

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, 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

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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. Would you say that in general your child's health is:

- Excellent Poor
 Very good Don't know/Not sure
 Good Refuse
 Fair

20. Now thinking about your child's physical health, which includes physical illness and injury, for how many days during the past 30 days was your child's physical health not good?

- Number of days: None
 Don't know
 Refused

21. Now thinking about your child's mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your child's mental health not good?

- Number of days: None
 Don't know
 Refused

22. During the past 30 days, for about how many days did poor physical or mental health keep your child from doing his/her usual activities, such as self-care, school work or recreation?

- Number of days: None
 Don't know
 Refused

23. In the past 3 months, how often did your child participate in extracurricular activities?

- Never A few times More than a few times

24. Has your child used tobacco/vaping products or alcohol?

- Yes No Don't know

25. Has your child used illicit drugs or other substances other than tobacco/vaping products and alcohol?

- Yes No Don't know

26. Does anyone who cares for your child ever smoke or vape (including in your home, car, or other places)?

- Smoke
 Vape
 Neither

27. In the past 3 months, how often has your child been hit, kicked, slapped, or otherwise physically hurt?

- Never → (skip to 28)
 A few times
 More than a few times
 Deferred → (skip to 28)

b. In the past 7 days, has your child been hit, kicked, slapped, or otherwise physically hurt?

- Yes No

28. In the past 3 months, how often has your child hit, kicked, slapped, or otherwise physically hurt someone?

- Never
 A few times
 More than a few times
 Deferred

29. 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

30. In your child's lifetime, has s/he ever attempted suicide?

- Yes No

31. In the past 3 months, how often has your child had thoughts of suicide?

- Never
 A few times
 More than a few times
 Don't know

32. 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

33. Does your child have a Court Counselor or is your child currently under the supervision of the juvenile justice system?

- Yes No

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34. In the past 3 months, has your child...

- a. had **contacts** with an emergency crisis provider?
 Yes No
- b. had **visits** to a hospital emergency room?
 Yes No
- c. spent **nights** in a medical/surgical hospital?
(excluding birth delivery)
 Yes No
- d. spent **nights** in a psychiatric inpatient hospital?
 Yes No
- e. spent **nights** homeless? (sheltered or unsheltered)
 Yes No
- f. spent **nights** in detention, jail, or prison? (adult or juvenile system)
 Yes No

35. 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

36. 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 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical health _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Relationships with family _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Living/Housing situation _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. 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

38. Was your child's first service in a time frame that met his/her needs?

- Yes No

39. 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

40. 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)

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

- | | |
|--|--|
| <input type="checkbox"/> Educational improvement | <input type="checkbox"/> Medical Care |
| <input type="checkbox"/> Housing (basic shelter or rent subsidy) | <input type="checkbox"/> Dental care |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Legal issues |
| <input type="checkbox"/> Food supply | <input type="checkbox"/> Volunteer opportunities |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> None of the above |

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

- Extremely Severe Mild
 Severe Not present
 Moderate

43. 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:

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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)