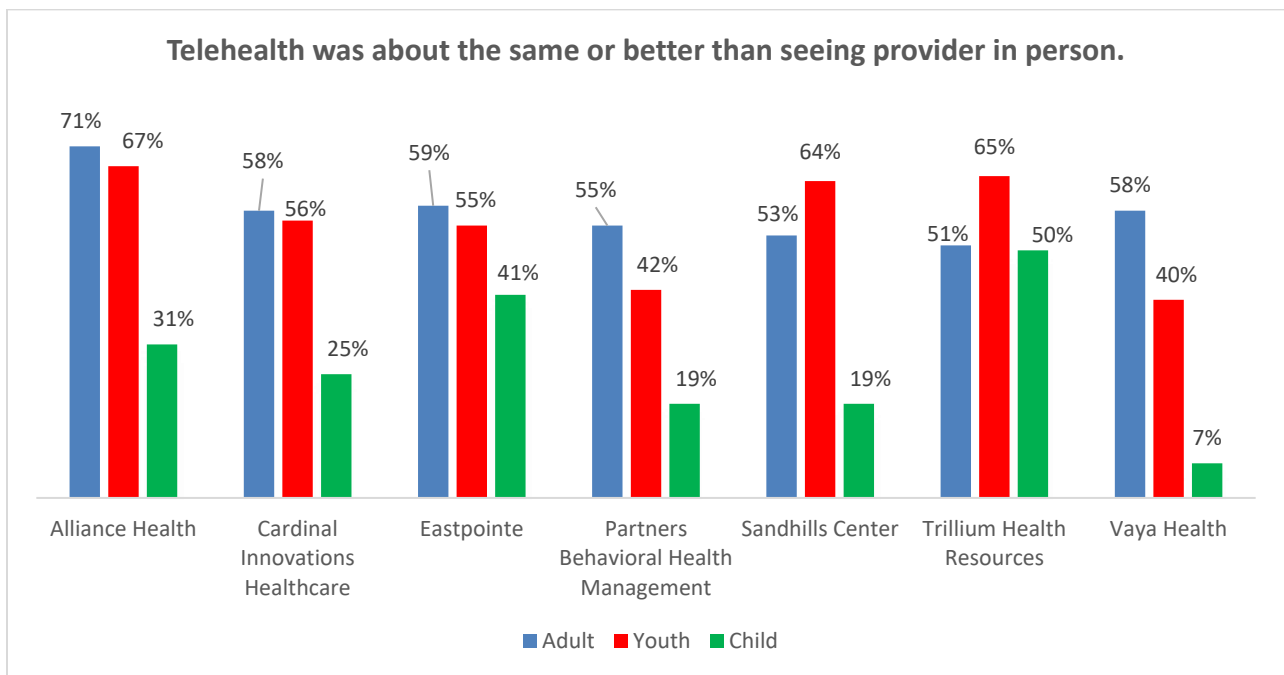
Although adult SUD service clients were less likely to report using telehealth than MH clients, SUD clients who received telehealth were slightly more likely to report the telehealth services they received were as the same or more helpful than seeing their provider in person.



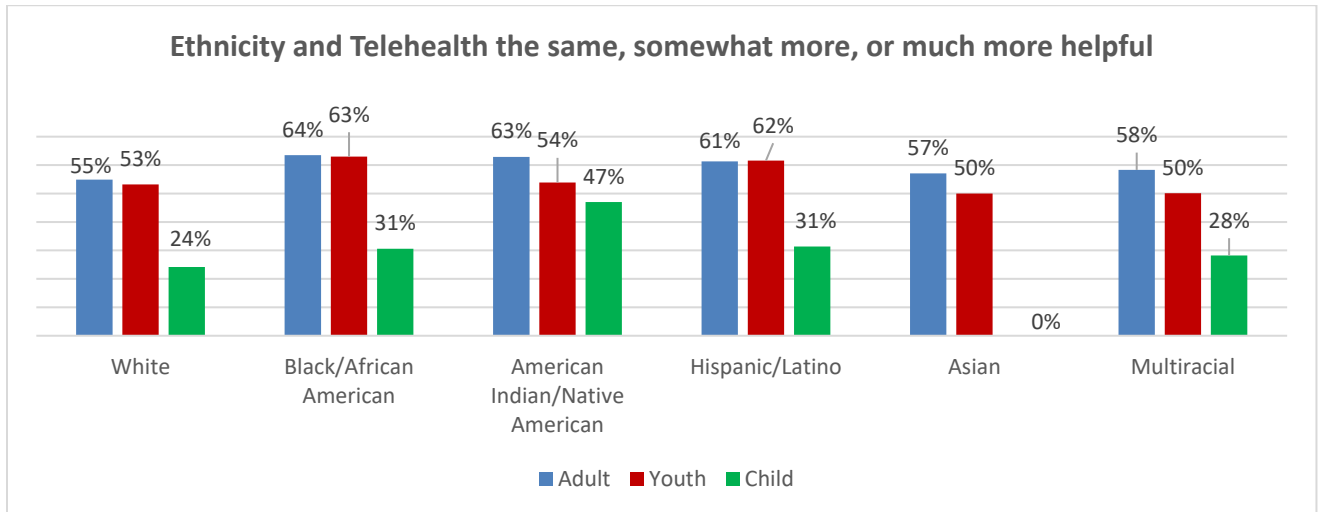
Roughly 1 in 3 of Adult and Youth respondents reported the telehealth services received were more helpful than seeing their provider in person. Telehealth was more often perceived as slightly *less helpful* for child/parent respondents. Larger percentages of respondents in some catchment areas perceived telehealth to be at least as helpful as 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 of better than in-person.



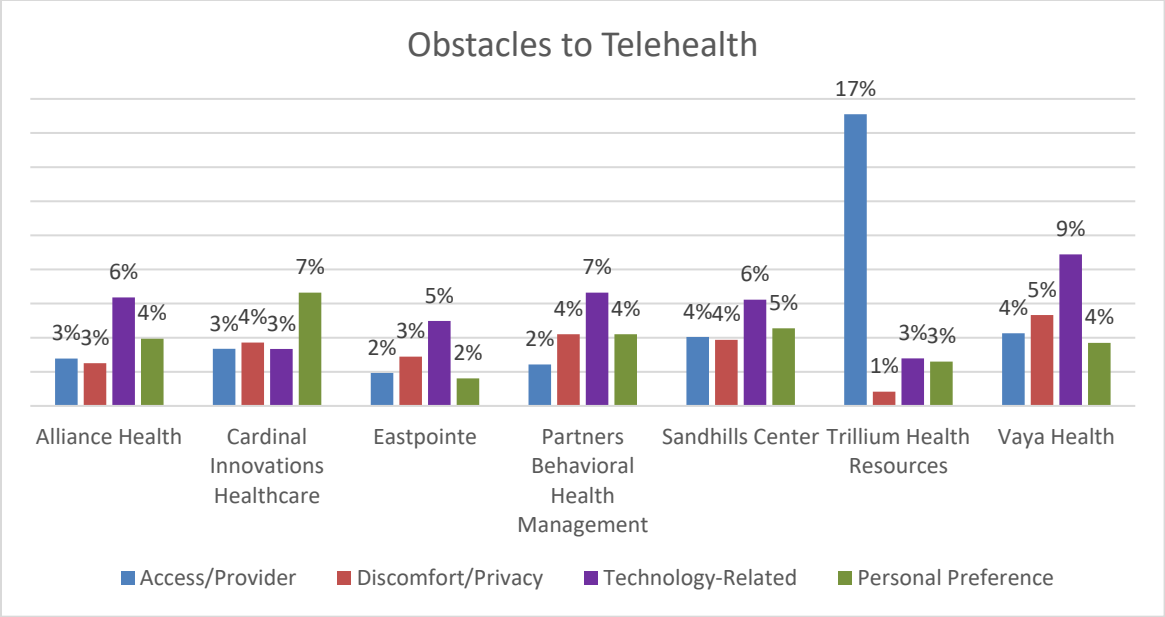
Perceived helpfulness also varied across racial/ethnic and age groups. Telehealth was perceived to be as or more helpful for the majority ($\geq 50\%$) of Adult and Youth respondents across all ethnicities. In comparison, the helpfulness of telehealth was not perceived as favorably by Child Family respondents^y.



Obstacles to Receiving Telehealth

Data analysis indicated that 62 percent of respondents received telehealth services, while 28 percent did not receive telehealth services. 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 70% of Adults, 74% of youth, and 78% 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.



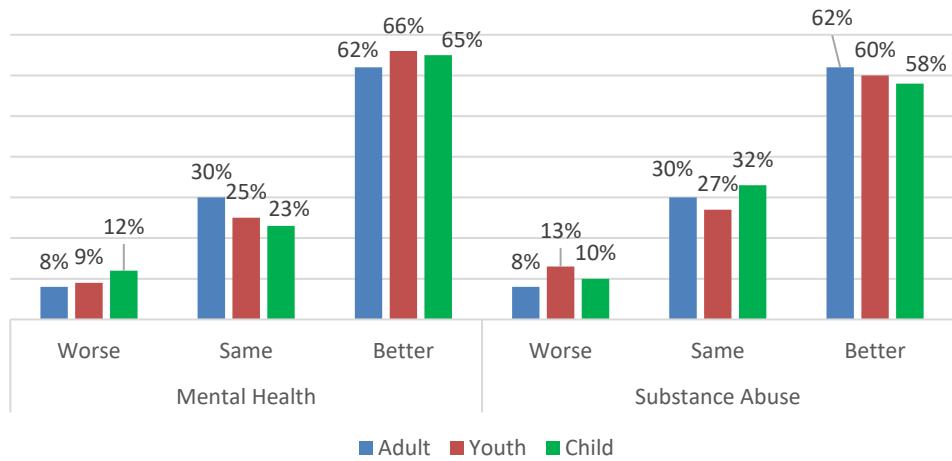
Moreover, four percent of adults, one percent of youth, and less than one percent of child/family consumers reported “I (we) don't have a smartphone or computer”. Roughly two percent of participants across all populations reported that they did not have access to high-speed internet services and that cost of internet services was a barrier. Additionally, less than two percent of all respondent populations reported not being comfortable with telehealth and did not think that telehealth would be helpful. Privacy concerns regarding the use of telehealth services was an issue for less than one percent of all consumers.

Client Functioning During the Pandemic

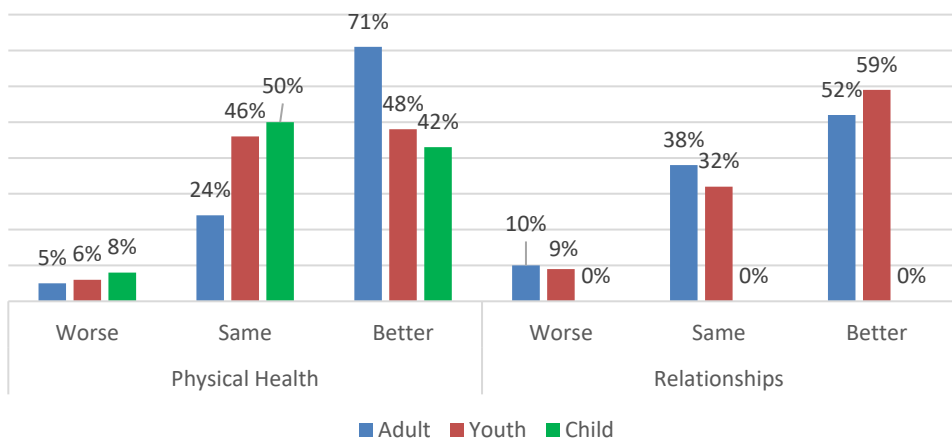
Consumers were asked the following question: “In the past six months, have you been doing better, worse, or about the same in these areas of your life compared to earlier in the COVID-19 emergency?” Most respondents reported doing about the same or better in eight specific areas of their lives since the beginning of the COVID-19 emergency. However, larger percentages said they were doing about the same or better for mental health, feeling safe, and housing/living situation. Missing data precluded meaningful interpretation of child results in the doing things I enjoy and school domains.

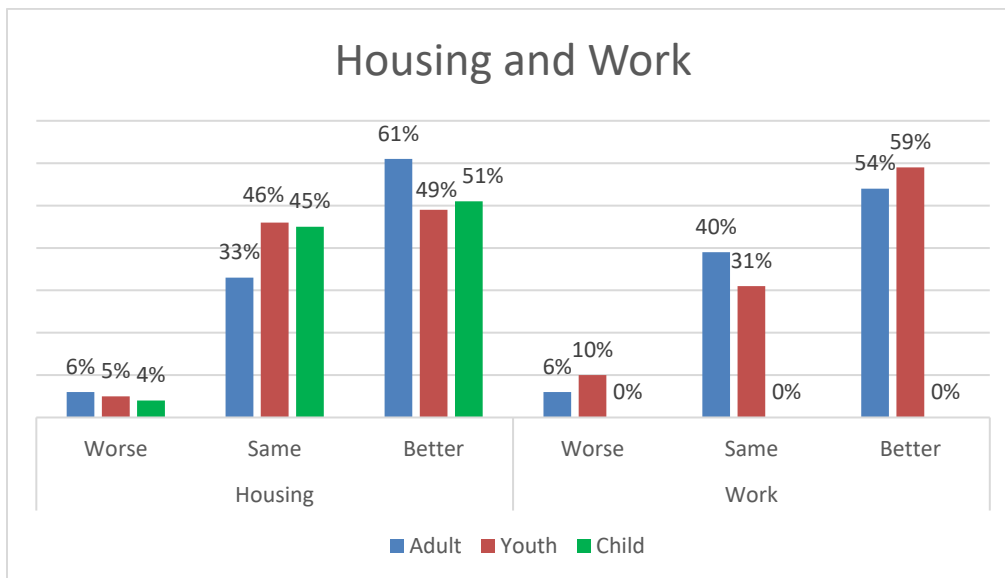
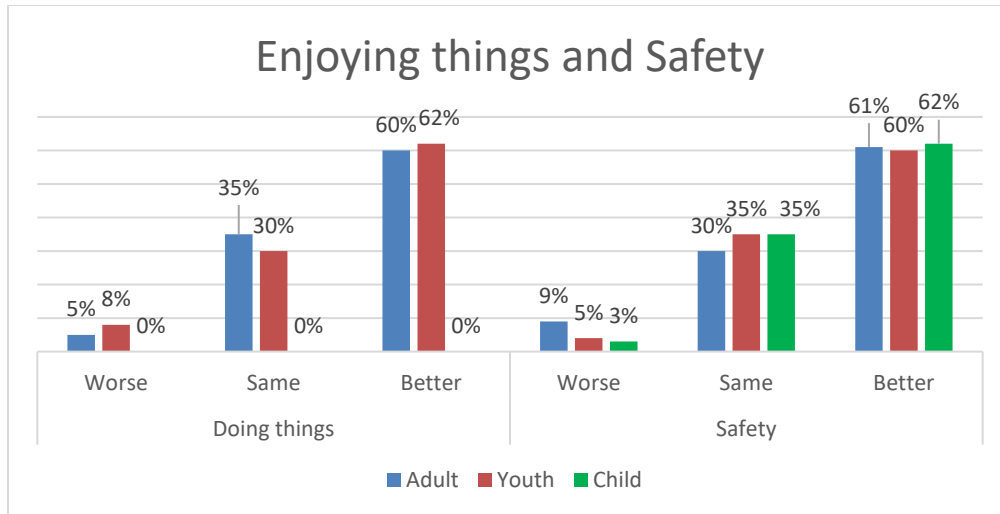
The responses for this year’s Perceptions of Care survey showed an improvement in mental health symptoms for all population compared to the 2020 survey. Nearly one in six respondents of each age group reported somewhat worse or much worse mental health symptoms in 2020, compared to 4-6% in the 2021 survey.

Mental health and Substance Use



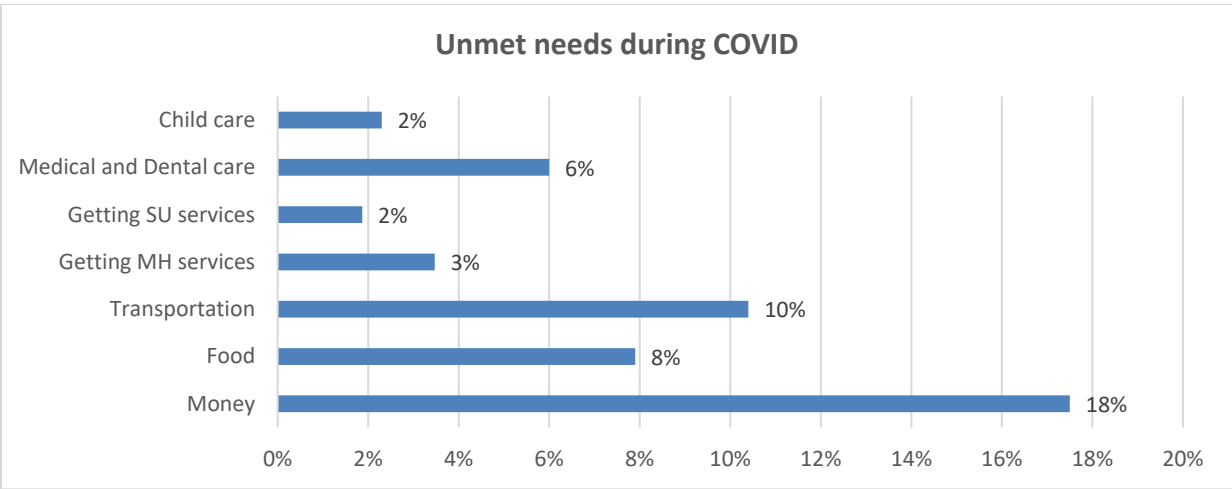
Physical health and Relationships



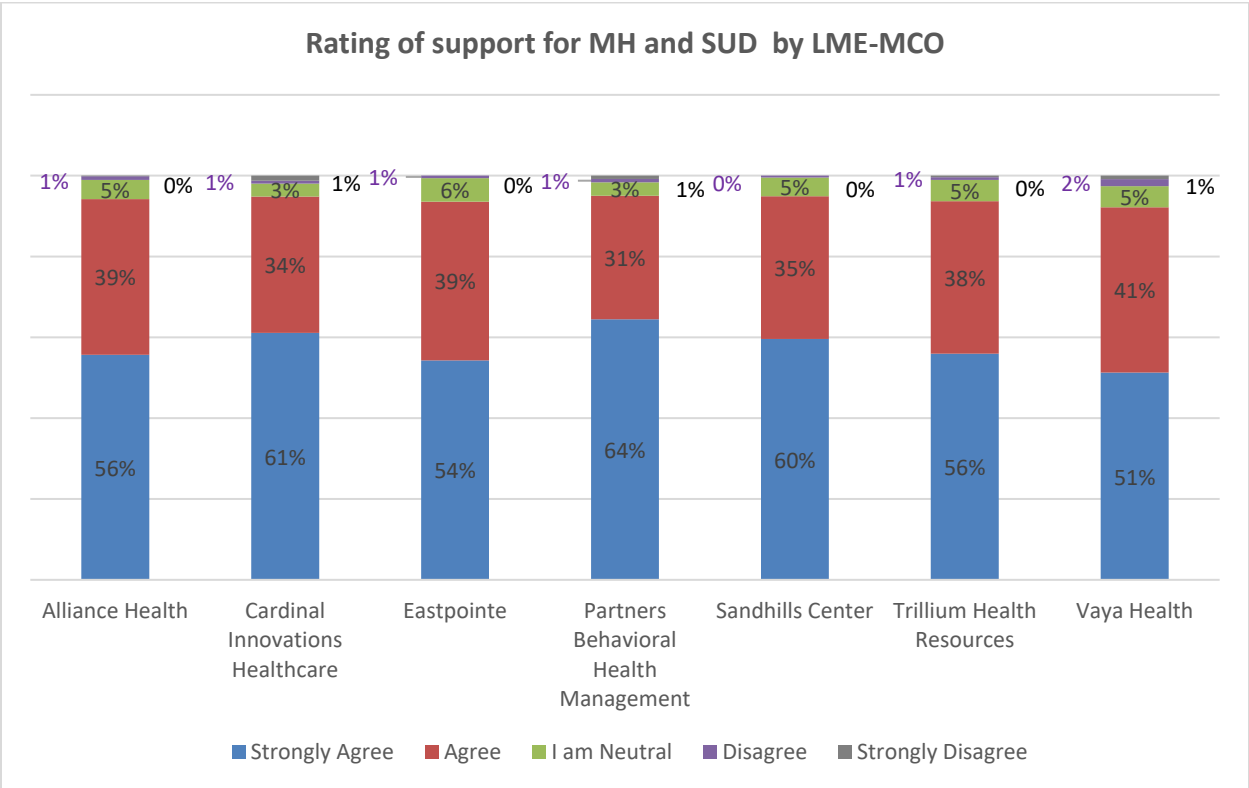


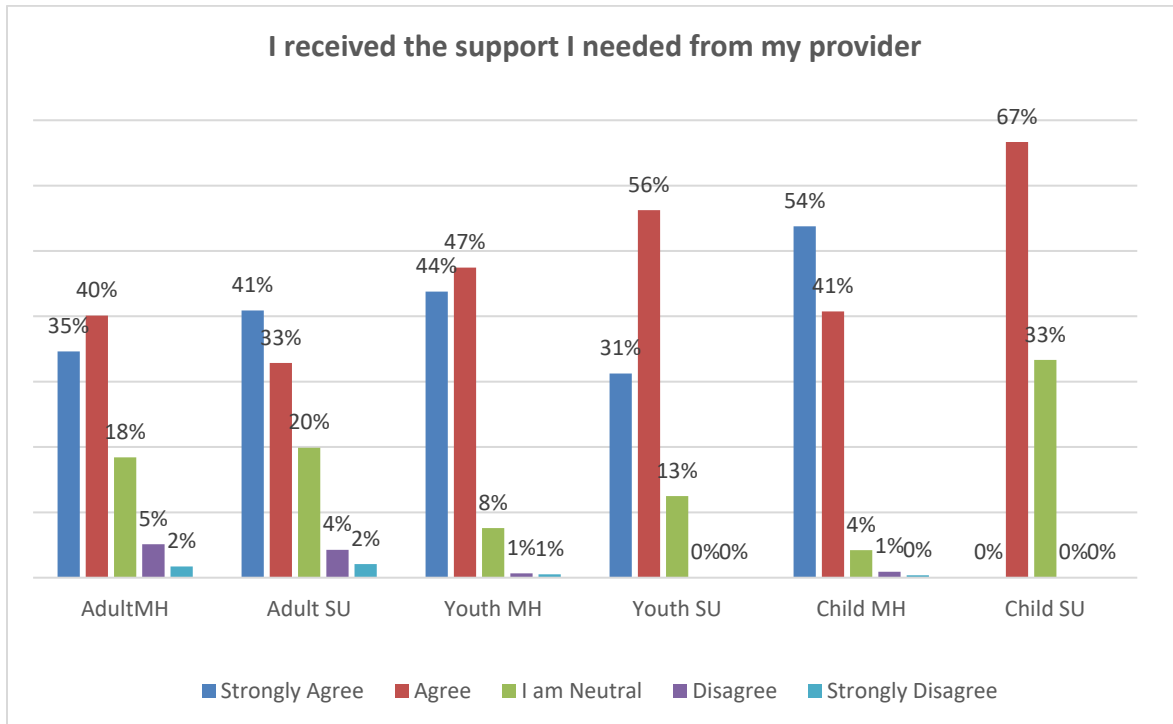
Unmet Needs and Support During the Pandemic

Respondents were asked “In the past six months, have you had problems meeting your needs in any of the following areas as a result of the coronavirus?”. Participants selected all that applied across the following areas: food, housing, money, transportation, personal safety, child care, medical care, dental care, getting mental health and substance use services, and getting medication. Respondents reported that money (17.5%), food (7.9%), transportation (10.4%), getting mental health (3.47%) and substance use service (1.87%), medical and dental care (6%), and child care (2.3%) were areas in which needs were unmet.



Respondents were also asked to rate their support for the following statement: “I have gotten the support I need from my mental health or substance use provider(s).” Overall, respondents indicated that they agreed or strongly agreed with this statement within their respective LME-MCO network. Across all age categories, 43% of mental health clients and 38% of substance use clients report that they agreed with this statement overall.





- 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 2021 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.

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.



NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES

Division of Mental Health,
Developmental Disabilities
and Substance Abuse Services

State of North Carolina • Roy Cooper, Governor
Department of Health and Human Services

Kody Kinsley, Secretary

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