



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

2024 NC Mental Health/Substance Use Disorder Client Perceptions of Care Survey

CHILD FAMILY SURVEY (Family members/guardians of children 11 years old and younger)

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 TAILORED PLAN 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 Tailored Plan if you do not know which NPI to enter.

Is this member a Medicaid beneficiary?*

- Yes
- No
- Don't know

Member's Tailored Plan or Other NC Medicaid Plan*

Select one.

- Alliance Health
- Partners 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 TAILORED PLAN 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), MEDICAID ID, OR OTHER INSURANCE ID.

Member's Tailored Plan Client Number

Enter the person's unique Client Number assigned by the Tailored Plan. Contact the Tailored Plan if you do not know the member's correct Tailored Plan Client Number. Other NC Medicaid Plan members will not have a Tailored Plan Client Number. If the person has an other NC Medicaid Plan member leave this item blank.

Please indicate how the survey is being administered.*

- Respondent is completing electronically using computer or other device
- Respondent 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
- Tailored Plan 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 child's services. Your answers are confidential and will not influence current or future services your child receives.

BACKGROUND INFORMATION

Your child's age?

Enter your child's age in years on their most recent birthday.

Your child's gender?

- Male
- Female
- Prefer to self-describe:

Is your child Hispanic or Latino/a/x?

- Yes
- No

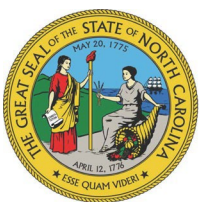
Which of the following best describes your child's racial background?

Select the one that best describes your child.

- White
- Asian
- Black/African American
- Multiracial
- American Indian/Native American
- Alaskan Native
- Pacific Islander
- Unknown
- Other, please specify:

What is the primary reason your child is currently receiving services?

- Mental Health
- Substance Use



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YOUR CHILD'S SERVICES

Please answer the following questions based on the services your child has 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 or your child have not experienced, please fill in the circle for Not Applicable (N/A) to indicate that this item does not apply.

1. Overall, I am satisfied with the services my child received.

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

2. I helped to choose my child's services.

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

3. I helped to choose my child's treatment goals.

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

4. The people helping my child stuck with us no matter what.

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

5. I felt my child had someone to talk to when he/she was troubled.

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

6. I participated in my child's treatment.

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

7. The services my child and/or family received were right for us.

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

8. The location of services was convenient for us.

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

9. Services were available at times that were convenient for us.

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

10. My family got the help we wanted for my child.

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

11. My family got as much help as we needed for my child.

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

12. Staff treated me with respect.

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

13. Staff respected my family's religious/spiritual beliefs.

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

14. Staff spoke with me in a way that I understood.

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

15. Staff were sensitive to my cultural/ethnic background.

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

As a direct result of the services my child received...

16. My child is better at handling daily life.

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

17. My child gets along better with family members.

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

18. My child gets along better with friends and other people.

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

As a direct result of the services my child received...

19. My child is doing better in school.

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

20. My child is better able to cope when things go wrong.

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

21. I am satisfied with our family life right now.

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

22. My child is better able to do things he or she wants to do.

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

Answer the questions below for relationships with people other than your child's service provider(s).

23. I know people who will listen and understand me when I need to talk.

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

24. I have people that I am comfortable talking with about my child's problems.

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

25. 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

26. I have people with whom I can do enjoyable things.

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

In what North Carolina county does your child currently live?

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

TELEHEALTH/TELE THERAPY

"Telehealth" is using 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 your child receive any teletherapy or other telehealth services from their 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 for your child to receive teletherapy or telehealth services from your mental health or substance use provider(s)? Check all that apply.

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

3. Technology/Cost-In the past six months, did any of the following interfere with your ability for your child to receive teletherapy or telehealth services from your mental health or substance use provider(s)? Check all that apply.

- No, nothing interfered with our ability to get telehealth services
 We don't have a smartphone or computer
 High speed internet is limited or not available in our 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 for your child to receive teletherapy or telehealth services from your mental health or substance use provider(s)? Check all that apply.

- No, nothing interfered with our 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

Other:

5. Personal Preference-In the past six months, did any of the following interfere with your ability for your child 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 for my child
 I don't feel telehealth is right for my child

Other:

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

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

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

Thank you for completing the survey!

Who to Contact with Concerns about Your Services

The N.C. Division of Mental Health, Developmental Disabilities and Substance Abuse 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 1-855-262-1946, by email at dmh.advocacy@dhhs.nc.gov, or on the web at www.ncdhhs.gov/mhddsas by scrolling down to the Customer Service and Consumer Empowerment link.