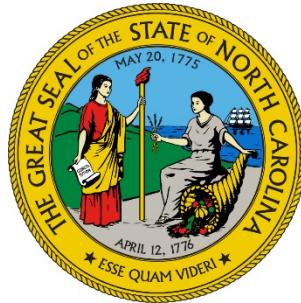


2020 MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES
CLIENT PERCEPTIONS OF CARE

Survey Supplement Brief Report:
Client Experiences During the Coronavirus Pandemic,
March-September 2020



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

Quality Management

May 2021

Background

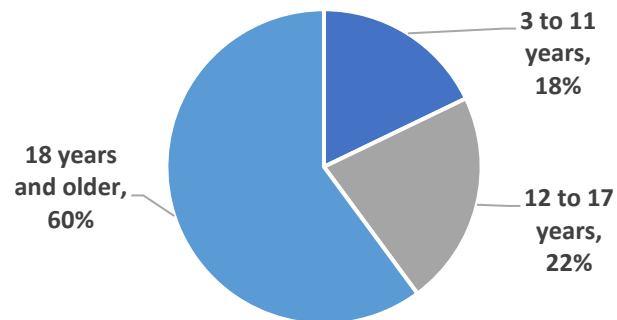
As part of the 2020 North Carolina Mental Health (MH) and Substance Use (SU) Services Client Perceptions of Care Survey,ⁱ community-based service clients across the state responded to supplemental questions about their experiences during the COVID-19 emergency,ⁱⁱ including the telehealth services they received.ⁱⁱⁱ

Community-based MH and SUD service providers assisted with survey administration from August 1 through September 21, 2020. Respondents were asked about their experiences in the past six months, since the COVID-19 emergency started.

A total of 5,516 respondents completed paper copies, web-based versions, or surveys administered by telephone or two-way audio and video connection.

The overall rate of telehealth service use was high across racial/ethnic groups in those surveyed, and highest among Hispanic/Latinx consumers. People who received telehealth services were more likely to report feeling supported in their care during this difficult time, and significant majorities of respondents rated their telehealth services at least as effective as in-person services.

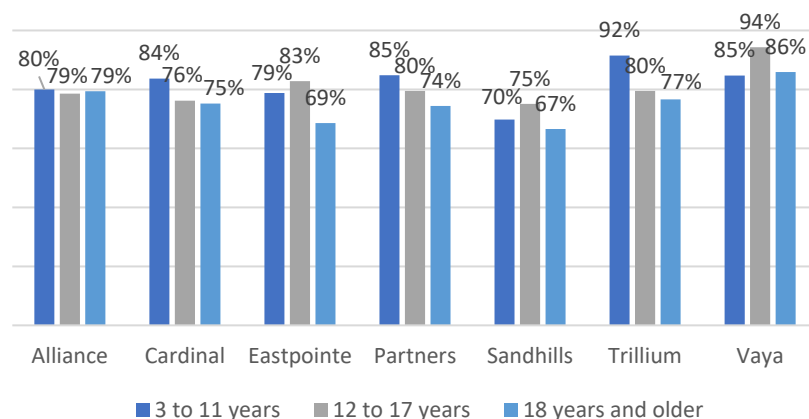
Surveys Completed by Client Age



Use of Telehealth During the COVID-19 Emergency

Overall, 77 percent of individuals surveyed reported they or their child received telehealth services in the past six months. Adults (75%) were less likely to use telehealth than child (81%) and youth clients (80%). These percentages varied by LME-MCO.^{iv}

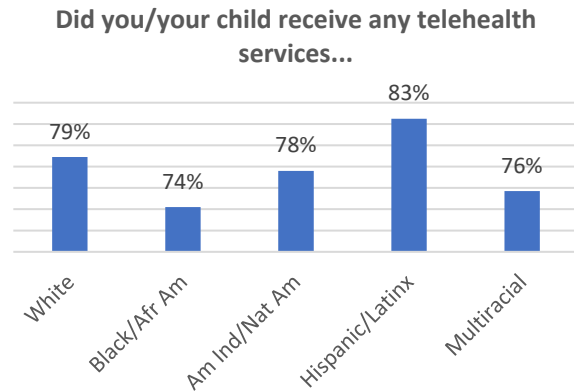
Did you/your child receive any telehealth services from your MH/SUD provider in the past 6 months? (Yes)



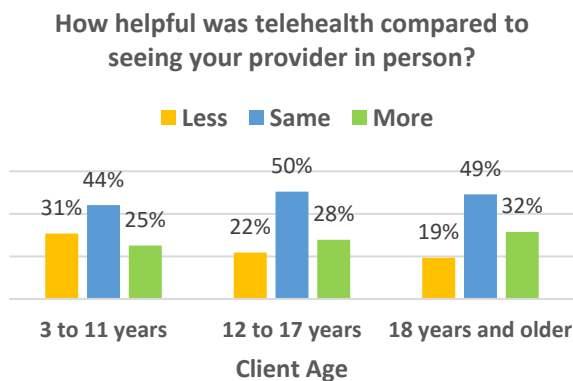
Among adult survey respondents, MH service clients (80%) were significantly more likely to use telehealth than SUD service clients (65%).

Clients who identified as Hispanic/Latinx reported receiving telehealth at higher rates than all non-Hispanic respondent groups.

Black/African American respondents were least likely to report using telehealth.



Perceptions of Telehealth Helpfulness

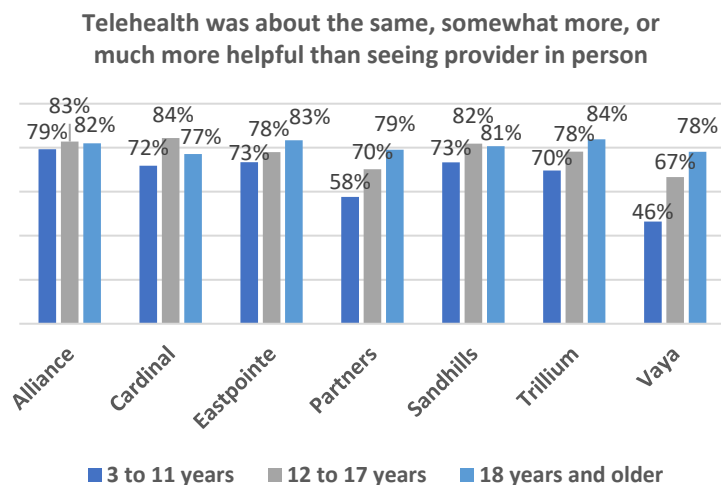


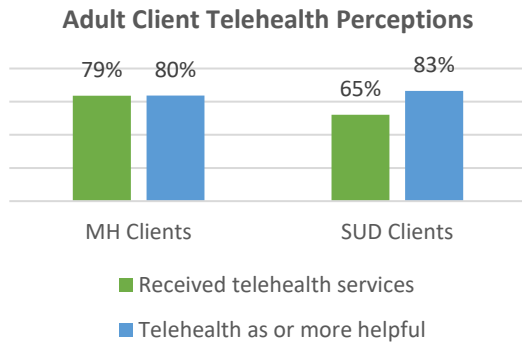
Nearly 8 out of every 10 respondents reported the telehealth services they or their child received were as helpful or more helpful than seeing their provider in person.

Telehealth was more often perceived as *less helpful* for children compared to youth and adults and as *more helpful* for adults compared to youth and children.

Larger percentages of respondents in some catchment areas than others perceived telehealth to be at least as helpful as seeing their provider in person.

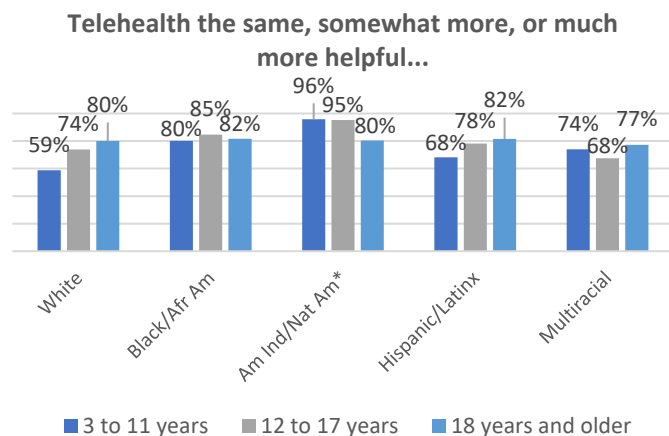
Differences in perceptions of helpfulness for children, youth, and adults were also more pronounced within some LMEs-MCOs than others.





Although adult SUD service clients were significantly 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 or more helpful than seeing their provider in person.

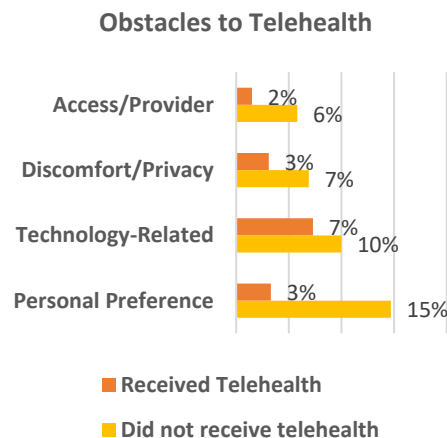
Perceived helpfulness also varied across racial/ethnic and age groups. Telehealth was perceived to be as or more helpful for substantially *more* than 80% of American Indian/Native American children and youth and Black/African American youth. Telehealth was perceived to be as or more helpful for considerably *less* than 80% of White, Hispanic/Latinx, and multiracial children and White and multiracial youth.



*Child and Youth American Indian/Native American sample sizes are less than 30.

Obstacles to Receiving Telehealth

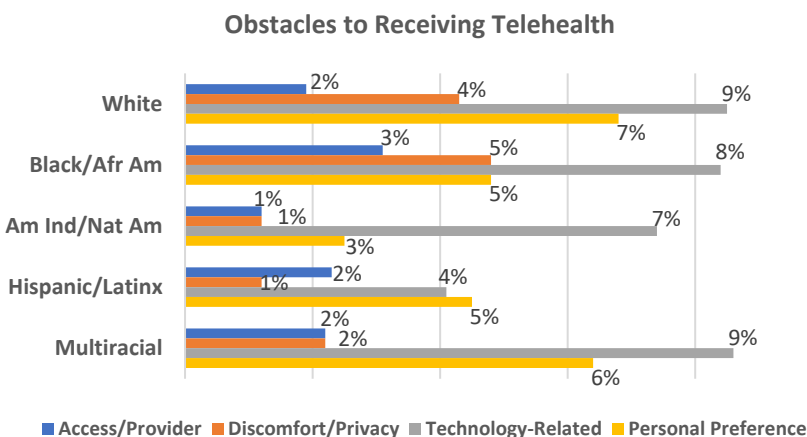
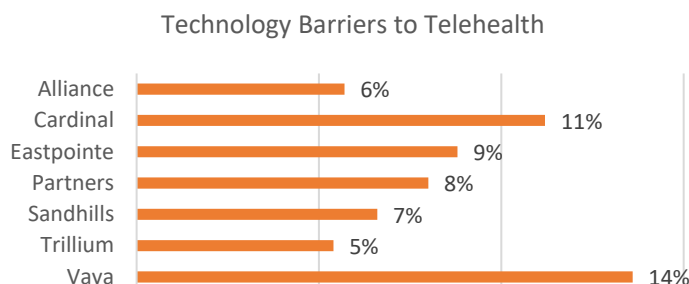
Most respondents, including 83 percent of those who received telehealth and 59 percent of those who did not, reported they did not experience any obstacles to receiving telehealth.



Few reported provider access issues, such as the provider didn't offer telehealth or lack of convenient appointment times, or privacy concerns or discomfort using telehealth. Ten percent who didn't receive telehealth reported technology barriers, such as lack of smartphone/computer, limited internet access, or cost of phone or internet. The most common reasons for not using telehealth included personal preferences, such as the belief that telehealth wouldn't be helpful or just wasn't right for the person.

Adults were approximately twice as likely as youth or child family members to report technology-related barriers and approximately three times as likely to indicate privacy concerns or discomfort with technology. Child family members were approximately twice as likely as adult and youth clients to indicate that telehealth just wasn't right or wouldn't be helpful.

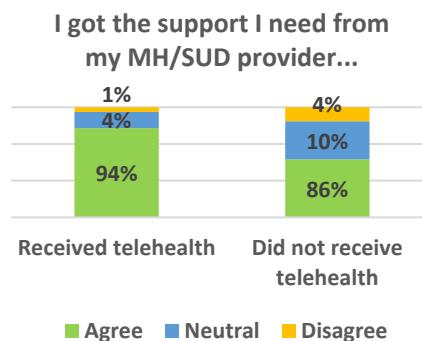
Respondents from some LMEs-MCOs reported higher rates of technology barriers than others. These respondent groups were also somewhat more likely to report privacy concerns or discomfort with telehealth technology.



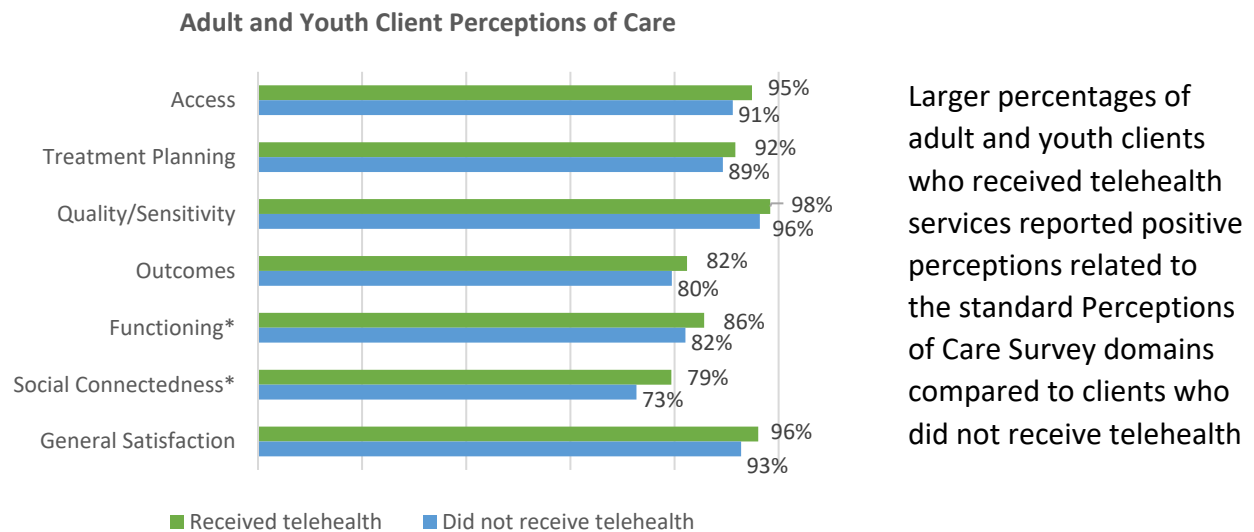
Consistent with their higher reported rates of telehealth use, Hispanic/Latinx respondents were approximately half as likely as non-Hispanic respondent groups to report technology-related obstacles.

Perceptions of Care and Use of Telehealth Services

Compared to respondents who did not receive telehealth, larger percentages who received telehealth agreed or strongly agreed with the statement, *I have gotten the support I need from my mental health or substance use provider(s) during the COVID-19 emergency*. This was true for MH clients of all racial/ethnic and age groups. Adult SUD clients were slightly less likely to agree with this statement overall (88%) and about equally likely to agree whether or not they received telehealth.

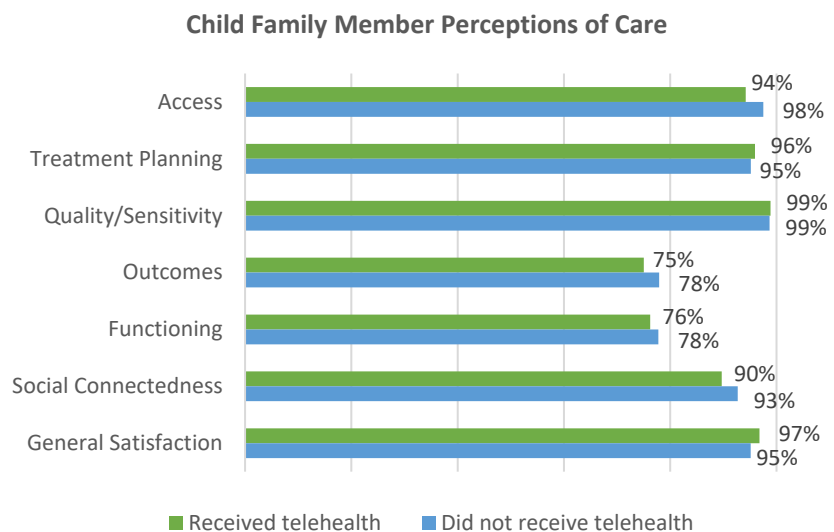


Individuals who received telehealth services (91%) were also more likely than those who didn't (87%) to agree with the statement, *During the COVID-19 emergency, I have been able to get as much information as I need about the virus and how to stay safe.*



*Domain not included in Youth survey

Family members whose children received only in-person services rather than telehealth were slightly more likely to report positive perceptions about their access to services, their own social connectedness to others, and their children's functioning and service outcomes.

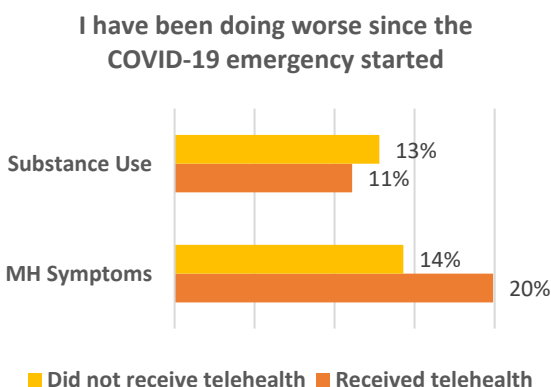
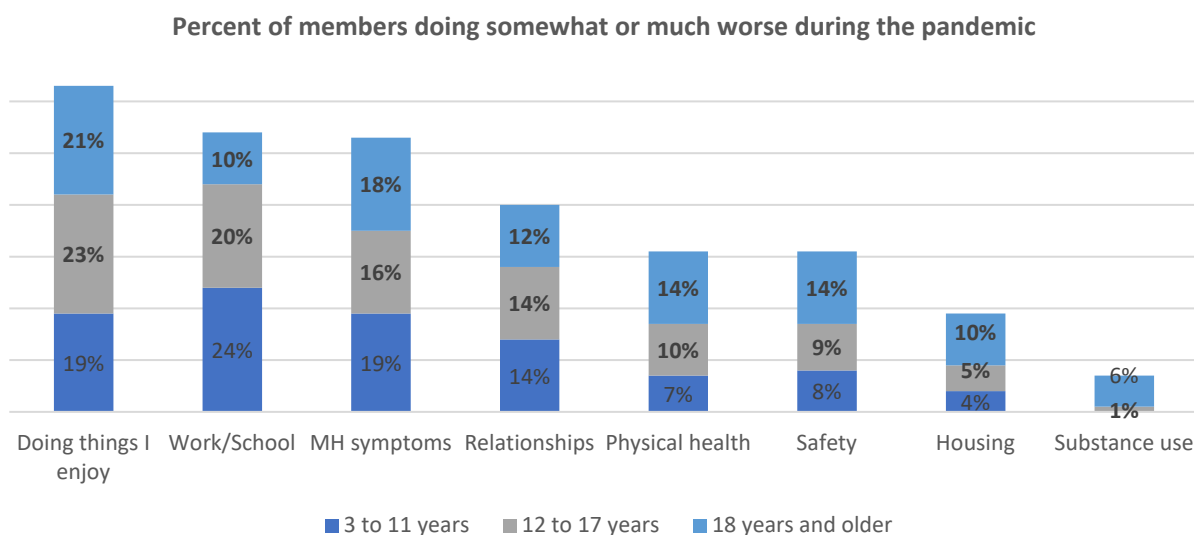


Respondents from all age groups who said the telehealth services they or their child received were as or more helpful than seeing their provider in person also were more likely to report positive perceptions about their services and outcomes compared to those who found telehealth services less helpful.

Client Functioning During the Pandemic

Most respondents reported doing about the same or better in each of eight specific areas of their lives since the beginning of the COVID-19 emergency. Larger percentages said they were doing somewhat worse or much worse in “Doing things I enjoy” than in any other area.

Nearly a quarter of children were reported to be doing worse in school, and 20 percent of youth reported doing worse in work/school. More than one in six respondents of each age group reported somewhat worse or much worse mental health symptoms.

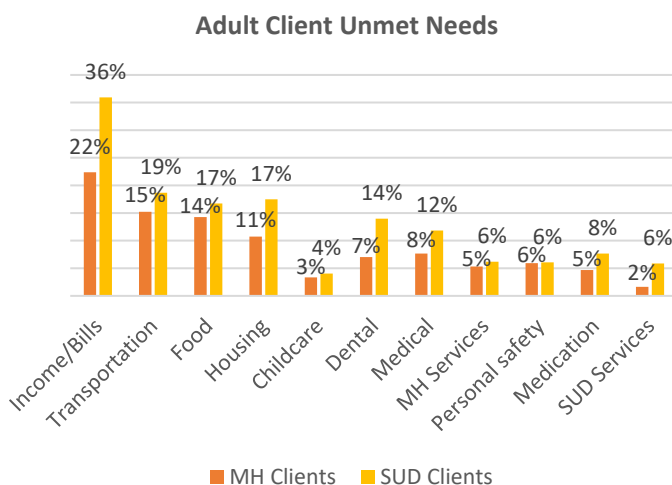
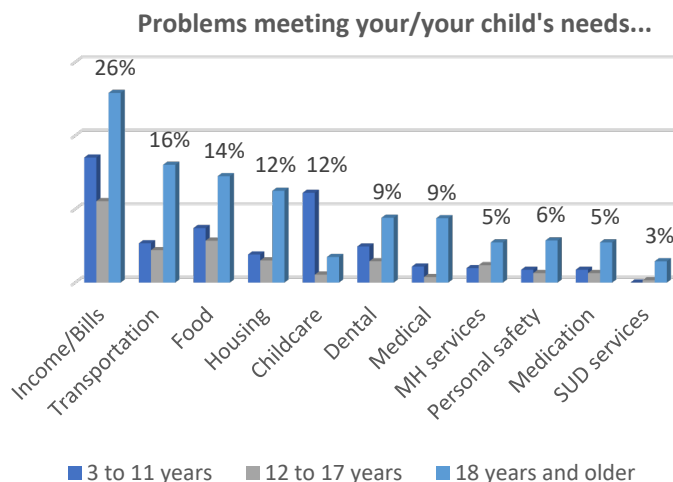


Respondents who received telehealth were slightly less likely to report doing worse related to substance use and somewhat more likely to report their mental health symptoms had been worse since the COVID-19 emergency began. Individuals who experienced worsening mental health symptoms may have been more likely to agree to telehealth services.

Unmet Needs During the Pandemic

Nearly half (45%) of adults, 19 percent of youth, and 36 percent of child family members reported problems meeting needs in one or more areas of their lives since the beginning of the pandemic. Larger percentages of adult clients than youth or child family members reported problems in each area except childcare.

More than one-quarter (26%) of adult clients reported problems with income or paying bills during the pandemic. More than ten percent of adult clients reported problems related to transportation (16%), food (14%), and housing (12%). Child family members (12%) were the group most likely to report problems related to childcare or supervision.

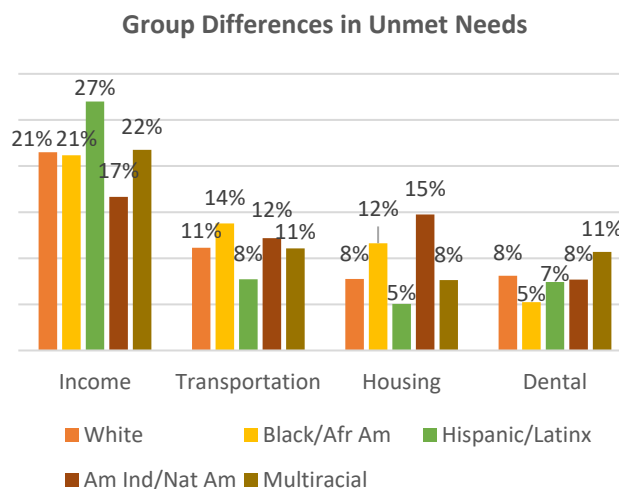


Among adults, SUD clients (52%) were significantly more likely than MH clients (35%) to report problems in one or more areas.

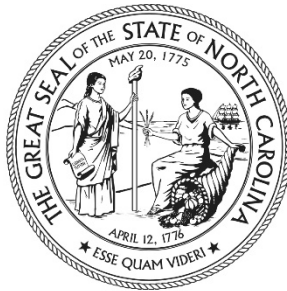
The difference between adult MH and SUD clients was greatest in the area of income. SUD clients were more than one and a half times as likely as MH clients to say they had experienced problems with their income or paying bills since the start of the COVID-19 emergency.

Respondents of all racial/ethnic backgrounds were about equally likely to report problems in at least one area.

Percentages of respondents who reported problems in some specific areas did vary by group, however. The largest differences between racial/ethnic groups were reported for the areas income or paying bills, transportation, housing, and getting needed dental 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 2020 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.



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
Mandy Cohen, Secretary

Division of Mental Health, Developmental Disabilities, and Substance Abuse 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.

5/2021