NC-TOPPS Mental Health and Substance Use Disorder

Child (Ages 6-11) Initial Interview

Use this form for backup only. *Do not mail.* Enter data into web-based system:
(http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system)

QP First Initial & Last Name

I certify that I am the QP who has conducted and completed this interview.

QP Signature: _____ ***Date:*** _____

Please provide the following consumer information:

LME-MCO Assigned Consumer Record Number:

Consumer Date of Birth: / /

Consumer Gender:
☐ Male ☐ Female

First three letters of consumer's last name:

First letter of consumer's first name:

Consumer County of Residence: _____

CNDS ID Number

Medicaid ID Number (optional)

Medicaid County of Residence: _____

Provider Internal Consumer Record Number (optional)

Local Area Code (Reporting Unit Number) (optional)

Please select the appropriate age/disability category(ies) for which the individual will be receiving services and supports.
☐ Child Mental Health, age 6-11

Admission Date (date of first paid service for this episode of care): / /

Begin Interview

1. Please select all services the consumer is currently receiving. *(See Attachment I)*

2. Please indicate the DSM-5 diagnostic classification(s) for this individual. *(See Attachment II)*

3. Is your child of Hispanic, Latino, or Spanish origin?
☐ Yes ☐ No

4. Which of these groups best describes your child?
☐ African American/Black ☐ Alaska Native
☐ White/Anglo/Caucasian ☐ Asian
☐ Multiracial ☐ Pacific Islander
☐ American Indian/Native American ☐ Other

5. Is a member of your child's immediate family or household currently serving in or has served in the Military, Military Reserve, or National Guard?
☐ Yes, family member ☐ No

6. At any time in the past, has your child been suspected of having a head or brain injury?
☐ Yes ☐ No ☐ Not sure

7. What kind of benefits and/or insurance does your child have? *(mark all that apply)*
☐ None ☐ Health Choice
☐ SSI ☐ Medicaid
☐ SSDI ☐ Medicare
☐ Private insurance/health plan ☐ Other
☐ TRICARE/Military Coverage ☐ Unknown

8. Is your child currently enrolled in school or courses that satisfy requirements for a certification, diploma or degree?
(Enrolled includes school breaks, suspensions, and expulsions)
☐ Yes ☐ No –> *(skip to 9)*

b. What program(s) is your child currently enrolled in for credit? *(mark all that apply)*
☐ Alternative Learning Program (ALP)/School
☐ Academic schools (K-12)
☐ Private Home School by parents/guardians
☐ Homebound Instruction by public/private school
☐ Incarceration/Detention/Youth Development Centers
☐ Other

9. Does your child have an Individualized Education Program (IEP) (program or plan for special education and related services)?
☐ Yes ☐ No

10. What grade is your child currently in?

11. For your child's most recent reporting period, what grades did s/he get most of the time? *(mark only one)*
☐ A's ☐ B's ☐ C's ☐ D's ☐ F's ☐ School does not use traditional grading system

b. *If school does not use traditional grading system*, for your child's most recent reporting period, did s/he pass or fail most of the time?
☐ Pass ☐ Fail

12. In the past 3 months, has your child been...
a. suspended from school? ☐ Yes ☐ No
b. expelled from school? ☐ Yes ☐ No

13. In the past 3 months, how often have your child's problems interfered with play, school, or other daily activities?
☐ Never ☐ A few times ☐ More than a few times

14. In the past year, how many times has your child moved residences? –> *(enter zero, if none)*

15. In the past 3 months, <u>where</u> did your child live most of the time?
☐ In a family setting (private or foster home) –> *(skip to 16)*
☐ Residential program (group home, PRTF) –> *(answer b)*
☐ Institutional setting (hospital or detention center/jail) –> *(skip to 16)*
☐ Homeless –> *(answer c)*
☐ Temporary housing –> *(answer d)*

b. If *residential program*, please specify the type of residential program your child lived in most of the time in the past 3 months.
☐ Therapeutic foster home
☐ Level III group home
☐ Level IV group home
☐ State-operated residential treatment center
☐ Psychiatric Residential Treatment Facility (PRTF)
☐ Other

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c. If *homeless*, please specify your child's living situation most of the time in the past 3 months.
- ☐ Sheltered (homeless shelter or domestic violence shelter)
- ☐ Unsheltered (on the street, in a car, camp)

d. If *temporary housing*, please specify your child's living situation most of the time in the past 3 months.
- ☐ Unstable housing with frequent moves to and from relative's/ friend's homes
- ☐ Hotel/motel

16. Was this living arrangement in your child's home community?
☐ Yes ☐ No

17. How long has it been since your child last visited a physical health care provider for a routine check up?
- ☐ Never
- ☐ Within the past year
- ☐ Within the past 2 years
- ☐ Within the past 5 years
- ☐ More than 5 years ago

18. How long has it been since your child last visited a dentist for a routine check up?
- ☐ Never
- ☐ Within the past year
- ☐ Within the past 2 years
- ☐ Within the past 5 years
- ☐ More than 5 years ago

19. In the past 3 months, how often did your child participate in extracurricular activities?
☐ Never ☐ A few times ☐ More than a few times

20. Has your child used tobacco or alcohol?
☐ Yes ☐ No ☐ Don't know

21. Has your child used illicit drugs or other substances other than tobacco and alcohol?
☐ Yes ☐ No ☐ Don't know

22. In the past 3 months, how often has your child been hit, kicked, slapped, or otherwise physically hurt?
- ☐ Never ☐ More than a few times
- ☐ A few times ☐ Deferred

b. In the past 7 days, has your child been hit, kicked, slapped, or otherwise physcially hurt?
☐ Yes ☐ No

23. In the past 3 months, how often has <u>your child</u> hit, kicked, slapped, or otherwise physically hurt someone?
- ☐ Never ☐ More than a few times
- ☐ A few times ☐ Deferred

24. In the past 3 months, how often has your child tried to hurt him/herself or cause him/herself pain on purpose (such as cut, burned, or bruised self)?
☐ Never ☐ A few times ☐ More than a few times

25. In your child's lifetime, has s/he ever attempted suicide?
☐ Yes ☐ No

26. In the past 3 months, how often has your child had thoughts of suicide?
- ☐ Never ☐ More than a few times
- ☐ A few times ☐ Don't know

27. How many times has your child had a petition filed for any offense.... *(enter zero, if none)*
- **a. in the past month** ☐☐
- **b. in the past year** ☐☐
- **c. in their lifetime** ☐☐

28. Does your child have a Court Counselor or is your child currently under the supervision of the juvenile justice system?
☐ Yes ☐ No

29. In the past 3 months, has your child...
a. had **<u>contacts</u>** with an emergency crisis provider?
☐ Yes ☐ No

b. had **<u>visits</u>** to a hospital emergency room?
☐ Yes ☐ No

c. spent **<u>nights</u>** in a medical/surgical hospital? *(excluding birth delivery)*
☐ Yes ☐ No

d. spent **<u>nights</u>** in a psychiatric inpatient hospital?
☐ Yes ☐ No

e. spent **<u>nights</u>** homeless? (sheltered or unsheltered)
☐ Yes ☐ No

f. spent **<u>nights</u>** in detention, jail, or prison? (adult or juvenile system)
☐ Yes ☐ No

30. Other than yourself, how many active, stable relationship(s) with adult(s) who serve as positive role models does your child have? *(i.e., member of clergy, neighbor, family member, coach)*
- ☐ None
- ☐ 1 or 2
- ☐ 3 or more

31. How well has your child been doing in the following areas of his/her life in the past year?

	Excellent	Good	Fair	Poor
a. Emotional well-being	☐	☐	☐	☐
b. Physical health	☐	☐	☐	☐
c. Relationships with family	☐	☐	☐	☐
d. Living/Housing situation	☐	☐	☐	☐

32. Did you receive a list or options, verbal or written, of places for your child to receive services?
- ☐ Yes, I received a list or options
- ☐ No, I came here on my own
- ☐ No, nobody gave me a list or options

33. Was your child's first service in a time frame that met his/her needs?
☐ Yes ☐ No

34. Does your child have a need for any of the following? *(mark all that apply)*
- ☐ Wheelchair/Mobility equipment or services
- ☐ Equipment or services due to a physical disability
- ☐ Equipment or services due to being deaf/hard of hearing
- ☐ Sign language interpreter
- ☐ Foreign language interpreter
- ☐ Equipment or services due to being visually impaired
- ☐ Child care
- ☐ Other
- ☐ None of the above/NA

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35. Did your child and/or family have difficulty entering treatment because of problems with... *(mark all that apply)*

- ☐ No difficulties prevented your child from entering treatment
- ☐ Active mental health symptoms (anxiety or fear, agoraphobia, paranoia, hallucinations)
- ☐ Active substance use disorder symptoms (addiction, relapse)
- ☐ Physical health problems (severe illness, hospitalization)
- ☐ Family or guardian issues (controlling spouse, family illness, child or elder care, domestic violence, parent/guardian cooperation)
- ☐ Treatment offered did not meet needs (availability of appropriate services, type of treatment wanted by consumer not available, favorite therapist quit, etc.)
- ☐ Engagement issues (AWOL, doesn't think s/he has a problem, denial, runaway, oversleeps)
- ☐ Cost or financial reasons (no money for cab, treatment cost)
- ☐ Stigma/Discrimination (race, gender, sexual orientation)
- ☐ Treatment/Authorization access issues (insurance problems, waiting list, paperwork problems, red tape, lost Medicaid card, referral issues, citizenship, etc.)
- ☐ Being deaf/hard of hearing
- ☐ Language or communication issues (foreign language issues, lack of interpreter, etc.)
- ☐ Legal reasons (incarceration, arrest)
- ☐ Transportation/Distance to provider
- ☐ Scheduling issues (work or school conflicts, appointment times not workable, no phone)
- ☐ Lack of stable housing
- ☐ Personal safety (domestic violence, intimidation or punishment)

36. What help in any of the following areas is important to your child? *(mark all that apply)*

- ☐ Educational improvement
- ☐ Housing (basic shelter or rent subsidy)
- ☐ Transportation
- ☐ Food supply
- ☐ Child Care
- ☐ Medical Care
- ☐ Dental care
- ☐ Legal issues
- ☐ Volunteer opportunities
- ☐ None of the above

37. In the past month, how would you describe your child's mental health symptoms?

- ☐ Extremely Severe
- ☐ Severe
- ☐ Moderate
- ☐ Mild
- ☐ Not present

38. In the past month, if your child has a current prescription for psychotropic medications, how often has your child taken this medication as prescribed?

- ☐ No prescription
- ☐ Sometimes
- ☐ All or most of the time
- ☐ Rarely or never

For Data Entry User (DEU) only: This printable interview form must be signed by the QP who completed the interview for this consumer.

Does this printable interview form have the QP's signature (see page 1)? ☐ Yes ☐ No

NOTE: This entire signed printable interview form must be placed in the consumer's record.

End of interview

Enter data into web-based system:

http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system

Do not mail this form

Attachment I:
NC-TOPPS Services

Community Based Services

☐ Intensive In-Home Services (IIH) - H2022

☐ Multisystemic Therapy Services (MST) - H2033

Facility Based Day Services

☐ Mental Health - Partial Hospitalization - H0035

☐ Child and Adolescent Day Treatment - H2012 HA

Residential Services

☐ Behavioral Health - Long Term Residential - H0019

☐ Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020

☐ Psychiatric Residential Treatment Facility - YA230

☐ Group Living - High - YP780

Therapeutic Foster Care Services

☐ Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145

Other Services

Service Code: _____ **Service Description:** _____

Attachment II:
DSM-5 Diagnostic Classifications

Neurodevelopmental Disorders

- ☐ Learning Disorders (315.00, 315.1, 315.2)
- ☐ Communication Disorders (307.9, 315.35, 315.39)
- ☐ Intellectual Disabilities (315.8, 317, 318.0, 318.1, 318.2, 319)
- ☐ Motor and Tic Disorders (307.20, 307.21, 307.22, 307.23, 307.3, 315.4)
- ☐ Autism Spectrum Disorder (299.00)
- ☐ Attention-Deficit/Hyperactivity Disorder (314.00, 314.01)
- ☐ Other Neurodevelopmental Disorders (315.8, 315.9)

Substance-Related and Addictive Disorders

- ☐ Alcohol-Related Disorders (303.90, 305.00)
- ☐ (Other) Drug-Related Disorders (304.00, 304.10, 304.20, 304.30, 304.40, 304.50, 304.60, 305.20, 305.30, 305.40, 305.50, 305.60, 305.70, 305.90)
- ☐ Gambling Disorder (312.31)

Schizophrenia Spectrum and Other Psychotic Disorders

- ☐ Schizophrenia and Other Psychotic Disorders (293.81, 293.82, 293.89, 295.40, 295.70, 295.90, 297.1, 298.8, 298.9)

Bipolar and Related Disorders

- ☐ Bipolar I Disorder (296.40, 296.41, 296.42, 296.43, 296.44, 296.45, 296.46, 296.50, 296.51, 296.52, 296.53, 296.54, 296.55, 296.56, 296.7)
- ☐ Bipolar II Disorder (296.89)
- ☐ Cyclothymic Disorder (301.13)

Depressive Disorders

- ☐ Major Depressive Disorder (296.20, 296.21, 296.22, 296.23, 296.24, 296.25, 296.26, 296.30, 296.31, 296.32, 296.33, 296.34, 296.35, 296.36)
- ☐ Persistent Depressive Disorder (Dysthymia) (300.4)
- ☐ Other Depressive Disorders (296.99, 311, 625.4)

Anxiety Disorders

- ☐ Anxiety Disorders (300.00, 300.01, 300.02, 300.09, 300.22, 300.23, 300.29, 309.21, 312.23)

Obsessive-Compulsive and Related Disorders

- ☐ Obsessive-Compulsive and Other Related Disorders (300.3, 300.7, 312.39, 698.4)

Trauma- and Stressor-Related Disorders

- ☐ Posttraumatic Stress Disorder (PTSD) (309.81)
- ☐ Adjustment Disorders (309.0, 309.24, 309.28, 309.3, 309.4)
- ☐ Other Trauma- and Stressor-Related Disorders (308.3, 309.89, 309.9, 313.89)

Dissociative Disorders

- ☐ Dissociative disorders (300.12, 300.13, 300.14, 300.15, 300.6)

Disruptive, Impulse-Control, and Conduct Disorders

- ☐ Conduct Disorder (312.81, 312.82, 312.89)
- ☐ Oppositional Defiant Disorder (313.81)
- ☐ Impulse Control Disorders (312.32, 312.33, 312.34)
- ☐ Other Disruptive Behavior Disorders (312.89, 312.9)

Gender Dysphoria Disorders

- ☐ Gender Dysphoria Disorders (302.6, 302.85)

Neurocognitive Disorders

- ☐ Delirium Disorders (292.81, 293.0, 780.09)
- ☐ Major and Mild Neurocognitive Disorders (290.40, 294.10, 294.11, 331.83, 331.9, 799.59)

Personality Disorders

- ☐ Cluster A Personality Disorders (301.0, 301.20, 301.22)
- ☐ Cluster B Personality Disorders (301.50, 301.7, 301.81, 301.83)
- ☐ Cluster C Personality Disorders (301.4, 301.6, 301.82)
- ☐ Other Personality Disorders (301.89, 301.9)

Feeding and Eating Disorders

- ☐ Anorexia Nervosa (307.1)
- ☐ Other Feeding and Eating Disorders (307.50, 307.51, 307.52, 307.53, 307.59)

Other Disorders

- ☐ Somatic Symptom and Related Disorders (300.11, 300.19, 300.7, 300.82, 300.89, 316)
- ☐ Elimination Disorders (307.6, 307.7, 787.60, 788.30, 788.39)
- ☐ Sexual Dysfunction Disorders (302.70, 302.71, 302.72, 302.73, 302.74, 302.75, 302.76, 302.79)
- ☐ Sleep-Wake Disorders (307.45, 307.46, 307.47, 327.21, 327.23, 327.24, 327.25, 327.26, 327.42, 333.94, 347.00, 347.01, 780.52, 780.54, 780.57, 780.59, 786.04)
- ☐ Paraphilic Disorders (302.2, 302.3, 302.4, 302.81, 302.82, 302.83, 302.84, 302.89, 302.9)
- ☐ Other Conditions That May Be a Focus of Clinical Attention (V-codes, 999.xx)
- ☐ Other Mental Disorders and Conditions (any codes not listed above)

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