

Community Needs Assessment Survey 2019

Alliance Health is committed to the continuous improvement of the services offered to our residents 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 submit the survey by Sunday, May 19, 2019.

Thank you!

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. Please let us know if you participate in any Alliance community committees, workgroups or community groups (please list if not included below):

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> NAMI-Cumberland |
| <input type="checkbox"/> Consumer and Family Advisory Committee (CPAC) | <input type="checkbox"/> NAMI-Durham |
| <input type="checkbox"/> Alliance Human Rights Committee | <input type="checkbox"/> NAMI-Johnston |
| <input type="checkbox"/> TBI Stakeholder Collaborative | <input type="checkbox"/> NAMI-Wake |
| <input type="checkbox"/> Other (please list any not included above) | |

3. Please let us know the type of services you or your family member 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"/> Traumatic Brain Injury | |

4. In which county do you live (parents, family and guardians: please indicate county of residence for person who receives services)?

- Cumberland Johnston
 Durham Wake
 Other (please specify)

5. In the past year, have you or your family member 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?

6. Are you or your family member 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. From the list below, identify up to five (5) barriers that you or your family member have experienced in accessing care, and rank them in order from most concerning (1) to least concerning (5).

<input type="checkbox"/>	<input type="text"/>	Lack of reliable transportation to appointments
<input type="checkbox"/>	<input type="text"/>	Services not available nearby
<input type="checkbox"/>	<input type="text"/>	Inconvenient hours
<input type="checkbox"/>	<input type="text"/>	Limited information about how to obtain services
<input type="checkbox"/>	<input type="text"/>	Lack of childcare
<input type="checkbox"/>	<input type="text"/>	Language barrier
<input type="checkbox"/>	<input type="text"/>	Cost of medication
<input type="checkbox"/>	<input type="text"/>	Wait too long for appointments
<input type="checkbox"/>	<input type="text"/>	Lack of insurance
<input type="checkbox"/>	<input type="text"/>	Not satisfied with quality or choice of providers
<input type="checkbox"/>	<input type="text"/>	Homeless/housing issues
<input type="checkbox"/>	<input type="text"/>	Availability of qualified staff
<input type="checkbox"/>	<input type="text"/>	Medical problems or physical disability
<input type="checkbox"/>	<input type="text"/>	No access to phone or e-mail

8. If there are other barriers that you would have ranked in your top five above, please list them here:

9. In the past 12 months, were you or your family member able to receive behavioral healthcare when you needed it?

Yes

No

10. If you or your family member have experienced a behavioral health crisis during the past year and needed to access services quickly, have you been 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 or your family member 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 or your family member have a way to get there?

Never Rarely Sometimes Usually Always

14. Please let us know if you or your family member have experienced any of the following:

	Yes	No
In the past 12 months, did you ever eat less than you felt you should because you did not have enough food?	<input type="radio"/>	<input type="radio"/>
In the last 12 months, has your utility company shut off your service because you could not pay your utility bill?	<input type="radio"/>	<input type="radio"/>
In the past 12 months, were you ever worried about not having stable housing?	<input type="radio"/>	<input type="radio"/>
In the past 12 months, have you needed to see a doctor, but could not do so because of cost?	<input type="radio"/>	<input type="radio"/>
In the past 12 months, have you ever had to go without healthcare because you did not have a way to get to your appointment?	<input type="radio"/>	<input type="radio"/>

15. We are interested in making more information available about services and how to access them.

Please let us know how likely you would be to use the following:

	Very likely	More likely than not	Somewhat likely	Unlikely	Prefer not to use
Alliance website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social media (e.g., Facebook, Twitter)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-mail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Text messages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

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

Thanks for completing the survey!