NC-TOPPS Mental Health and Substance Use Disorder

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)

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 □ White/Anglo/Caucasian
   □ Asian □ Multiracial □ Other
   □ American Indian/Native American

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, household currently serving in or has served in the military
   □ Yes, household currently serving in or has served in the military

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

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

QP Signature: ________________________________ Date: ________________________________

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
   □ If school does not use traditional grading system
   □ Pass □ Fail

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
    □ 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, where 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
**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](http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system)

<table>
<thead>
<tr>
<th>25. In your child’s lifetime, has s/he ever attempted suicide?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
</tr>
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<table>
<thead>
<tr>
<th>26. In the past 3 months, how often has your child had thoughts of suicide?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
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<thead>
<tr>
<th>27. How many times has your child had a petition filed for any offense.... (enter zero, if none)</th>
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<tbody>
<tr>
<td>a. in the past month</td>
</tr>
<tr>
<td>b. in the past year</td>
</tr>
<tr>
<td>c. in their lifetime</td>
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<tr>
<th>28. Does your child have a Court Counselor or is your child currently under the supervision of the juvenile justice system?</th>
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<tbody>
<tr>
<td>Yes</td>
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<tr>
<th>29. In the past 3 months, has your child...</th>
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</thead>
<tbody>
<tr>
<td>a. had contacts with an emergency crisis provider?</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>b. had visits to a hospital emergency room?</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>c. spent nights in a medical/surgical hospital? (excluding birth delivery)</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>d. spent nights in a psychiatric inpatient hospital?</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>e. spent nights homeless? (sheltered or unsheltered)</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>f. spent nights in detention, jail, or prison? (adult or juvenile system)</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
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<tr>
<th>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)</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
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</table>

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<thead>
<tr>
<th>31. How well has your child been doing in the following areas of his/her life in the past year?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Emotional well-being</td>
</tr>
<tr>
<td>b. Physical health</td>
</tr>
<tr>
<td>c. Relationships with family</td>
</tr>
<tr>
<td>d. Living/Housing situation</td>
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<tr>
<th>32. Did you receive a list or options, verbal or written, of places for your child to receive services?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, I received a list or options</td>
</tr>
<tr>
<td>Yes, I came here on my own</td>
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<tr>
<th>33. Was your child’s first service in a time frame that met his/her needs?</th>
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<tbody>
<tr>
<td>Yes</td>
</tr>
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<thead>
<tr>
<th>34. Does your child have a need for any of the following? (mark all that apply)</th>
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<tbody>
<tr>
<td>Wheelchair/Mobility equipment or services</td>
</tr>
<tr>
<td>Equipment or services due to a physical disability</td>
</tr>
<tr>
<td>Equipment or services due to being deaf/hard of hearing</td>
</tr>
<tr>
<td>Sign language interpreter</td>
</tr>
<tr>
<td>Foreign language interpreter</td>
</tr>
<tr>
<td>Equipment or services due to being visually impaired</td>
</tr>
<tr>
<td>Child care</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>None of the above/NA</td>
</tr>
</tbody>
</table>

Confidentiality of SA and MH consumer-identifying information is protected under Federal regulations 42 CFR Part 2 and the Health Insurance Portability and Accountability Act of 1996, P.L. 104-91 (HIPAA) or implementing regulations, 45 CFR Parts 160 and 164. Consumer-identifying information may be disclosed without the individual’s consent to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) and to its authorized evaluation contractors under the audit or evaluation exception. Redisclosure of consumer-identifying information without the individual’s consent is explicitly prohibited. Your questions may be directed to (919) 515-1310. Sponsored by the NC MH/DD/SAS.
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.
## 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

<table>
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<tr>
<th>Service Code:</th>
<th>Service Description:</th>
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### 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)
- 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) (301.5)
- 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) (300.12, 300.13, 300.14, 300.15, 300.6)
- Adjustment Disorders (309.0, 309.24, 309.28, 309.3, 309.4)
- Other Trauma- and Stressor-Related Disorders (309.8, 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 (293.81, 293.0, 780.09)
- Major and Mild Neurocognitive Disorders (300.40, 309.10, 309.11, 331.83, 331.9, 799.59)

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

#### Feeding and Eating Disorders
- Anorexia Nervosa (307.1)
- Other Conditions That May Be a Focus of Clinical Attention (V-codes, 999.xx)
- Other Mental Disorders and Conditions (any codes not listed above)