



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**

### **YOUTH SURVEY (Clients 12 to 17 years)**

#### **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. 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 another NC Medicaid Plan member leave this item blank.

**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
- 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 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
- Prefer to self-describe:

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

- 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, please specify

**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. Overall, I am satisfied with the services I received.**

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

**2. I helped to choose my services.**

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

**3. I helped to choose my treatment goals.**

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

**4. The people helping me stuck with me no matter what.**

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

**5. I felt I had someone to talk to when I was troubled.**

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

**6. I participated in my own treatment.**

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

**7. I received services that were right for me.**

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

**8. The location of services was convenient.**

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

**9. Services were available at times that were convenient for me.**

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

**10. I got the help I wanted.**

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

**11. I got as much help as I needed.**

- 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 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 I received...

**16. I am better at handling daily life.**

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

**17. I get along better with family members.**

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

**18. I get along better with friends and other people.**

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

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

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

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

**20. I am 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

**In what North Carolina county do you 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/TELETHERAPY**

"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 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

Other:

**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

Other:

**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 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](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.