NC-TOPPS Mental Health and Substance Use Disorder Child (Ages 6-11) **Recovery Follow-Up 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) I certify that I am the QP who has conducted and completed this **OP First Initial & Last Name** interview. Date: QP Signature:_ LME-MCO Assigned Consumer Record Number: 7. Since leaving treatment, how would you describe your child's mental health symptoms? ☐ Extremely severe ☐ Severe Consumer Date of Birth: ■ Moderate ☐ Mild Consumer Gender Assigned at Birth: ■ Not present ☐ Female 8. If your child has a current prescription for psychotropic First three letters of consumer's last name: medications, how often has s/he taken this medication as prescribed? First letter of consumer's first name: ■ No prescription ☐ All or most of the time Consumer County of Residence: _ ☐ Sometimes **CNDS ID Number** ☐ Rarely or never 9. Since leaving treatment, where has your child lived most of Medicaid ID Number (optional) the time? ☐ In a family setting (private or foster home) ☐ Residential program (group home, PRTF) Medicaid County of Residence: ☐ Institutional setting (hospital or detention center/jail) Provider Internal Consumer Record Number (optional) ☐ Homeless ☐ Temporary housing 10. Since leaving treatment, how many times has Local Area Code (Reporting Unit Number) (optional) your child had a petition filed for any offense? (enter zero, if none) 11. Since leaving treatment, has your child had a Court Were you able to contact the individual by telephone or Counselor or has your child been under the supervision of the in-person to complete this interview? juvenile justice system? \square Yes \square No \rightarrow (answer only questions 1 and 2) ☐ Yes ☐ No 12. Since leaving treatment, how well has your child been 1. Date(s) contact attempted: doing in the following areas of his/her life? Excellent Good a. Emotional well-being b. Physical health____ c. Relationships with family____ d. Living/Housing situation___ 2. If individual was not able to be contacted by telephone or in-person, Comments - reason not contacted: 13. Since leaving treatment, has your child... a. had **contacts** with an emergency crisis provider? □ Yes 3. Since leaving treatment, has your child been enrolled in school or courses that satisfy requirements for a certification, b. had **visits** to a hospital emergency room? diploma or degree? (Enrolled includes school breaks, suspensions, and expulsions) c. spent <u>nights</u> in a medical/surgical hospital? ☐ Yes ☐ No (excluding birth delivery) 4. Since leaving treatment, your child's school attendance ☐ Yes has... d. spent **nights** in a psychiatric inpatient hospital? \square improved \square stayed the same \square gotten worse ☐ Yes ☐ No 5. Since leaving treatment, how often has your child

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.

■ More than a few times

☐ More than a few times

☐ Yes

participated in extracurricular activities?

6. Since leaving treatment, how often have your child's

problems interfered with play, school, or other daily activities?

☐ A few times

☐ A few times

■ Never

Never

e. spent **nights** homeless? (sheltered or unsheltered)

f. spent **nights** in detention, jail, or prison?

(adult or juvenile system)

☐ Yes ☐ No

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14. What help in any of the following areas is now important to	15. Comments/Notes:
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	
End of interview	

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