



Alliance Health 2020 Community Needs Survey (Member & Family Printout Version)

Community Needs Assessment Survey 2020

Alliance Health is committed to the continuous improvement of the services offered to our members with mental illness, intellectual and developmental disabilities, substance use disorders and traumatic brain injuries. We are conducting a needs assessment to evaluate the service needs and gaps within Alliance communities.

Please take a few minutes to complete this brief survey. Your responses are very important to help us understand the service needs in our community. The information that we receive through this process will inform our service planning and development efforts for the next year and will help us better serve adults, children and families in our communities.

Completed surveys may be returned:

1) By mail to Alliance Health at 5200 W. Paramount Parkway, Morrisville NC 27560, or

2) By scanning and e-mailing to cjohnson@alliancehealthplan.org

All responses are anonymous, and we do not collect any identifying information about respondents.

Please complete the survey by Friday, December 11, 2020.

1. Please tell us which of the following describes you best:

- Person receiving services for mental illness, substance use, intellectual / developmental disabilities or traumatic brain injury
- Family member, guardian, or friend of individual who receives services

2. Which of the following best describes your gender?

- Female
- Male
- Prefer not to respond
- Prefer to self-describe:

3. Which race/ethnicity best describes you? (Please choose only one.)

- Asian or Pacific Islander
- Black or African American
- Hispanic or Latinx
- Native American or Alaskan Native
- White or Caucasian
- Prefer not to respond
- Multiple ethnicity / Other (please specify)

Parents, family and guardians: for the the following questions, please respond on behalf of the member who receives services.

4. What type of services do you receive? (select all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Child/Adolescent Mental Health | <input type="checkbox"/> Adult Mental Health |
| <input type="checkbox"/> Child/Adolescent Developmental Disabilities | <input type="checkbox"/> Adult Developmental Disabilities |
| <input type="checkbox"/> Child/Adolescent Substance Abuse | <input type="checkbox"/> Adult Substance Abuse |
| <input type="checkbox"/> Child Traumatic Brain Injury | <input type="checkbox"/> Adult Traumatic Brain Injury |
| <input type="checkbox"/> Other (please specify) | |

5. In which county do you live?

- Cumberland
- Durham
- Johnston
- Wake
- Other (please specify)

6. Are you receiving the mental health, substance use, intellectual/developmental disability or traumatic brain injury services that you need?

Yes

No

If not, which services are you needing but not able to receive?

7. In the past year, have you had to travel outside of the county where you live to receive mental health, intellectual/developmental disability, substance use disorder or traumatic brain injury services because the service was not available in your county?

Yes

No

If you answered 'Yes,' which services were not available in your county?

8. From the list below, identify up to five (5) barriers that you have experienced when accessing care, and rank them in order from most concerning (1) to least concerning (5).

	1st (Most concerning)	2nd	3rd	4th	5th
Lack of reliable transportation to appointments	<input type="radio"/>				
Services not available nearby	<input type="radio"/>				
Services not available during times of day or days of week that are convenient	<input type="radio"/>				
Limited information about how to obtain services	<input type="radio"/>				
Lack of childcare	<input type="radio"/>				
Language barrier	<input type="radio"/>				
Medical problems or physical disability	<input type="radio"/>				
Lack of physical access or assistive devices (e.g., wheelchair ramp, bathroom rails, etc.)	<input type="radio"/>				
Wait too long for appointments	<input type="radio"/>				
Lack of insurance	<input type="radio"/>				
Cost of medication	<input type="radio"/>				
Not satisfied with quality or choice of providers	<input type="radio"/>				
Homeless/housing issues	<input type="radio"/>				
Availability of qualified staff	<input type="radio"/>				
No access to phone, internet or e-mail	<input type="radio"/>				

9. In the past 12 months, have you been seen as quickly as you wanted for the following appointments?

	No	Sometimes but not always	Yes	Did not need this service
Intake appointment for new services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initial appointment for counseling/therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initial appointment with psychiatrist or prescriber	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follow-up appointments for counseling/therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follow-up appointments with psychiatrist or prescriber	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. If you have experienced a behavioral health crisis during the past year and needed to access services quickly, were you able to get services when you wanted them?

- Yes
- No
- I have not needed urgent access to services in the past year

11. In the past year, have you been able to obtain information about services that are available and how to access them?

- Yes
- No

12. If you answered 'No' to Question 10, what information were you trying to get but unable to find?

13. When you want to go somewhere in the community, do you have a way to get there?

- Never
- Rarely
- Sometimes
- Usually
- Always

14. Please let us know if you have experienced any of the following in the past 12 months:

	No	Yes
Had to eat less than you felt you should because you did not have enough food	<input type="radio"/>	<input type="radio"/>
Utility company shut off your service because you could not pay your utility bill	<input type="radio"/>	<input type="radio"/>
You were worried about not having stable housing	<input type="radio"/>	<input type="radio"/>
You needed to see a doctor but could not do so because of cost	<input type="radio"/>	<input type="radio"/>
You had to go without healthcare because you did not have a way to get to your appointment	<input type="radio"/>	<input type="radio"/>

15. Does language, race, ethnic background or culture make any difference in the kind of counseling or treatment you need?

- Yes
- No

16. In the last 12 months, was the care you received responsive to these needs?

- Yes
- No

If you answered 'No,' please provide more details about cultural, racial, ethnic, or language needs that were not met.

17. In the past 12 months, have you requested any special accommodations from your provider to get the care that you needed? Some examples include wheelchairs, accessible service locations, sign language interpreters, foreign language translators and other supports necessary to receive services.

- No, I did not need any accommodation
- Yes, I asked for accommodations and received them (please describe the accommodations received)
- I asked for accommodations but did NOT receive them (please describe the accommodations requested)

Please describe the accommodations that you requested

18. Do you have any other comments regarding service needs or gaps that you would like us to consider?

Thanks for completing the survey! Please select 'DONE' to submit your responses.