NC-TOPPS Mental Health and Substance Use Disorder Child (Ages 6-11) Initial Interview

Use this form for backup only. <u>Do not mail.</u> Enter data into web-based system: (http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system)		
OP 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:	7. What kind of benefits and/or insurance does your child have?	
LME-MCO Assigned Consumer Record Number:	(mark all that apply)	
	None	
Consumer Date of Births	SSDI Medicare	
Consumer Date of Birth:	☐ Private insurance/health plan ☐ Other	
	☐ TRICARE/Military Coverage ☐ Unknown	
Consumer Gender Assigned at Birth:	8. Is your child currently enrolled in school or courses that	
☐ Male ☐ Female	satisfy requirements for a certification, diploma or degree?	
First three letters of consumer's last name:	(Enrolled includes school breaks, suspensions, and expulsions) ☐ Yes ☐ No → (skip to 9)	
	b. What program(s) is your child currently enrolled in for credit?	
First letter of consumer's first name:	(mark all that apply)	
	Alternative Learning Program (ALP)/School	
Consumer County of Residence:	Academic schools (K-12)	
CNDS ID Number	☐ Private Home School by parents/guardians ☐ Homebound Instruction by public/private school	
	☐ Incarceration/Detention/Youth Development Centers	
Medicaid ID Number (optional)	☐ Other	
	9. Does your child have an Individualized Education Program (IEP)	
	(program or plan for special education and related services)?	
Medicaid County of Residence:	☐ Yes ☐ No	
Provider Internal Consumer Record Number (optional)	10. What grade is your child currently in?	
	11. For your child's most recent reporting period, what grades	
Local Area Code (Reporting Unit Number) (optional)	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	
Please select the appropriate age/disability category(ies)	b. If school does not use traditional grading system, for your child's	
for which the individual will be receiving services and	most recent reporting period, did s/he pass or fail most of the time? ☐ Pass ☐ Fail	
supports.	12. In the past 3 months, has your child been	
Child Mental Health, age 6-11	a. suspended from school? Yes No	
Admission Date (date of first paid service for this episode of care):	b. expelled from school?	
	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	
Begin Interview	14. In the past year, how many times has your child moved	
Please select all services the consumer is currently	residences?	
receiving. (See Attachment I)	-> (enter zero, il none)	
2. Please indicate the DSM-5 diagnostic classification(s) for this individual. (See Attachment II)	15. In the past 3 months, where did your child live most of	
3. Is your child of Hispanic, Latino, or Spanish origin?	the time? In a family setting (private or foster home) -> (skip to 16)	
Yes No	Residential program (group home, PRTF) -> (answer b)	
4. Which of these groups best describes your child?	Institutional setting (hospital or detention center/jail) -> (skip to 16)	
☐ African American/Black ☐ Alaska Native	\square Homeless \rightarrow (answer c)	
☐ White/Anglo/Caucasian ☐ Asian ☐ Resification does	Temporary housing -> (answer d)	
☐ Multiracial ☐ Pacific Islander ☐ American Indian/Native American ☐ Other	b. If residential program, please specify the type of residential program	
5. Is a member of your child's immediate family or	your child lived in most of the time in the past 3 months.	
household currently serving in or has served in the	☐ Therapeutic foster home ☐ Level III group home	
Military, Military Reserve, or National Guard? Yes, family member No	Level IV group home	
Yes, family member ☐ No6. At any time in the past, has your child been suspected	☐ State-operated residential treatment center	
of having a head or brain injury?	☐ Psychiatric Residential Treatment Facility (PRTF)	
☐ Yes ☐ No ☐ Not sure	Other	

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☐ No 17. How long has it been since your child last visited a ☐ Vape physical health care provider for a routine check up? ☐ Neither Never 27. In the past 3 months, how often has your child been hit, ☐ Within the past year kicked, slapped, or otherwise physically hurt? ☐ Within the past 2 years \square Never \rightarrow (skip to 28) ☐ Within the past 5 years ☐ A few times ☐ More than 5 years ago ■ More than a few times 18. How long has it been since your child last visited a \square Deferred \rightarrow (skip to 28) dentist for a routine check up? b. In the past 7 days, has your child been hit, kicked, slapped, ■ Never or otherwise physcially hurt? ☐ Within the past year ☐ Within the past 2 years 28. In the past 3 months, how often has your child hit, kicked, ☐ Within the past 5 years slapped, or otherwise physically hurt someone? ■ More than 5 years ago 19. Would you say that in general your child's health is: ☐ A few times Excellent ■ More than a few times ☐ Very good ☐ Don't know/Not sure □ Deferred Good ☐ Refuse 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, ☐ Fair burned, or bruised self)? 20. Now thinking about your child's physical health, which ■ Never includes physical illness and injury, for how many days during the past 30 days was your child's physical health ☐ A few times not good? ■ More than a few times □ None Number of days: 30. In your child's lifetime, has s/he ever attempted suicide? ☐ Don't know □ Refused 31. In the past 3 months, how often has your child had 21. Now thinking about your child's mental health, which thoughts of suicide? includes stress, depression, and problems with emotions, ■ Never for how many days during the past 30 days was your child's mental health not good? ☐ A few times ■ None ■ More than a few times Number of days: ☐ Don't know □ Don't know Refused 32. How many times has your child had a petition filed for any **offense....** (enter zero, if none) 22. During the past 30 days, for about how many days did poor physical or mental health keep your child from doing a. in the past month his/her usual activities, such as self-care, school work or recreation? b. in the past year ■ None Number of days: ☐ Don't know c. in their lifetime □ Refused 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 <u>contacts</u> with an emergency crisis provider?	40. Did your child and/or family have difficulty entering treatment because of problems with (mark all that apply)
Yes No	☐ No difficulties prevented your child from entering treatment
b. had <u>visits</u> to a hospital emergency room?	Active mental health symptoms (anxiety or fear, agoraphobia,
Yes No	paranoia, hallucinations)
c. spent <u>nights</u> in a medical/surgical hospital?	\square Active substance use disorder symptoms (addiction, relapse)
(excluding birth delivery)	☐ Physical health problems (severe illness, hospitalization)
☐ Yes ☐ No d. spent <u>nights</u> in a psychiatric inpatient hospital? ☐ Yes ☐ No	$\hfill\Box$ Family or guardian issues (controlling spouse, family illness, child or elder care, domestic violence, parent/guardian cooperation)
e. spent <u>nights</u> homeless? (sheltered or unsheltered) Yes No	Treatment offered did not meet needs (availability of appropriate services, type of treatment wanted by consumer not available, favorite therapist quit, etc.)
f. spent <u>nights</u> in detention, jail, or prison? (adult or juvenile system) ☐ Yes ☐ No	Engagement issues (AWOL, doesn't think s/he has a problem, denial, runaway, oversleeps)
35. Other than yourself, how many active, stable relationship(s)	☐ Cost or financial reasons (no money for cab, treatment cost)
with adult(s) who serve as positive role models does your child	☐ Stigma/Discrimination (race, gender, sexual orientation)
have? (i.e., member of clergy, neighbor, family member, coach)	Treatment/Authorization access issues (insurance problems,
None	☐ waiting list, paperwork problems, red tape, lost Medicaid card,
□ 1 or 2	referral issues, citizenship, etc.)
3 or more	Being deaf/hard of hearing
36. How well has your child been doing in the following areas of his/her life in the past year?	$\hfill\Box$ Language or communication issues (foreign language issues, lack of interpreter, etc.)
a. Emotional well-being	Legal reasons (incarceration, arrest)
	☐ Transportation/Distance to provider
b. Physical health	Scheduling issues (work or school conflicts, appointment times not workable, no phone)
c. Relationships with family U U U	☐ Lack of stable housing
d. Living/Housing situation	☐ Personal safety (domestic violence, intimidation or punishment)
37. Did you receive a list or options, verbal or written, of places	
for your child to receive services?	41. What help in any of the following areas is important to
for your child to receive services? ☐ Yes, I received a list or options	41. What help in any of the following areas is important to your child? (mark all that apply)
for your child to receive services? ☐ Yes, I received a list or options ☐ No, I came here on my own	your child? (mark all that apply) ☐ Educational improvement ☐ Medical Care
Yes, I received a list or options	your child? (mark all that apply) ☐ Educational improvement ☐ Medical Care ☐ Housing (basic shelter or rent subsidy) ☐ Dental care
☐ Yes, I received a list or options☐ No, I came here on my own	your child? (mark all that apply) ☐ Educational improvement ☐ Medical Care ☐ Housing (basic shelter or rent subsidy) ☐ Dental care ☐ Transportation ☐ Legal issues
 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? 	your child? (mark all that apply) ☐ Educational improvement ☐ Medical Care ☐ Housing (basic shelter or rent subsidy) ☐ Dental care
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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.

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 Comics Codes		
Service Code: Service Description:		

Version 07/01/2023

Attachment II: DSM-5 Diagnostic Classifications

Neurodevelopmental Disorders			
☐ Learning Disorders (315.00, 315.1, 315.2)	☐ Autism Spectrum Disorder (299.00)		
☐ Communication Disorders (307.9, 315.35, 315.39)	☐ Attention-Deficit/Hyperactivity Disorder (314.00, 314.01)		
☐ Intellectual Disabilities (315.8, 317, 318.0, 318.1, 318.2, 319)	Other Neurodevelopmental Disorders (315.8, 315.9)		
☐ Motor and Tic Disorders (307.20, 307.21, 307.22, 307.23, 307.3, 315.4)			
Substance-Related and Addi	ctive Disorders		
☐ Alcohol-Related Disorders (303.90, 305.00)			
(Other) Drug-Related Disorders (304.00, 304			
304.50, 304.60, 305.20, 305.30, 305.40, 30	5.50, 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 I Disorder (206.40, 206.41, 206.42, 206.43, 206.45, 206.46			
☐ 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	•		
Anxiety Disorde	•		
☐ Anxiety Disorders (300.00, 300.01, 300.02, 300.09, 3			
Obsessive-Compulsive and Re	elated Disorders		
☐ Obsessive-Compulsive and Other Related Disord	ers (300.3, 300.7, 312.39, 698.4)		
Trauma- and Stressor-Rela	ted 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			
Dissociative Disord			
Dissociative disorders (300.12, 300.13,			
Disruptive, Impulse-Control, and			
·	ulse Control Disorders (312.32, 312.33, 312.34) r Disruptive Behavior Disorders (312.89, 312.9)		
Gender Dysphoria Disorders ☐ Gender Dysphoria Disorders (302.6, 302.85)			
Neurocognitive Disc	orders		
☐ Delirium Disorders (292.81, 293.0, 780.09) ☐ Major and Mild Neurocognitive Disorders (290.40, 29	A 10 20A 11 331 83 331 0 700 50\		
Personality Disord			
	Cluster C Personality Disorders (301.4, 301.6, 301.82)		
	Other Personality Disorders (301.89, 301.9)		
Feeding and Eating D			
☐ Anorexia Nervosa (307.1)	<u> </u>		
\square Other Feeding and Eating Disorders (307.50, 3	07.51, 307.52, 307.53, 307.59)		
Other Disorder			
Somatic Symptom and Related Disorders (300.11, 300.19, 300.7, 300.82, 3	a Focus of Clinical Attention		
☐ 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, 30	(V-codes, 999.xx)		
☐ Sleep-Wake Disorders (307.45, 307.46, 307.47, 327.21, 327.23, 327.24, 327.2			
333.94, 347.00, 347.01, 780.52, 780.54, 780.57, 780.59, 786.04)	above)		
☐ Paraphilic Disorders (302.2, 302.3, 302.4, 302.81, 302.82, 302.83, 302.84,	302.89, 302.9) Version 07/01/2023		