



4. If a child in your community that identifies as (BIPOC and/or LGBTQ+) is exhibiting behavior that could have a negative impact on that child's life, are you aware of any programs in your community that could address the child's needs?
- Yes (please specify the program: _____)
- No (**If you answer no, skip to question 8.**)
5. If you are aware of programs in the community to address the child's needs, what does the program(s) do really well?
- (please specify: _____)
- N/A
6. If you are aware of programs in the community to address the child's needs, what could the program improve on or what is the program missing??
- Affordability – Make them more affordable
- Accessibility – Make them more widely available
- Language or Cultural Competency
- Other (please specify: _____)
- Nothing needs to be improved
- N/A
7. Are there enough community programs to address the needs of children in grades K-12 that identify as BIPOC and/or LGBTQ+ children that are exhibiting behavior that could have a negative impact on the child's life.
- Yes, there are enough programs
- No, more programs are needed



COMMUNICATION

8. What is the source of information you receive regarding behavior that has an impact (positive or negative) on the lives of children in grades K-12 (Kindergarten - Twelfth grade) that identify as BIPOC (Black, Indigenous, People of Color) and or LGBTQ+ (lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more)
- Local Health Department
 - Healthcare Provider (doctors, nurses, hospitals)
 - Local Community Organizations (Boys and Girls Club, Community Center)
 - National Community-based Organizations (YMCA, United Way)
 - National Organizations (i.e., NIMH, Mental Health America, etc.)
 - Mental Health Professional
 - Religious Leaders and Organizations
 - Internet searches
 - Social Media
 - Friends or Family Members
 - North Carolina Department of Health and Human Services
 - Other (please specify: _____)
 - I do not receive information

ACCESS

9. If a child in your community that identifies as (BIPOC and/or LGBTQ+) in grades K-12 is exhibiting behavior that could have a negative impact on that child's life, what are the ways that you would access services and resources to help that child? (Provide multiple selections)
- Doctor or Medical Provider
 - Online Research
 - Attend a Local Support Groups
 - Call 988-Crisis Helpline
 - Access Services through Shelters
 - Talk to a Friend or Family Member
 - Religious Leader
 - School Resources
 - Other (please specify: _____)
10. Where should resources and information to assist children that are exhibiting behavior that could negatively impact the child be available?
- Doctors/ / Health Care Facilities
 - Schools including before after School Programs
 - Community & Local Government Centers
 - Organization / Online Social Media Platforms
 - Other (please specify: _____)



BARRIERS OF BEHAVIORAL HEALTH

11. Have you or anyone in your family tried to obtain resources to assist a child in grades K-12 who identifies as BIPOC and/or LGBTQ+ and is exhibiting behavior that could negatively impact that child. ?
- Yes
 No
12. Were you able to obtain resources to assist the child?
- Yes
 No
13. Did you or your family member experience any barriers when trying to obtain resources to assist the child?
- Yes
 No **(If you answer no, skip to question 15.)**
14. If you or your family member experienced barriers when trying to obtain resources for the child, what were the barriers?
- Cost of Services
 Transportation
 Lack of Insurance Coverage
 Stigma around Behavioral Health
 Availability of Resources / Availability
 Language or Cultural Barriers
 I have not experienced barriers in accessing services
 Other (please specify: _____)

EXPERIENCE

15. Have you or anyone in your family **received any care/funding/resources** from any organizations in North Carolina to assist with a child that is exhibiting behaviors that could negatively impact the child?
- Yes
 No



16. What community resources have you or your family **utilized** in North Carolina?

- Local Community Based Organizations
- Mental Health Clinics
- Support Groups
- Religious Leaders or Organizations
- Online Resources
- Other (please specify: _____)

17. If you or your family members have utilized community resources in North Carolina, how would you **rate the quality** of the community resources ?

- 1 (Very Poor)
- 2
- 3 (Fair)
- 4
- 5 (Very Good)

Attitude about Behavioral health

18. Do you think there is enough knowledge and **awareness of cultural differences** with services offered to BIPOC and LGBTQ+ Communities?

- Yes
- No

19. If you think there is not enough knowledge and awareness of cultural differences with services offered to BIPOC and LGBTQ+ communities, what would improve this? (*answer below*)

20. What role do you think schools should play in addressing the needs of BIPOC and LGBTQ+ school-aged students in your community?

- Ensure a safe and supportive environment
- Provide resources
- Promote access to those that speak other languages
- Offer referrals for parents/family members to support their students
- Promote language or knowledge and awareness of cultural differences
- Other (please specify: _____)



21. What recommendations do you have for schools to better address the needs of school aged children that identify as BIPOC and LGBTQ+ school-aged students in your community?
(specify below)

22. Is there anything else you would like to share about your experiences or perspectives on addressing the needs of BIPOC and LGBTQ+ school-aged students in North Carolina?

- Yes (please specify: _____)
- No

COVID

23. On a scale of 1 -10 how much do you think Covid-19 increased the need for services in your community to assist children that were exhibiting behavior that could negatively impact the child?

- 1 (No Increase)
- 2
- 3
- 4
- 5 (Moderate Increase)
- 6
- 7
- 8
- 9
- 10 (High Increase)

24. What additional resources/services were offered in the community during the Covid-19 pandemic that you would like to continue?

- I am not aware of any resources offered
- Telehealth Services
- Funding / Financial Assistance
- Educational News, Resources, Helplines
- Other (please specify: _____)



DEMOGRAPHIC INFORMATION

25. What gender do you identify with?

- Male
- Female
- Non-binary
- Prefer not to say
- Other (please specify: _____)

26. What is your age?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65 and over

27. What is your ethnicity? Please select all that apply:

- Caucasian/White
- African American/Black
- Hispanic/Latinx
- Asian
- Native American/Indigenous
- Pacific Islander
- Middle Eastern
- Mixed/Multiracial
- Other (please specify: _____)
- Prefer not to say

28. What is the highest level of education you have completed?

- Less than middle school
- Less than high school
- High school diploma/GED
- Some college or associate degree
- College degree
- Graduate degree
- Prefer not to say