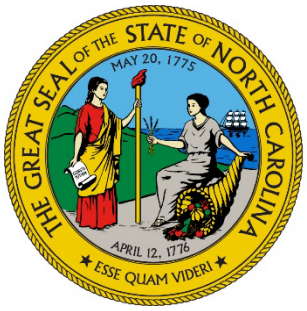
2023 MENTAL HEALTH AND SUBSTANCE USE SERVICES CLIENT PERCEPTIONS OF CARE



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 14, 2023 and September 29, 2023 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: 2023 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 2023 survey year and included flexibilities such as the use of web-based surveys and provider administration of surveys via two-way audio-video connection.

Nearly one-quarter (22.8%) of all surveys were administered remotely by telephone or two-way audio-video connection. Half (50.5%) were completed by clients as paper-and-pencil surveys that were. It was also than one out of four (25.2%) were completed as web-based surveys using electronic devices supplied by the provider. Additionally, 1.5% were administered in person by provider staff or with a combination or methods, or the administration method could not be determined from the response documented. All paper surveys were entered into the web-based survey platform.

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 2023 surveys of each type submitted by each LME-MCO.

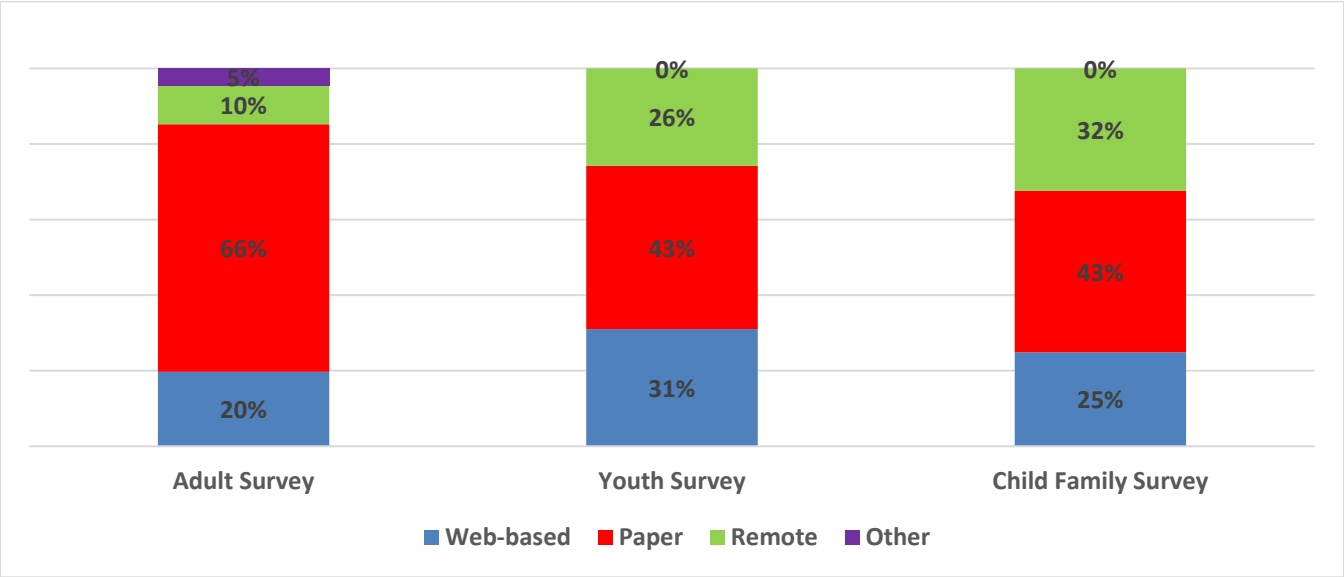
TABLE 2: 2023 CLIENT SURVEYS SUBMITTED PER LME-MCO*

LME-MCO	Adult	Youth	Child Family	Total	Percent of State Total
Alliance Behavioral Healthcare	821	180	96	1,097	21.90%
Eastpointe	415	146	106	667	13.32%
Partners Behavioral Health	453	176	86	715	14.27%
Sandhills Center	554	113	77	744	14.85%
Trillium Health Resources	665	225	188	1,078	21.52%
Vaya Health	534	123	51	708	14.13%
State Total	3,442	963	604	5,009	100.00%
Percent of State Total	68.7%	19.2%	12.1%	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: 2023 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 3: 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.

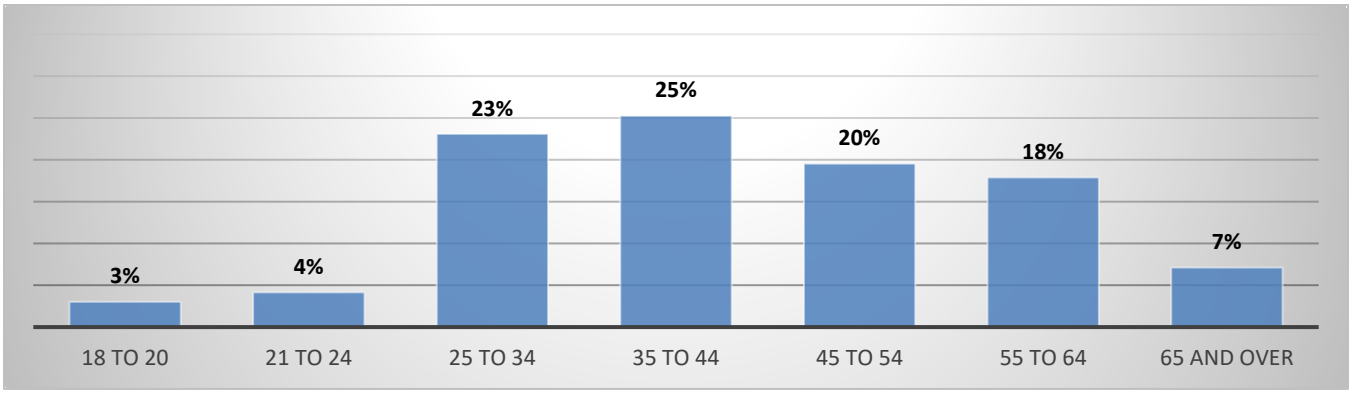
A domain score is calculated only if a respondent answered two-thirds or more of the domain items with a response other than "N/A" (not applicable). For this reason, total numbers of respondents with calculated scores for each domain vary and generally are smaller than the total number of survey respondents.

Survey Respondent Demographics

Adult Survey

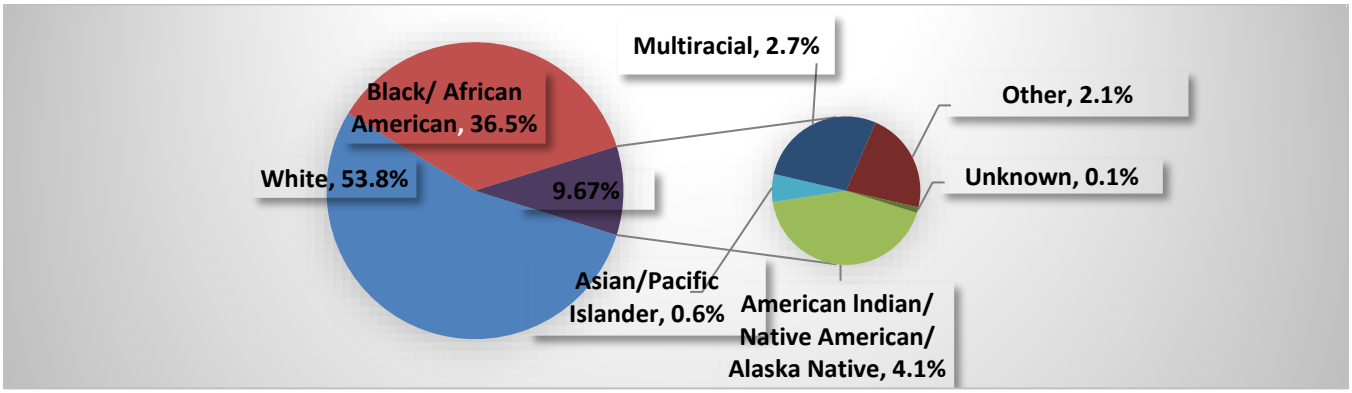
The 2023 Adult Survey sample included 3,418 individuals who reported their age within the requested range of 18 years and older.[2] Average respondent age was 43.5 years. The sample consisted of 50.7 percent female respondents, 48.8 percent male respondents, and 0.5 percent who identified as transgender, non-binary , or a self-described gender. It should be noted that not all participants who completed the survey provided age information.

FIGURE 2: ADULT RESPONDENT AGE DISTRIBUTION



Of those who reported, 53.8 percent self-identified as White, and 36.5 percent as Black/African American, and 9.7 percent other ethnicities. In response to a separate question, nearly four point five percent of the sample also identified as Hispanic or Latino.

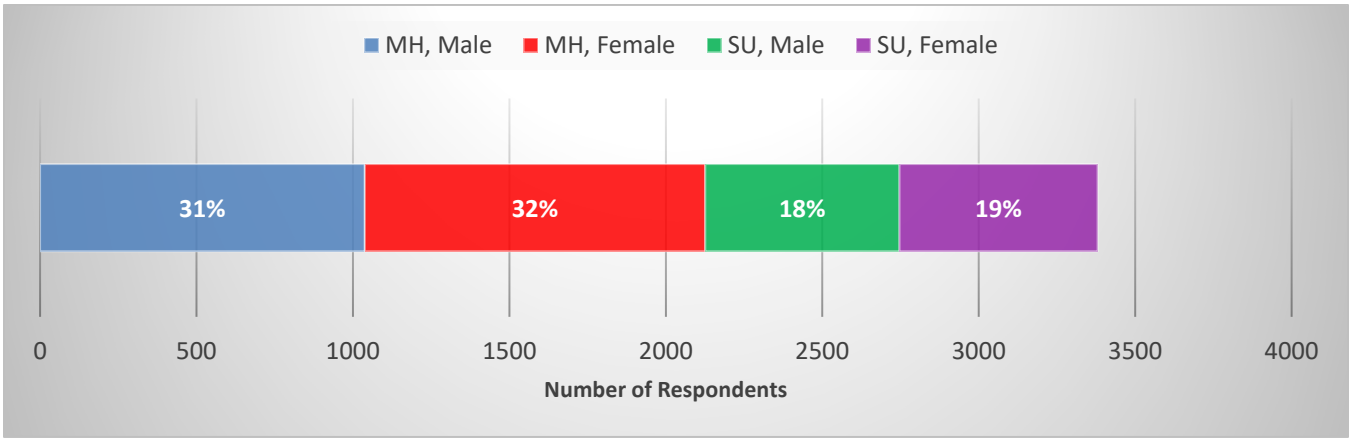
FIGURE 3: ADULT RESPONDENT RACE/ETHNICITY



Sixty three percent of adult respondents reported that their primary reason for receiving services was related to mental health and thirty three percent reported the primary reason was substance use. MH services clients included more women than men, while a slightly higher proportion of SU clients were male.

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

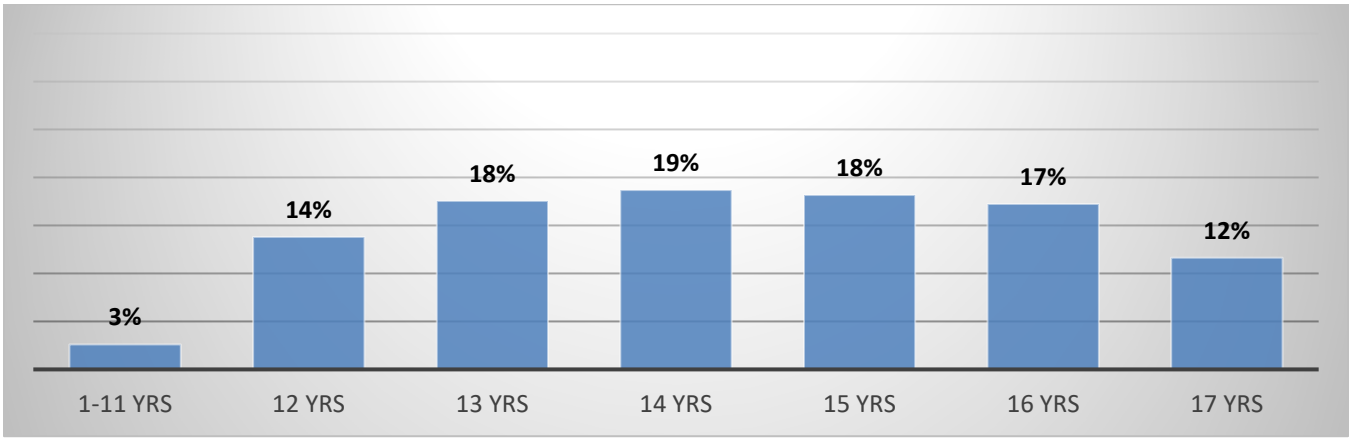
FIGURE 4: ADULT RESPONDENT GENDER AND PRIMARY REASON FOR SERVICES, PERCENTAGE OF TOTAL SAMPLE



Youth Survey

The Youth Survey sample included 935 respondents within the requested range of 12 to 17 years, 25 with reported ages younger than 12 years, and three aged 18-19 years of age. In total, there were 963 youth respondents under the age of 20.[3] On average, respondents were 14.32 years old. The sample consisted of 49.9 percent male respondents, 48.7 percent female, and one point four percent self-described as non-binary, in transition, or other.

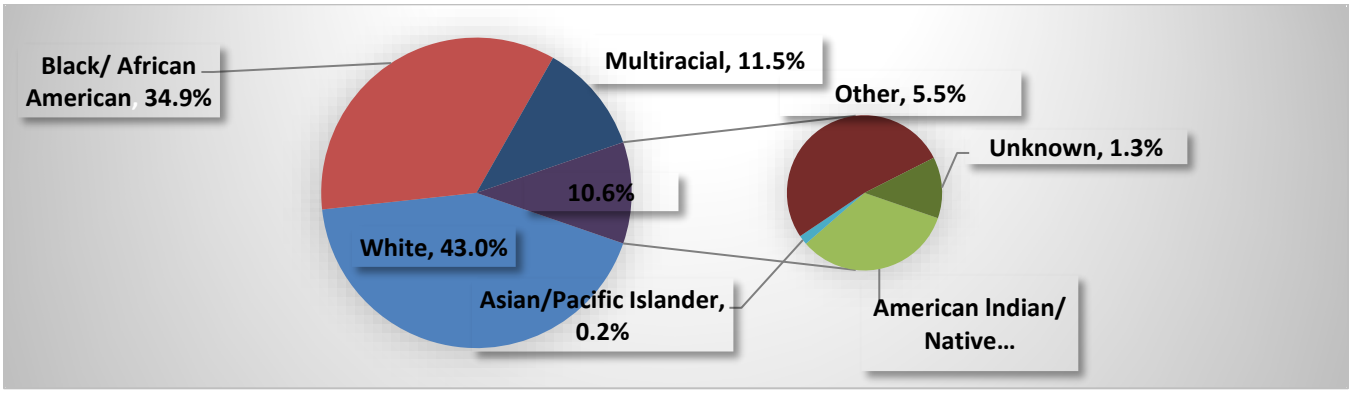
FIGURE 5: YOUTH RESPONDENT AGE DISTRIBUTION



Of participants who responded, 43.0% identified as White, 34.9% percent as Black/African American, 11.5% were multiracial, and 10.6% other ethnicities including American Indian/Native America, Asian, other and unknown. In response to a separate question, 13.7 percent also self-identified as Hispanic or Latino.

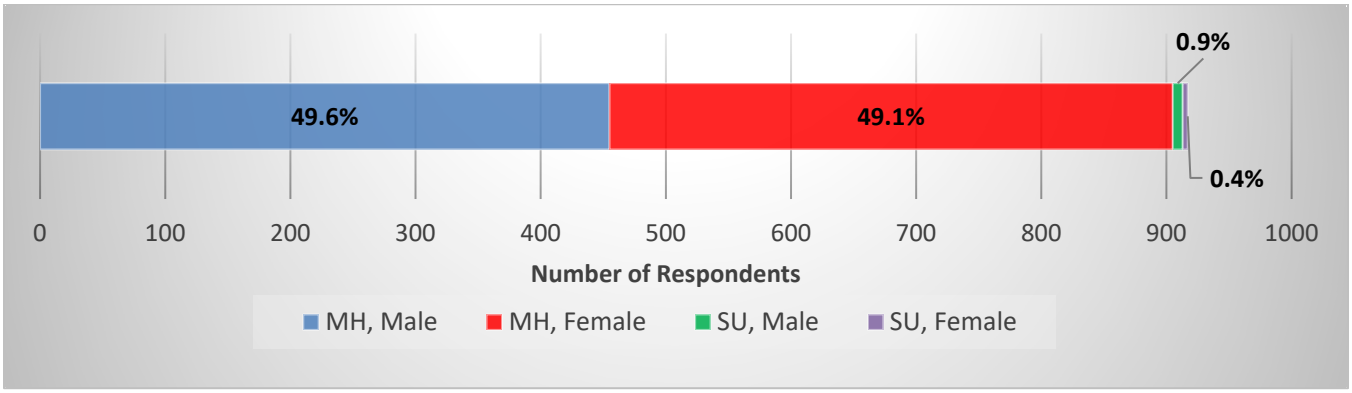
[3]Analyses in later sections of this report include surveys from respondents who did not report age.

FIGURE 6: YOUTH RESPONDENT RACE/ETHNICITY



The majority of youth respondents indicated mental health as the primary reason (98.7%). Approximately 1.3% percent of male (0.9%) and female (0.4%) respondents reported a primary reason for receiving services related to Substance Use. This was an overall increase in mental health services of .9% (97.8%) from 2022. Moreover, there was also a small decline in substance use disorder treatments from 2022 of 0.9% (2.2%).

FIGURE 7: YOUTH RESPONDENT GENDER AND PRIMARY REASON FOR SERVICES

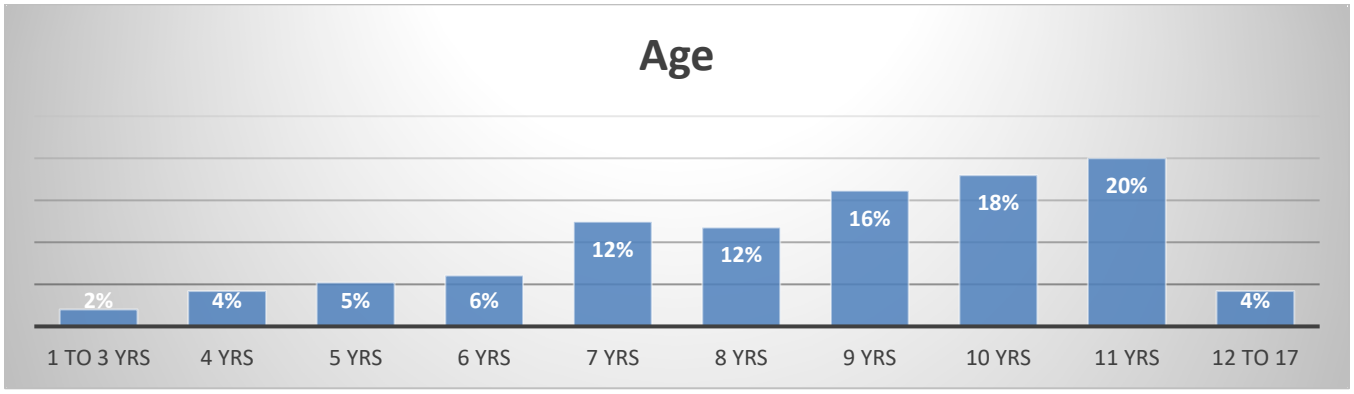


Child Family Survey[4]

The Child Family survey included 570 children within the requested age range of up to 11 years, and for an additional 25 clients ages 12 to 17 years, for a total of 595 surveys.[5] 62.4% identified as male and 37.4% as female. Less than one percent identified as other/non-binary or did not respond. The average child age was 8.65 years old. It should be noted that not all respondents provided age information.

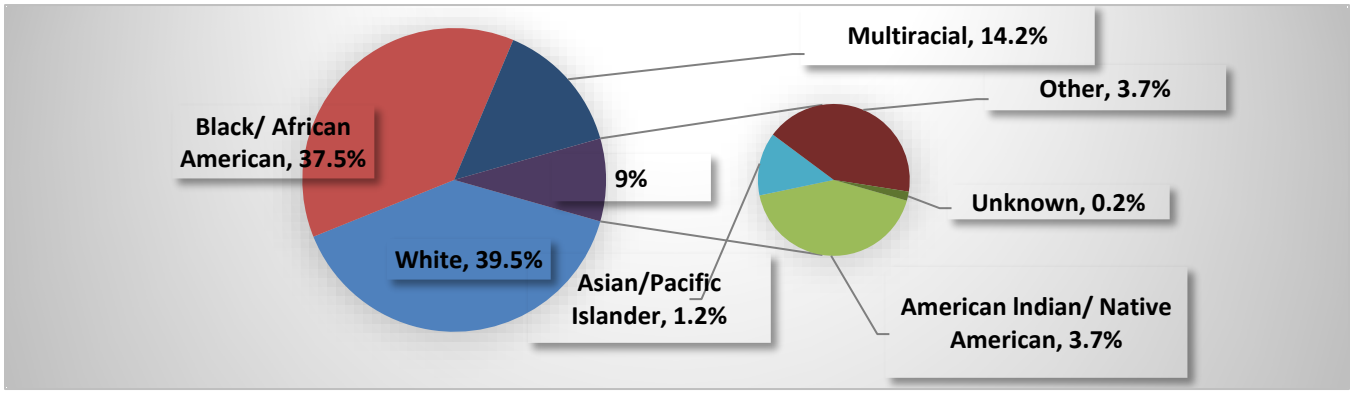
[4]Analysis of Family Survey data does not include primary service type.
[5]Analyses in later sections of this report include surveys from respondents who did not report age.

FIGURE 8: FAMILY SURVEY CHILD AGE DISTRIBUTION



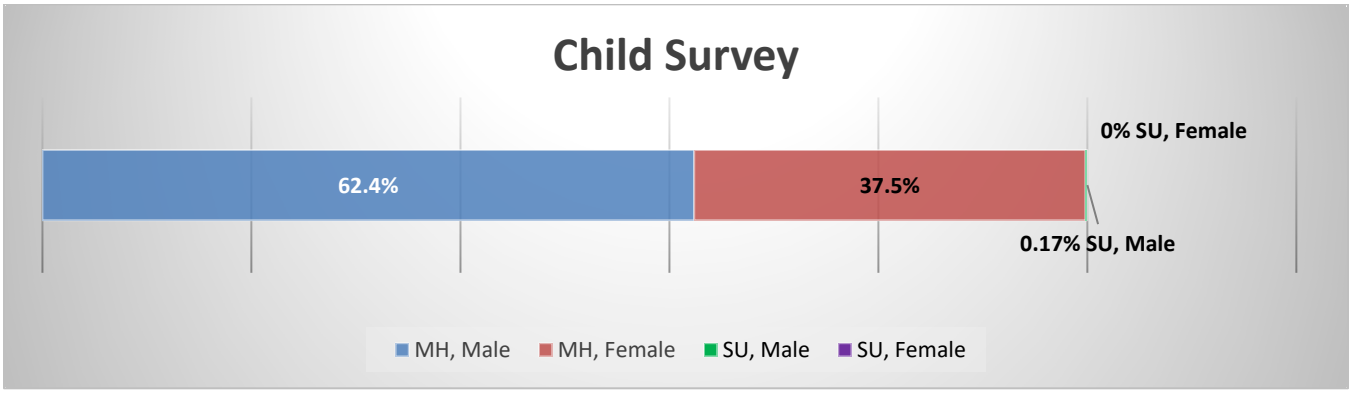
Among respondents who reported child racial background, 39.5% reported a background of White, 37.5% identified as Black/African American, 3.7% Other. Analysis also indicated three point seven percent identified as Native American, one point two percent as Asian, less than point two percent Unknown, and 14.2% were Multiracial. In response to a separate question, 10.5 percent of child clients identified as Hispanic or Latino.

FIGURE 9: FAMILY SURVEY CHILD RACE/ETHNICITY



Moreover, 99.7 percent of respondents reported seeking mental health services. Of that pool, 62.4 percent were male and 37.5 percent were female. Less than one half of a percent sought treatment for substance use services.

FIGURE 10: CHILD FAMILY RESPONDENT GENDER AND PRIMARY REASON FOR SERVICES



Statewide Annual Scores and Trends in Client Perceptions of Care

Statewide 2023 Adult, Youth, and Child Family survey MHSIP domain scores are shown in Figure 10A and 10B. Annual Adult, Youth, and Child Family survey results for 2014 through 2023 are shown in Figures 12, 13, and 14.

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.

- Overall, respondents from each of the three survey populations reported positive perceptions about their experiences with providers and services (*Access*, *Treatment Planning*, *Cultural Sensitivity or Quality*, and *General Satisfaction* domains) than the treatment *Outcomes* domain.

- Adult and Child survey respondents rated *Functioning and Social Connectedness* domains less highly than other domains.

- Domains rated positively by 90 percent or more respondents include:
  - Adult, Youth, and Child Family survey *General Satisfaction* and *Quality and Appropriateness* or *Cultural Sensitivity*
  - Adult and Child Family survey *Access*, *Treatment Planning,* and *General Satisfaction*

- Domains rated positively by fewer than 80 percent of respondents include:
  - Youth, and Child Family survey *Outcomes* and *Functioning*

- 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] The steady increases observed in 2020 were largely maintained through the 2023 survey year. Across domains, youth scores are approximately 6 points higher, adult scores are approximately 4 points higher, and child family scores are approximately 3 to 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 (*excluding Youth)
  - Adult and Youth *Treatment Planning*
  - Youth *Access*

- Domain scores in 2023 for Adult respondents showed a slight average increase of 1 percentage point compared to 2022.
  - Moreover, 2023 domain scores for Adult, Youth, and Child surveys trended higher than scores prior to 2020.

[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 2020-2022 surveys.

FIGURE 10A: 2023 CLIENT PERCEPTIONS OF CARE AT A GLANCE: ADULT, YOUTH, AND CHILD FAMILY SURVEYS

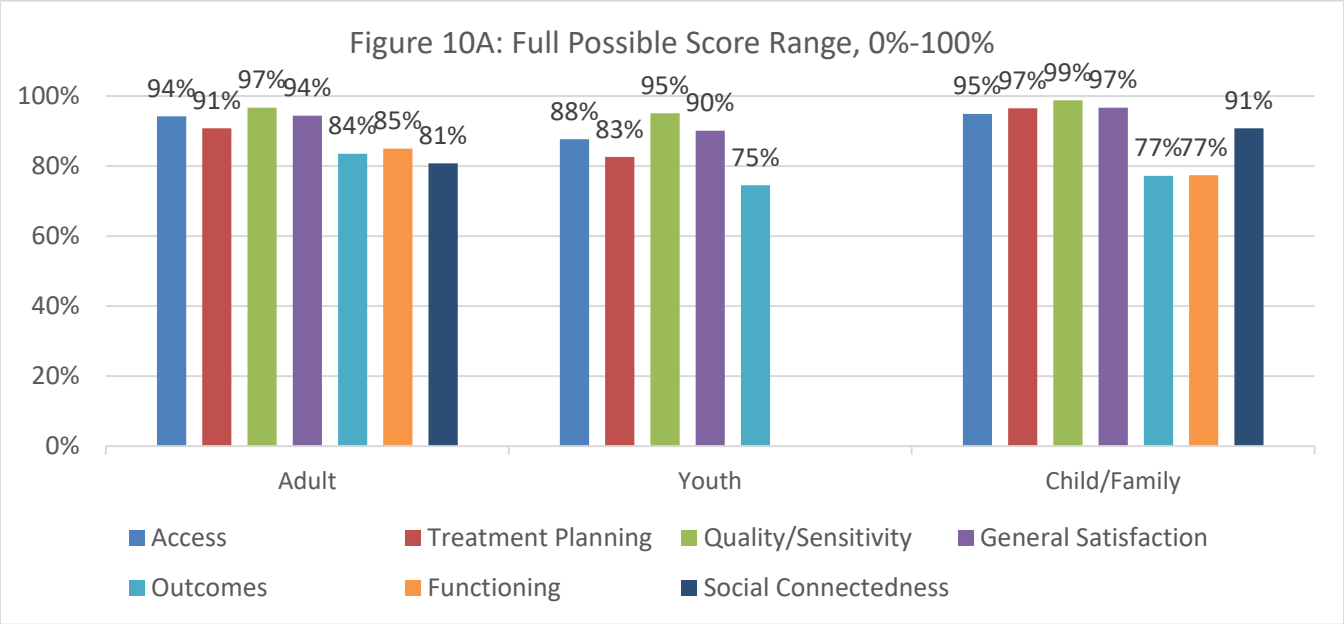


FIGURE 10B: 2023 CLIENT PERCEPTIONS OF CARE AT A GLANCE: ADULT, YOUTH, AND CHILD FAMILY SURVEYS

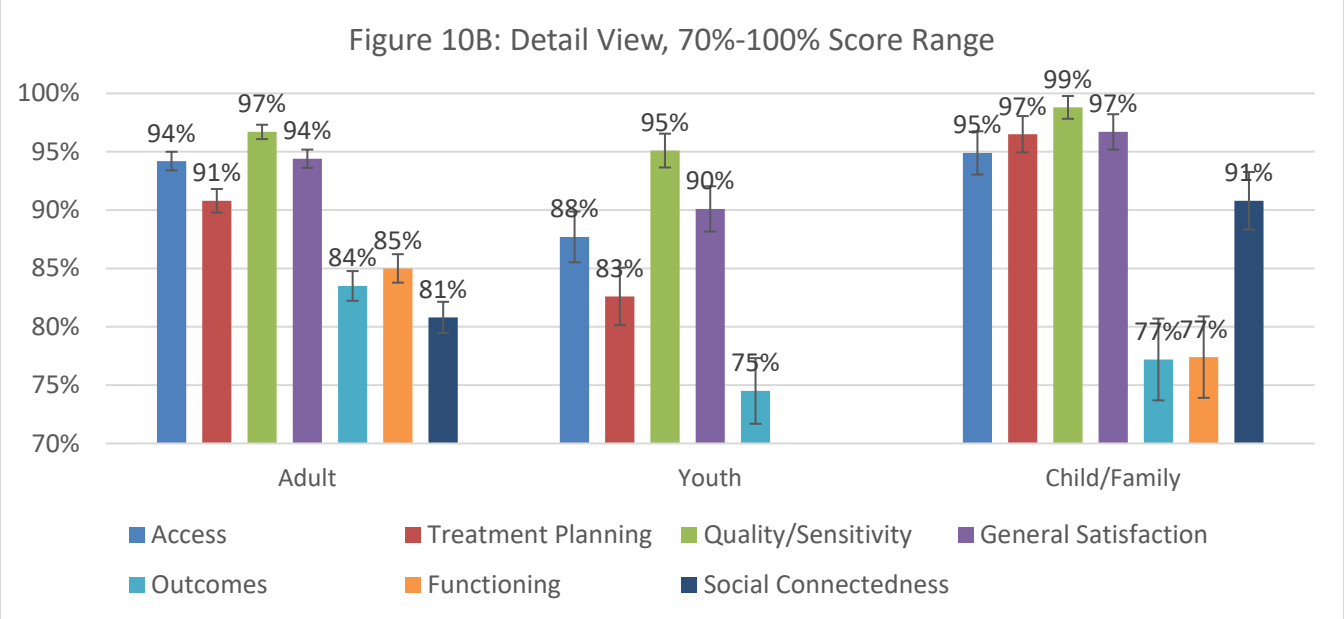
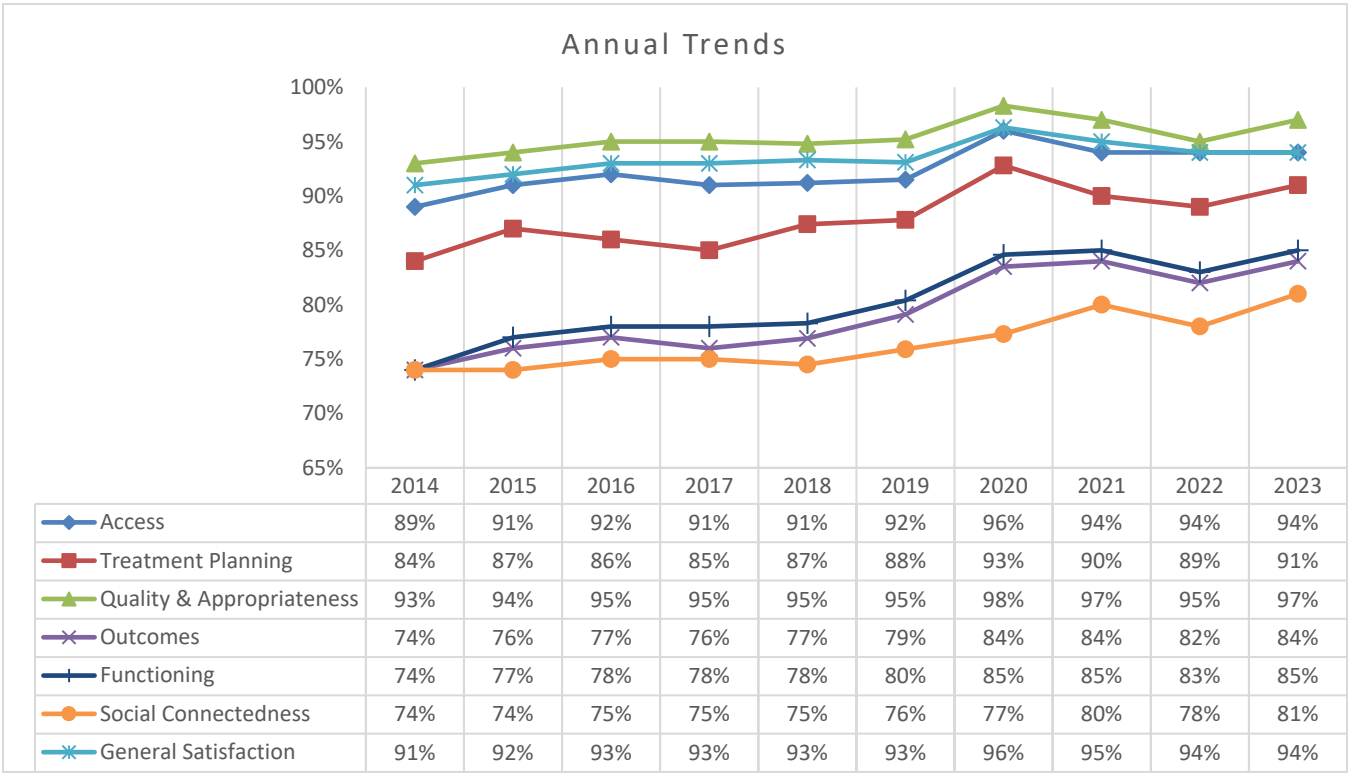


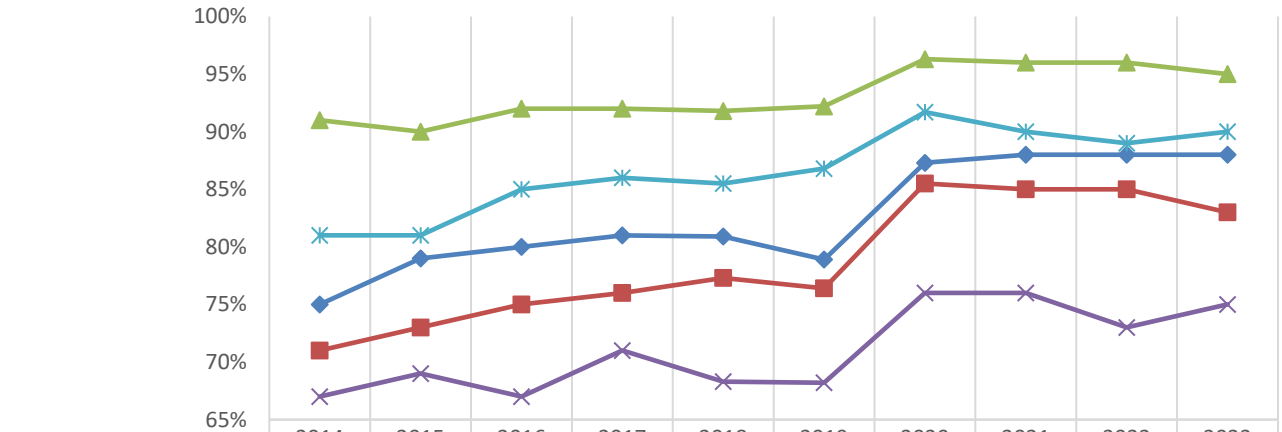
Figure 10A illustrates the relative scores for all MHSIP domains within each survey population. Figure 10B shows more detail in the upper range of the percentage scale. Error bars in Figure 10B show the 95% confidence intervals (CI) around the MHSIP domain positive percentage scores. Within survey population (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: 2023 STATEWIDE ANNUAL TRENDS IN ADULT SURVEY DOMAINS



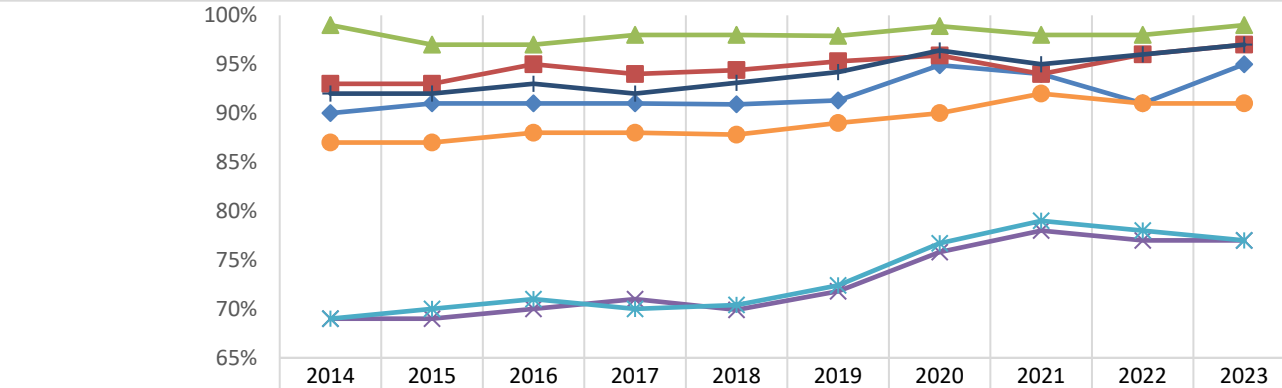
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Access	89%	91%	92%	91%	91%	92%	96%	94%	94%	94%
Treatment Planning	84%	87%	86%	85%	87%	88%	93%	90%	89%	91%
Quality & Appropriateness	93%	94%	95%	95%	95%	95%	98%	97%	95%	97%
Outcomes	74%	76%	77%	76%	77%	79%	84%	84%	82%	84%
Functioning	74%	77%	78%	78%	78%	80%	85%	85%	83%	85%
Social Connectedness	74%	74%	75%	75%	75%	76%	77%	80%	78%	81%
General Satisfaction	91%	92%	93%	93%	93%	93%	96%	95%	94%	94%

FIGURE 12: 2023 STATEWIDE ANNUAL TRENDS IN YOUTH SURVEY DOMAINS



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Access	75%	79%	80%	81%	81%	79%	87%	88%	88%	88%
Treatment Planning	71%	73%	75%	76%	77%	76%	86%	85%	85%	83%
Cultural Sensitivity	91%	90%	92%	92%	92%	92%	96%	96%	96%	95%
Outcomes	67%	69%	67%	71%	68%	68%	76%	76%	73%	75%
General Satisfaction	81%	81%	85%	86%	86%	87%	92%	90%	89%	90%

FIGURE 13: 2023 STATEWIDE ANNUAL TRENDS IN CHILD FAMILY SURVEY DOMAINS



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Access	90%	91%	91%	91%	91%	91%	95%	94%	91%	95%
Treatment Planning	93%	93%	95%	94%	94%	95%	96%	94%	96%	97%
Cultural Sensitivity	99%	97%	97%	98%	98%	98%	99%	98%	98%	99%
Outcomes	69%	69%	70%	71%	70%	72%	76%	78%	77%	77%
Functioning	69%	70%	71%	70%	70%	72%	77%	79%	78%	77%
Social Connectedness	87%	87%	88%	88%	88%	89%	90%	92%	91%	91%
General Satisfaction	92%	92%	93%	92%	93%	94%	96%	95%	96%	97%

*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 few 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

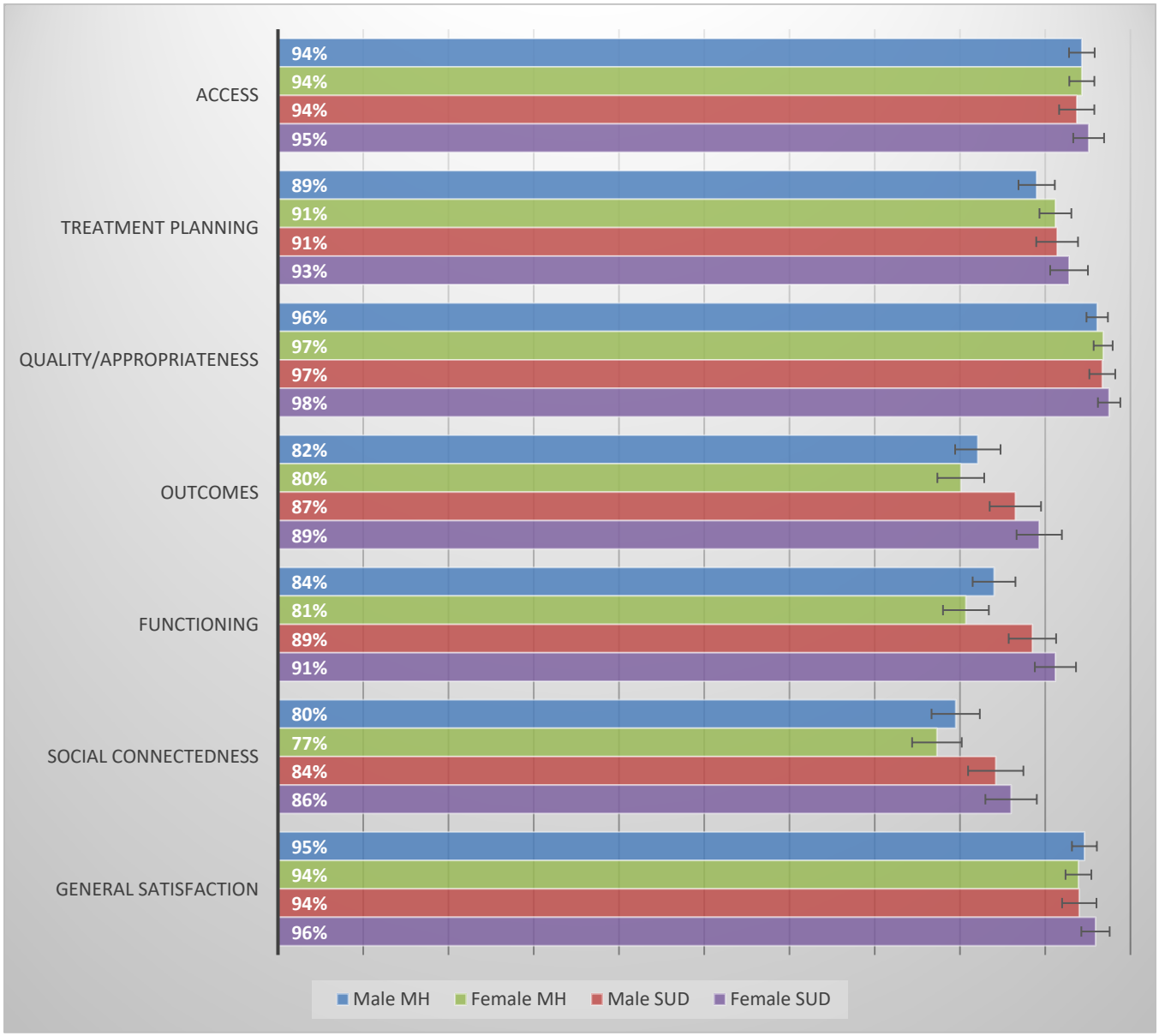
MHSIP survey domain response patterns were compared for racial/ethnic groups with at least 100 respondents. Adult, Youth, and Child Family Survey client samples each included 100 or more non-Hispanic Black/African American, non-Hispanic White individuals, and Hispanic/Latino clients.[10] The Adult sample 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

Overall, 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 Functioning domain compared to male or female MH clients. Both client groups perceived Access to services favorably.

FIGURE 14: 2023 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.

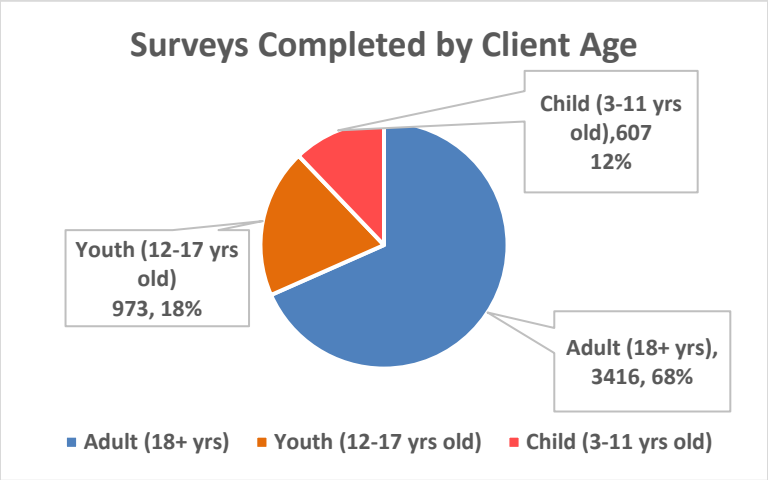
Telehealth Services

Background

The 2023 North Carolina Mental Health (MH) and Substance Use (SU) Services Client Perceptions of Care Survey[I] included supplemental questions about clients' experiences using telehealth and teletherapy services.

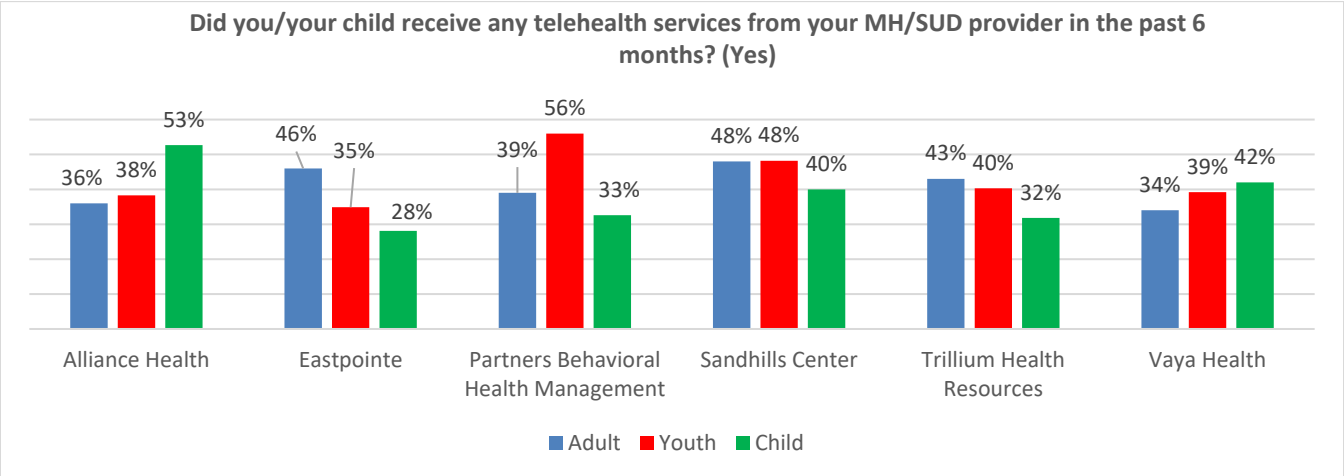
Community-based MH and SUD service providers assisted with survey administration from August 14, 2023 and September 29, 2023. Respondents were asked about their experiences using telehealth services in the past six months.

A total of 4,996 respondents completed surveys administered remotely, by telephone or two-way audio-video connection, on paper, and web-based versions. Regardless of data collection method, all surveys were entered into a web-based survey platform.

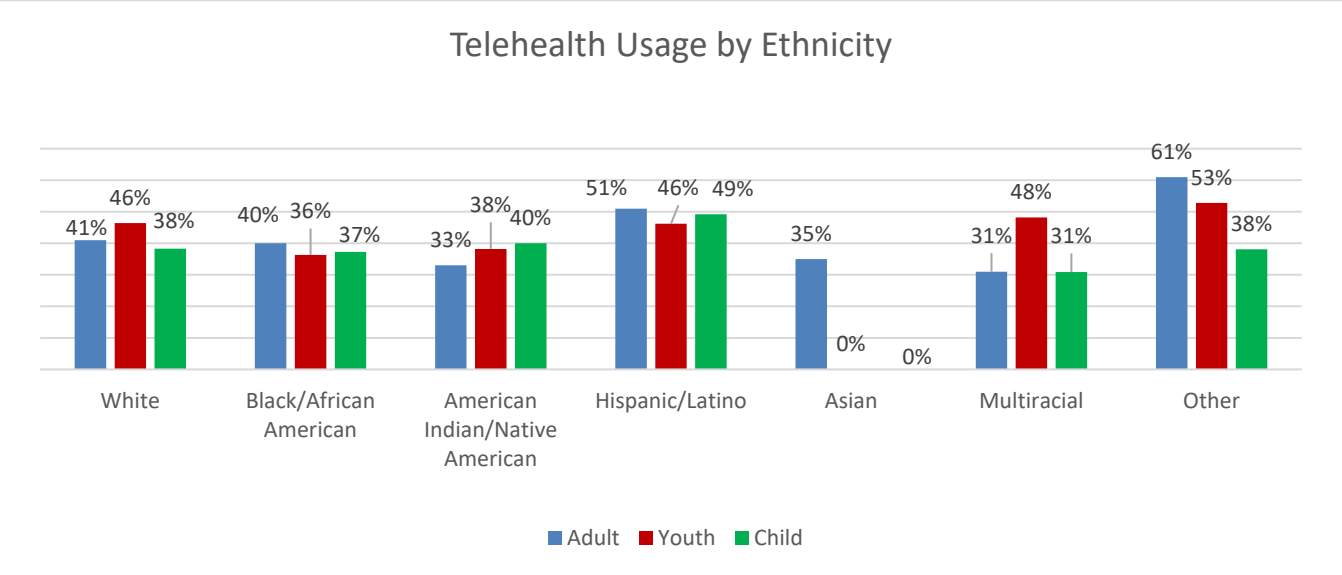


Use of Telehealth Services

Across all age groups, 40.5% of individuals surveyed reported they or their child received telehealth services in the past six months. Child (36.5%) consumers utilized telehealth services less than Adults (40.5%). Approximately 42.8% of Youth clients reported using telehealth services. Data analysis indicated that the utilization of telehealth services was reduced this year compared to 2021 and 2022. The percentage of telehealth usage also varied by LME-MCO.[iv]



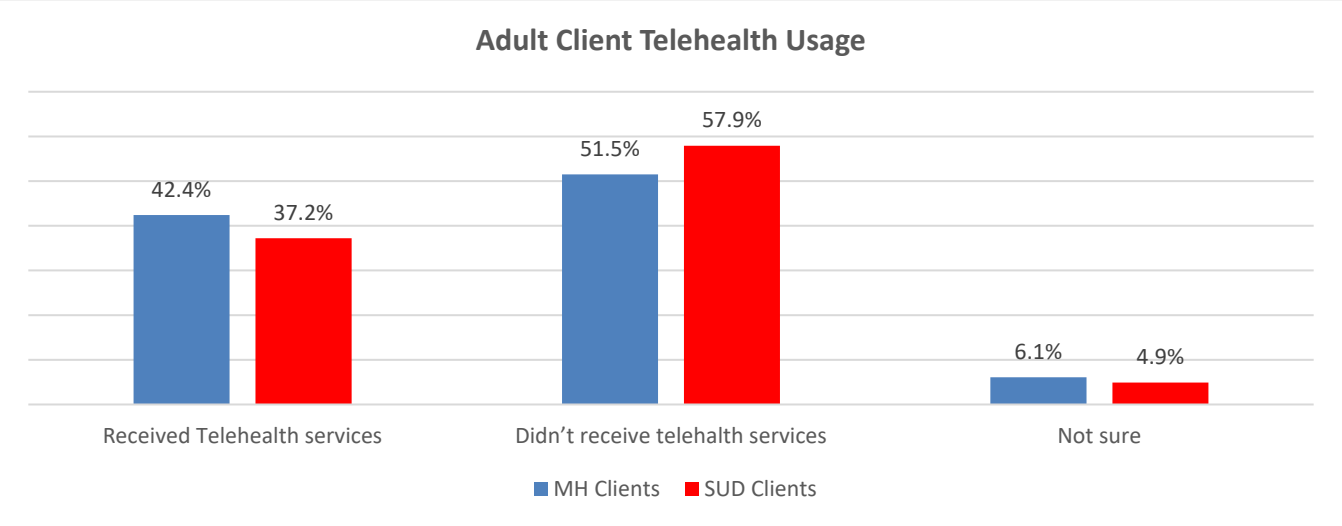
Among adult survey respondents, MH service clients (42.4%) were slightly more likely to use telehealth than SUD service clients (37.2%). An additional observation from this year's survey is the higher rate of telehealth service utilization among Hispanic/Latino respondents. More than half (51%) of Adult, 46% of Youth, and 49% of child family clients reported using telehealth services.

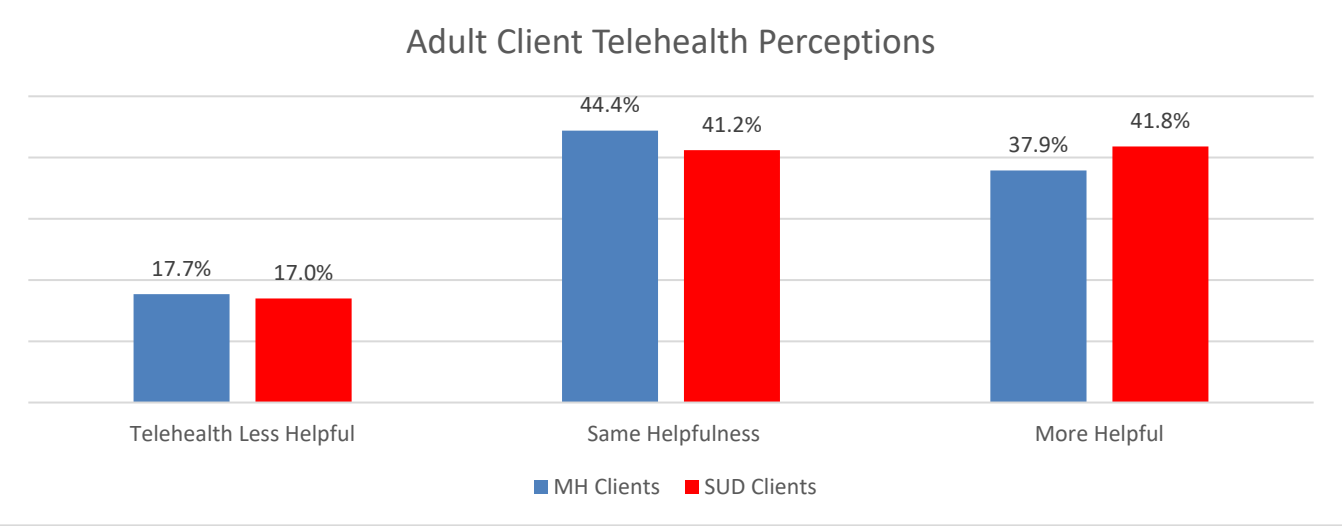


*Less than 5 Asian respondents.

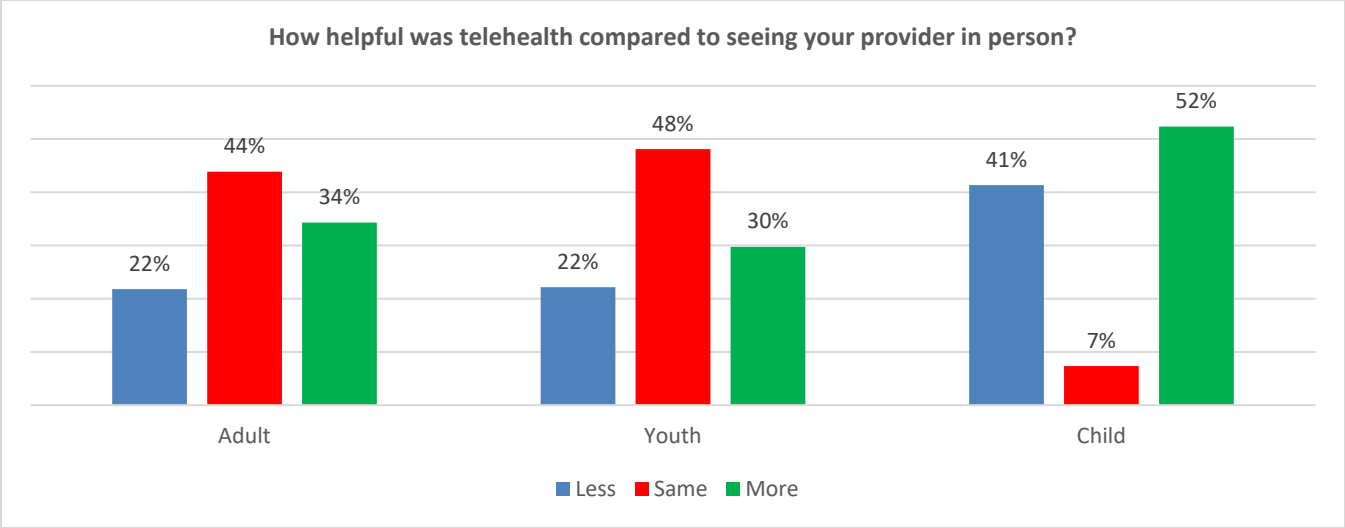
Perceptions of Telehealth Helpfulness

Adult SUD service clients were less likely to report using telehealth services than MH clients. However, a majority of both groups of clients reported not using telehealth services. Moreover, 17.7% of MH clients and 17% of SUD clients reported telehealth services were less helpful than seeing a provider in person. In addition, 37% of MH clients and 41% of SUD clients indicated that telehealth services were more helpful than seeing their provider in person.

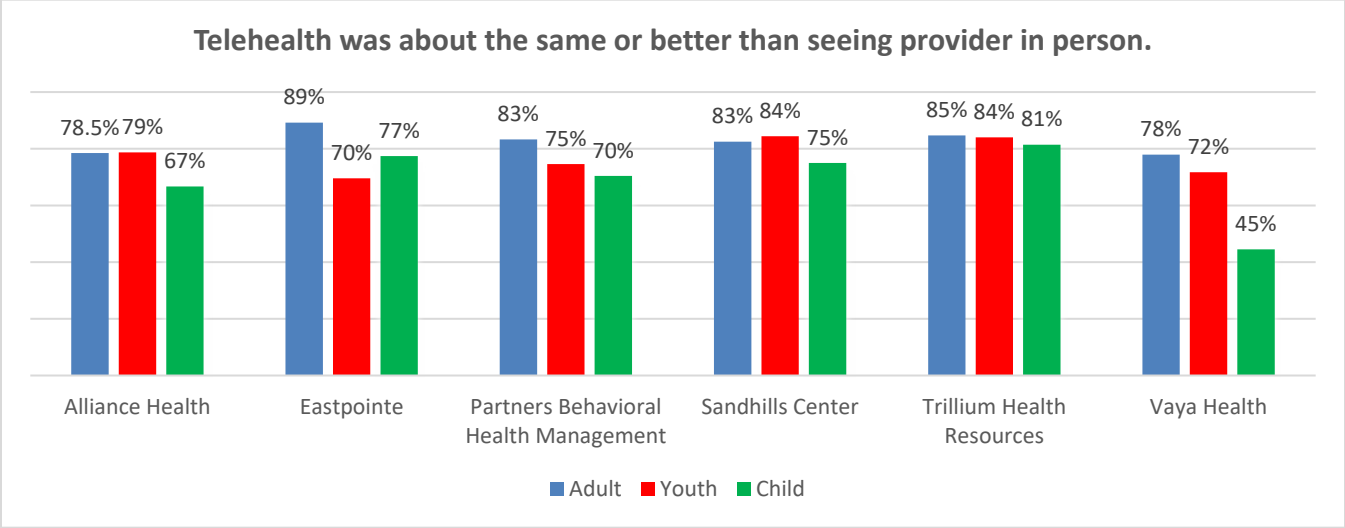




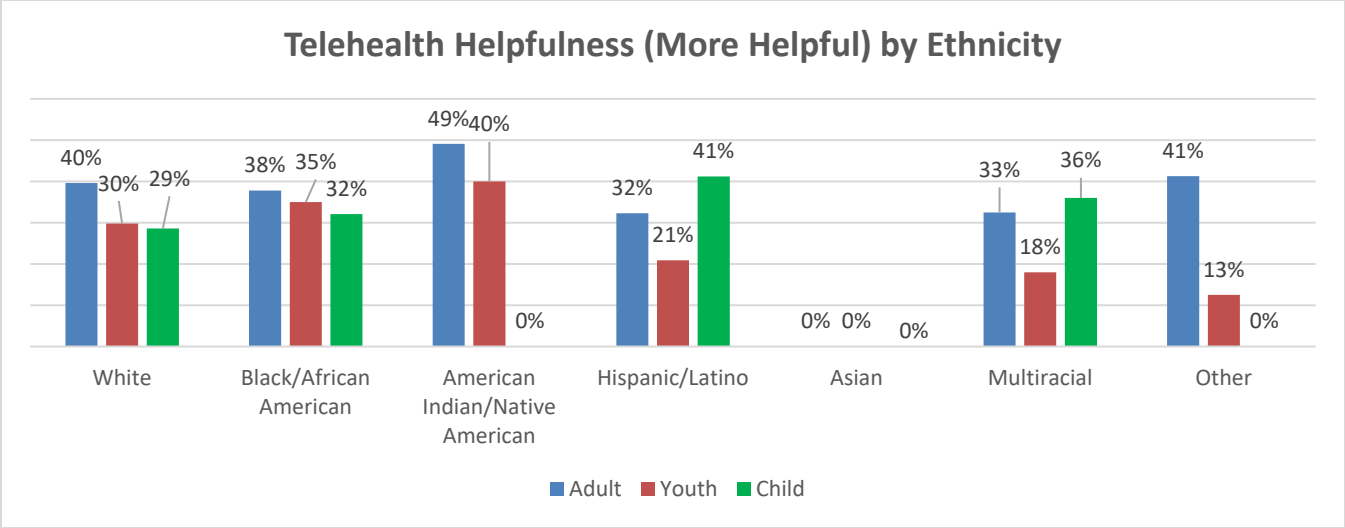
Roughly 1 in 3 of Adult and Youth respondents reported the telehealth services received were more helpful than seeing their provider in person. Data indicated that 52% of child family respondents reported that telehealth was more helpful than seeing a provider in person. However, nearly half of adult and youth respondents rated telehealth about the same as seeing their provider in person.

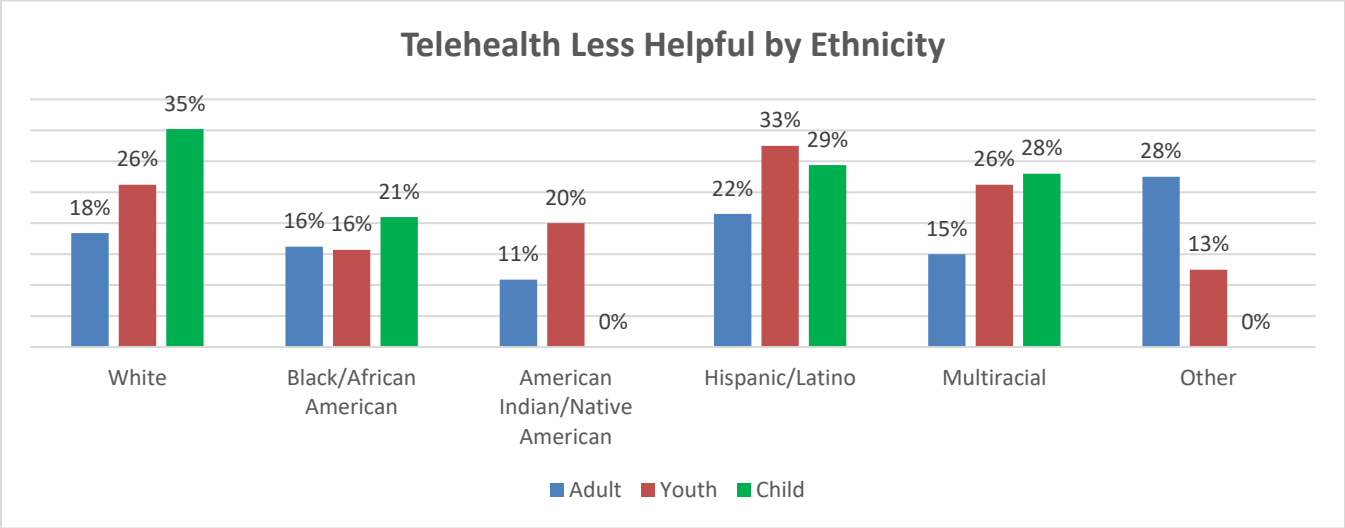


Consumer perceptions of telehealth helpfulness were also examined across LMEs-MCOs. Overall, Child family consumers were slightly less likely to rate telehealth as the same of better than in-person compared to Adult and Youth consumers.



Perceived helpfulness also varied across racial/ethnic and age groups. Telehealth was perceived to be more helpful for Adult respondents across all ethnicities. In comparison, the helpfulness of telehealth was not perceived as favorably by Child Family respondents[v]. It was also observed that White child family, Hispanic/Latino Youth, and Multiracial Youth respondents rated telehealth services as less helpful than seeing a provider in-person.


Telehealth Helpfulness (More Helpful) by Ethnicity
40%
30%
29%
38%
35%
32%
49%
40%
0%
32%
21%
41%
0%
0%
0%
33%
18%
36%
41%
13%
0%
White
Black/African American
American Indian/Native American
Hispanic/Latino
Asian
Multiracial
Other
Adult
Youth
Child


Telehealth Less Helpful by Ethnicity
18%
26%
35%
16%
16%
21%
11%
20%
0%
22%
33%
29%
15%
26%
28%
28%
13%
0%
White
Black/African American
American Indian/Native American
Hispanic/Latino
Multiracial
Other
Adult
Youth
Child

Obstacles to Receiving Telehealth

The figures below show the frequently cited obstacles to receiving telehealth services across each survey age category. Consumers 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)?" Approximately, ten obstacles to treatment were categorized into four areas: technology-related, access/provider, discomfort/privacy, and personal preference. Respondents who select multiple obstacles within each category. Technology-related issues represented the most often cited hindrance.

Examples of statements that highlighted obstacles to telehealth include: "My provider didn't offer telehealth services", "Telehealth appointments weren't available at convenient times for me", "I don't have a smartphone or computer", "I'm not comfortable using the technology for telehealth (smartphone/computer, internet, etc.)", and "I don't think telehealth would be helpful."

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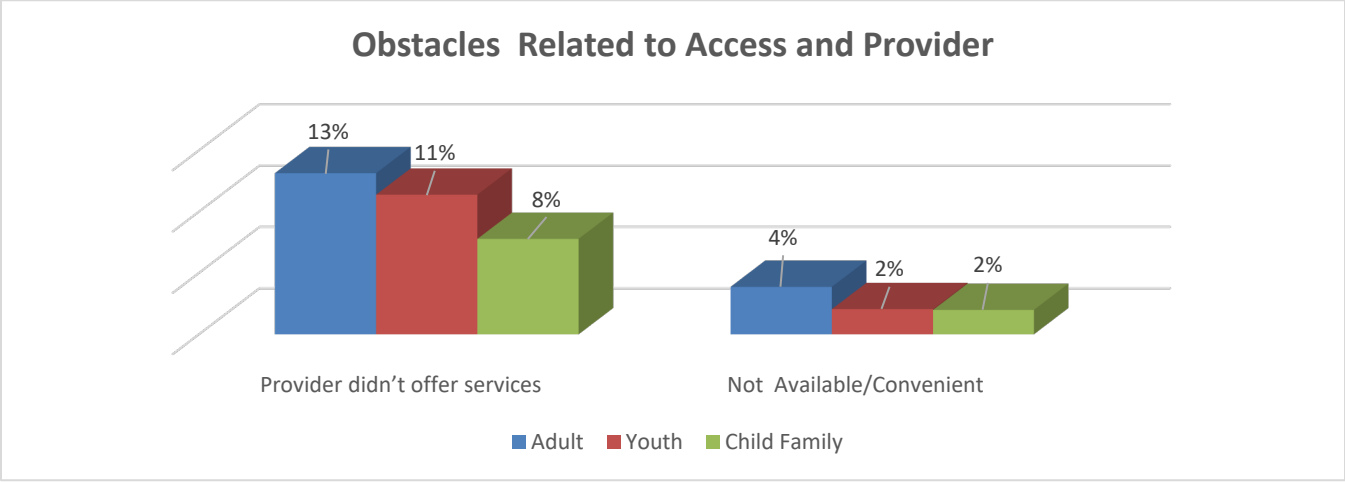
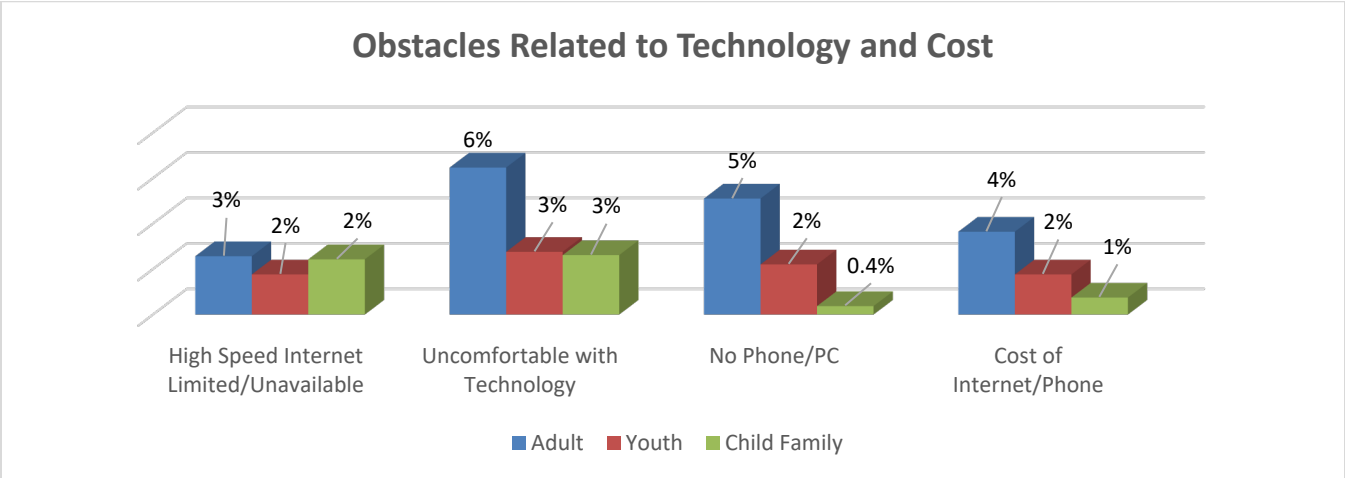
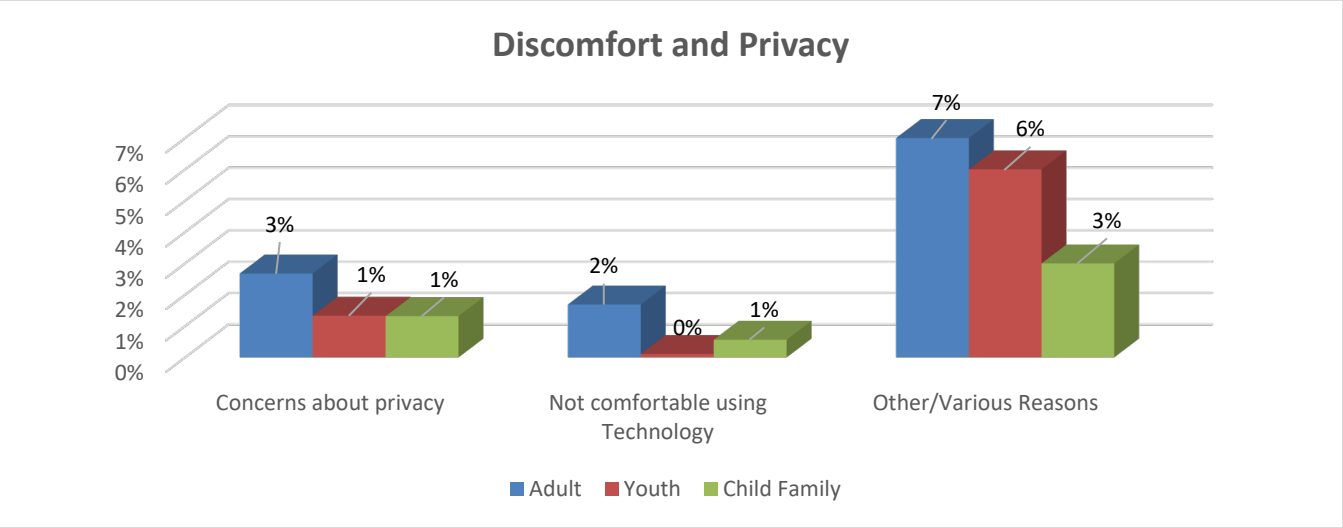
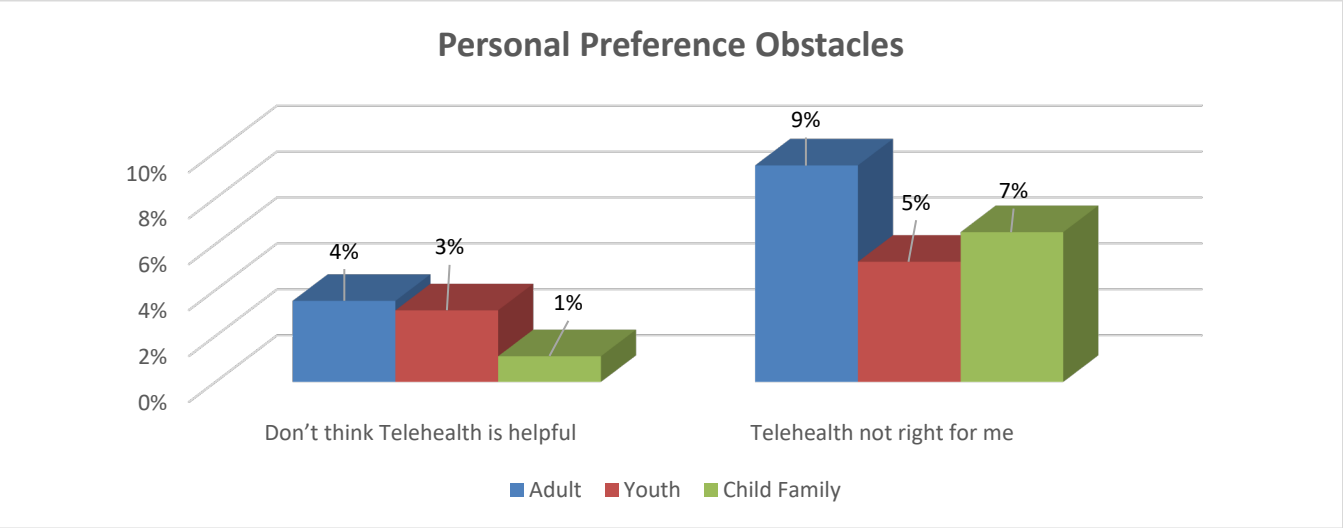
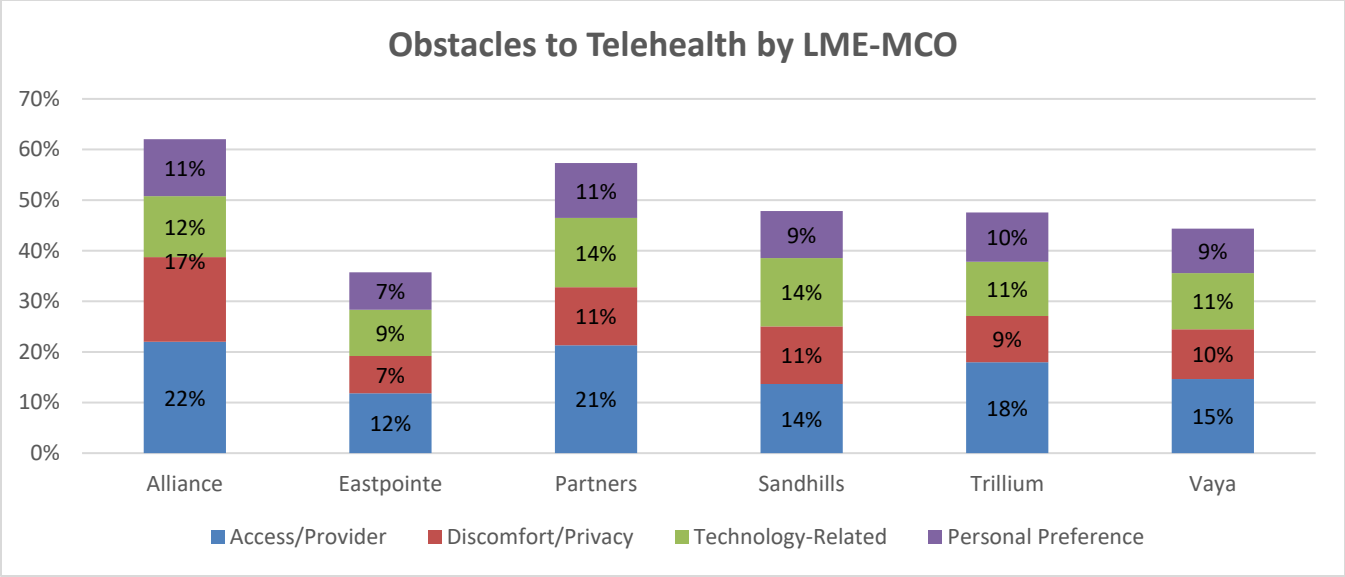








The bar chart below shows the frequently cited obstacles to receiving telehealth services across LME-MCO for all age populations. Providers not offering telehealth services or appointment availability at inconvenient times were common "Access/ Provider" obstacles. Consumers also indicated a personal preference or belief that telehealth "…isn't right for me" as a reason for not utilizing telehealth services. Moreover, a lack of ownership of a phone or computer , discomfort with technology, and cost/financial barriers represented additional impediments for those who did not receive telehealth 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 2023 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
Access to Services	• 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.	• The location of services was convenient. • Services were available at times that were convenient for me.	• The location of services was convenient for us. • Services were available at times that were convenient for us.
Treatment Planning	• I felt comfortable asking questions about my treatment and medication. • I, not staff, decided my treatment goals.	• I helped to choose my services. • I helped to choose my treatment goals. • I participated in my own treatment.	• I helped to choose my child's services. • I helped to choose my child's treatment goals. • I participated in my child's treatment.
Quality and Appropriateness **(Adult)** ***Cultural Sensitivity*** **(Youth, Child Family)**	• 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. • I was given information about my rights.	• 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.	• 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.)**	• I was encouraged to used consumer-run programs. • Staff encouraged me to take responsibility for how I live my life.		
Outcomes	*As a direct result of the services I received…* • 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. **Item also counts toward* Functioning *domain*	*As a direct result of the services I received…* • 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.	*As a direct result of the services my child received…* • 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. **Items also count toward* Functioning *domain.*
Functioning ***Functioning*** **(cont.)**	*As a direct result of the services I received…* • 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. • I am better able to do things that I want to do. **Item also counts toward* Outcomes *domain.*	N/A	*As a direct result of the services my child received…* • 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.* • My child is better able to do things he or she wants.

Domain	Adult Survey	Youth Survey	Child Family Survey
			**Items also count toward* Outcomes *domain.*
Social Connectedness	• 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	• 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	• 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.	• 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.	• 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.

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HEALTH AND HUMAN SERVICES

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