



**North Carolina Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities and Substance Abuse Services**

3004 Mail Service Center • Raleigh, North Carolina 27699-3004  
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Michael F. Easley, Governor  
Carmen Hooker Odom, Secretary

Michael Moseley, Director

**Community Provider Survey: September 2005**

The North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services would like to hear from our community service providers about the challenges, concerns, and opportunities that you are currently experiencing, as well as what assistance the state could offer to encourage the growth of viable local service communities.

You are invited to complete an automated web-based survey to assist us in this process. This survey may be accessed at <http://www.surveymonkey.com/s.asp?u=349161320237>. We are requesting that you provide us with your responses as soon as possible, but in any event, no later than 5:00 pm on Friday, October 7. The Division will use the results of this survey to inform our current efforts and to plan future initiatives to assist with the successful transformation of the MH/DD/SA service system.

For any community providers who do not have access to the web, please complete this Word document version of the survey and submit to Daisy Adams by e-mail at [Daisy.Adams@ncmail.net](mailto:Daisy.Adams@ncmail.net), by fax to (919) 715-2772, or by surface mail to Daisy Adams, Administrative Assistant, Quality Management Team, 3004 Mail Service Center, Raleigh, NC 27699-3004. A copy of this survey is also posted on the Division's web site at <http://www.dhhs.state.nc.us/mhddsas/announce/index.htm>.

Your survey responses may be submitted either anonymously or confidentially. In either circumstance, we appreciate your candor, and we will not share your individual responses with others outside of the Division. We do, however, encourage you to include your contact information on this survey to assist us in communicating with you in the future.

Should you have any questions about this survey, please feel free to contact our staff as follows: Daisy Adams, Administrative Assistant, at [Daisy.Adams@ncmail.net](mailto:Daisy.Adams@ncmail.net) or (919) 733-0696, Shealy Thompson, Quality Management Team Leader, at [Shealy.Thompson@ncmail.net](mailto:Shealy.Thompson@ncmail.net) or (919) 733-0696, or Spencer Clark, Assistant Chief, Community Policy Management Section, at [Spencer.Clark@ncmail.net](mailto:Spencer.Clark@ncmail.net) or (919) 733-4670.

Thank you in advance for your contributions to this survey.

Mike Moseley

September 14, 2005

## Provider Characteristics

**1. Which disability groups do you serve? Check all that apply.**

- Adult Developmental Disabilities
- Adult Substance Abuse
- Adult Mental Health
- Child Developmental Disabilities
- Child Substance Abuse
- Child Mental Health

**2. What services do you provide? Check all that apply.**

- 24 Hour Services (e.g. Residential Services)
- Day/Evening Services
- Periodic Services

**3. Where do you provide services? Check all that apply.**

- Rural Areas (Population less than 100,00)
- Urban Areas (Population over 100,000)

**4. How is your agency organized? Check only one.**

- Non-LME Public (Public Health Department, DSS)
- LME Public
- Private, non-profit
- Private, for-profit

**5. What size is your operating budget? Check only one.**

- Small (Less than \$500,000)
- Medium (\$500,000 to \$2,000,000)
- Large (\$2,000,000 and above)

**6. Estimate the number of months your MH/DD/SAS business could stay in business without receiving income.**

- 0-3 Months
- 4-8 Months
- 8-12 Months
- A year or longer

**7. What strategies are you exploring to reduce costs and remain competitive? Check all that apply.**

- Partnerships with other provider organizations
- Development of or joining of an Administrative Service Organization
- Development of or joining of a Preferred Partnership Organization
- Creation of a Risk Pool or Risk Sharing Vehicle
- Other. Please specify: \_\_\_\_\_

**8. When do you think you will be able to:**

	By July 2006	By July 2007	By July 2008	By July 2009	By July 2010	Later than July 2010
Meet Provider endorsement requirements? <i>(Check One)</i>						
Implement the new services? <i>(Check One)</i>						
Meet national accreditation standards? <i>(Check One)</i>						

**System Transformation Issues**

These next few questions are intended to assess system transformation issues from the provider's perspective.

**9. Please rank, in order, the FIVE greatest challenges you currently face as a service provider.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**10. What could the Division do within the next 90 days to help you succeed?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**11. Please rank, in order, the top FIVE things that should be standardized across the MH/DD/SAS system.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**12. Has an LME divested services to your organization?**

- Yes – If “Yes”, please answer the next two questions
- No – If “No”, please go to question 15.

**13. What worked well in that divestiture process?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**14. What DID NOT work well in that divestiture process?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**15. With how many Local Management Entities do you have contracts?**

- One
- Two
- More than two

**16. On a scale of 1 to 4, how would you rate the relationship between your agency and the LME(s)?**

- 1 – Very Unsatisfactory
- 2 – Unsatisfactory
- 3 – Satisfactory
- 4 – Very Satisfactory

**17. What types of assistance are you currently receiving from an LME?**

Please rank order.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**18. What other types of assistance from your LME would be most helpful to your organization? Please check all that apply.**

- Grant writing assistance
- More regular communication
- Business plan development
- Business start-up or expansion planning
- Preparation for national accreditation
- Strategies for reducing administrative costs
- Billing and data management assistance
- Other: \_\_\_\_\_

**19. Please rank, in order, the top FIVE types of training that would be most helpful to your organization.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**20. What additional supports would you need to expand your services and/or to offer additional services to your LME? (Please rank order).**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**21. Please enter your name, title, agency, address, phone number, and e-mail address in the space provided (OPTIONAL). Providing your e-mail address will permit us to contact you with important information and updates in the future.**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

THANK YOU!

We appreciate you taking the time to complete this survey.

Please return by Friday, October 7, 2005 to Daisy Adams:  
by e-mail at [Daisy.Adams@ncmail.net](mailto:Daisy.Adams@ncmail.net),  
by fax to (919) 715-2772,  
or by surface mail to Daisy Adams, Administrative Assistant,  
Quality Management Team, 3004 Mail Service Center, Raleigh, NC 27699-3004.

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