



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

## 2020 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 child family member completes the survey.

SURVEYS WITH INCORRECT INFORMATION ON THIS PAGE CANNOT BE USED.

Provider NPI\*

Enter the 10-digit number.

Member's LME-MCO Client Number\*

Enter the person's unique Client Number.

Member's LME-MCO\*

- Alliance Health
- Cardinal Innovations Healthcare
- Eastpointe
- Partners Behavioral Health Management
- Sandhills Center
- Trillium Health Resources
- Vaya Health

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
- LME/MCO is administering by telephone or camera connection
- Other (please describe):

Select the "Next" button below to go to the first page of the client survey.



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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 all that apply.

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

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

- Mental Health
- Substance Use

**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

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

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

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 mental health 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/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.

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

In the past six months, did any of the following interfere with your ability for your child to receive teletherapy or telehealth services from their mental health or substance use provider(s)?

Check all that apply.

- No, nothing interfered with our ability to get telehealth services
- The provider didn't offer telehealth services
- Telehealth appointments weren't available at convenient times for us
- 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.)
- I don't think telehealth would be helpful for my child
- I have concerns about the privacy of telehealth sessions
- I don't feel telehealth is right for my child
- Other (please describe):

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

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

**COVID-19 EMERGENCY**

Starting in March 2020, North Carolina communities have had stay-at-home orders and other precautions at different times to help slow the spread of the COVID-19 coronavirus. For example, people have been encouraged to keep a physical distance from others and have not been able to gather in large groups, and some types of businesses have had to close for a time.

**Since the COVID-19 emergency started, has your child been doing better, worse, or about the same in these areas of their life?**

Select one answer for each row.

	Much better	Somewhat better	About the same	Somewhat worse	Much worse	Does not apply to my child
Behavior/Mental health symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use (drugs or alcohol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationships with family, friends, or others important to them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doing things they enjoy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling safe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing/Living situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**As a result of the COVID-19 emergency, have there been problems meeting your child's needs in any of the following areas?**

Check all that apply.

- Food
- Housing/Having a place to stay
- Family income/Paying bills
- Transportation
- Personal safety
- Child care/Supervision
- Medical care
- Dental care
- Getting needed mental health services
- Getting needed substance use services
- Getting needed medication
- None of the above
- Other (please describe):

Please indicate if you Strongly Agree, Agree, are Neutral, Disagree, or Strongly Disagree with the following statements.

**During the COVID-19 emergency, I have been able to get as much information as I need about the virus and how to keep my child safe.**

- Strongly Agree
- Agree
- I am Neutral
- Disagree
- Strongly Disagree

**My child's LME/MCO has helped me stay informed about resources available to us during the COVID-19 emergency.**

The LME/MCO is the Local Management Entity/Managed Care Organization in your area of the state that helps coordinate mental health and substance use services. There are seven LME/MCOs in different areas of North Carolina: Alliance Health, Cardinal Innovations Healthcare, Eastpointe, Partners Behavioral Health Management, Sandhills Center, Trillium Health Resources, and Vaya Health.

- Strongly Agree
- Agree
- I am Neutral
- Disagree
- Strongly Disagree

**My child and I have gotten the support we need from their mental health or substance use provider(s) during the COVID-19 emergency.**

Answer this question about the provider(s) your child sees for treatment or support for mental health or substance use.

- Strongly Agree
- Agree
- I am Neutral
- Disagree
- Strongly Disagree

**Is there anything else you'd like to tell us about your child's and your experiences during the COVID-19 emergency?**

**Thank you for completing the survey!**

**Who to Contact with Concerns about Your Child's 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 919-715-3197, Toll-Free at 1-855- 262-1946, by email at [dmh.advocacy@dhhs.nc.gov](mailto:dmh.advocacy@dhhs.nc.gov), or on the web at [www.ncdhhs.gov/mhddsas](http://www.ncdhhs.gov/mhddsas) by scrolling down to the Customer Service and Consumer Empowerment link.

Please select the "Done" button below to end the session.



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