

NC-TOPPS Mental Health and Substance Use Disorder

Child (Ages 6-11)

Update 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

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

QP Signature: _____ Date: _____

Type of Interview (mark only one)

- 3 month update 12 month update
 6 month update Other bi-annual update (18-month, 24-month, 30-month, etc.)

Please provide the following consumer information:

Tailored Plan Assigned Consumer Record Number:

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Consumer Date of Birth:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Consumer Gender Assigned at Birth:

- 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)

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Medicaid County of Residence: _____

Provider Internal Consumer Record Number (optional)

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Local Area Code (Reporting Unit Number) (optional)

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Please select the appropriate age/disability category(ies) for which the individual will be receiving services and supports.

- Child Mental Health, age 6-11

Begin Interview

1. Please select all services the consumer is currently receiving or has previously received for this episode of care. (See Attachment I)

2. Please indicate the ICD-10-CM diagnosis code(s) for this individual. (See Attachment II)

3. Since the last interview, the consumer has attended scheduled treatment sessions...

- All or most of the time Sometimes Rarely or never

4. Since the individual started services for this episode of treatment, which of the following areas has the individual received help? (mark all that apply)

- Educational improvement
 Housing (basic shelter or rent subsidy)
 Transportation
 Food supply → (answer b)
 Child Care
 Medical Care
 Dental care
 Screening/Treatment referral for HIV/TB/HEP
 Legal issues
 Volunteer opportunities
 None of the above

→ (cont.)

b. If food supply, how helpful have the program services been in supplying food as needed?

- Not helpful Somewhat helpful Very helpful NA

5. In the past 3 months, has the individual's family or guardian been involved in any contact with staff concerning any of the following? (mark all that apply)

- Treatment services
 Person-centered planning
 None of the above

Section II: Complete items 6-26 using information from the individual's interview (preferred) or consumer record.

6. How are the next section's items being gathered? (mark all that apply)

- In-person interview (preferred)
 Telephone interview
 Clinical record/notes

7. Does your child and/or family ever have difficulty participating in 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)

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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?

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11. Since beginning treatment, your child's school attendance has...

improved stayed the same gotten worse

12. 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

13. In the past 3 months, has your child been...

a. suspended from school? Yes No

b. expelled from school? Yes No

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

Never A few times More than a few times

15. 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

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

Extremely Severe

Severe

Moderate

Mild

Not present

17. 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

All or most of the time

Sometimes

Rarely or never

18. In the past 3 months, how many times has your child moved residences?

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(enter zero, if none)

19. In the past 3 months, where did your child live most of the time?

In a family setting (private or foster home) → (skip to 20)

Residential program (group home, PRTF) → (answer b)

Institutional setting (hospital or detention center/jail) → (skip to 20)

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

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

20. Was this living arrangement in your child's home community?

Yes No

21. In the past 3 months, has your child received any residential services outside of his/her home community?

Yes No

22. In the past 3 months, has your child used tobacco/vaping products or alcohol?

Yes No Don't know

23. In the past 3 months, has your child used illicit drugs or other substances other than tobacco/vaping products and alcohol?

Yes No Don't know

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

Smoke

Vape

Neither

25. In the past month, how many times has your child had a petition filed for any offense?

(enter zero, if none)

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

Yes No

Section III: This next section includes questions which are important in determining consumer outcomes. These questions require that they be asked directly to the respondent either in-person or by telephone.

27. Is the respondent present for an in-person or telephone interview or have you directly gathered information from the respondent within the past two weeks?

Yes - Complete items 28-42

No - Stop here

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28. Since the last interview, has your child visited a physical health care provider for a routine check up?

Yes No

29. Since the last interview, has your child visited a dentist for a routine check up?

Yes No

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

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

31. 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

32. 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

33. 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

34. 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

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

Never A few times More than a few times Deferred

36. 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

37. Since the last interview, 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

38. Since the last interview, how often has your child had thoughts of suicide?

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

39. Since the last interview, has your child attempted suicide?
 Yes No

40. In the past 3 months, how well has your child been doing in the following areas of his/her life?

	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"/>

41. 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

42. How helpful have the program services been in...

a. improving the quality of your child's life?

Not helpful Somewhat helpful Very helpful NA

b. decreasing your child's symptoms?

Not helpful Somewhat helpful Very helpful NA

c. increasing your child's hope about the future?

Not helpful Somewhat helpful Very helpful NA

d. increasing your child's control over his/her life?

Not helpful Somewhat helpful Very helpful NA

e. improving your child's educational status?

Not helpful Somewhat helpful Very helpful NA

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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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: ICD-10-CM Diagnosis Codes

Neurodevelopmental Disorders

- Learning Disorders (F81.0, F81.2, F81.81, F81.89)
- Communication Disorders (F80.81, F80.89, F80.9)
- Intellectual Disabilities (F70, F71, F72, F73, F79, F88)
- Motor and Tic Disorders (F82, F95.0, F95.1, F95.2, F95.9, F98.4)
- Autism Spectrum Disorder (F84.0)
- Attention-Deficit/Hyperactivity Disorder (F90.0, F90.1, F90.2, F90.9)
- Other Neurodevelopmental Disorders (F81.9, F88, F89)

Substance-Related and Addictive Disorders

- Alcohol-Related Disorders (F10.10, F10.20)
- (Other) Drug-Related Disorders (F11.10, F11.20, F12.10, F12.20, F13.10, F13.20, F14.10, F14.20, F15.10, F15.20, F16.10, F16.20, F18.10, F19.20)
- Gambling Disorder (F63.0)

Schizophrenia Spectrum and Other Psychotic Disorders

- Schizophrenia and Other Psychotic Disorders (F06.0, F06.1, F06.2, F20.81, F20.9, F22, F23, F25.9, F29)

Bipolar and Related Disorders

- Bipolar I Disorder (F31.10, F31.11, F31.12, F31.13, F31.30, F31.31, F31.32, F31.4, F31.5, F31.73, F31.74, F31.75, F31.76, F31.9)
- Bipolar II Disorder (F31.81)
- Cyclothymic Disorder (F34.0)

Depressive Disorders

- Major Depressive Disorder (F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.41, F33.42, F33.9)
- Persistent Depressive Disorder (Dysthymia) (F34.1)
- Other Depressive Disorders (F32.9, F34.8, N94.3)

Anxiety Disorders

- Anxiety Disorders (F40.02, F40.10, F40.218, F40.240, F40.241, F40.8, F41.0, F41.1, F41.8, F41.9, F91.2, F93.0)

Obsessive-Compulsive and Related Disorders

- Obsessive-Compulsive and Other Related Disorders (F42, F45.21, F45.22, F63.3, F63.89, L98.1)

Trauma- and Stressor-Related Disorders

- Posttraumatic Stress Disorder (PTSD) (F43.10, F43.12)
- Adjustment Disorders (F43.21, F43.22, F43.23, F43.24, F43.25)
- Other Trauma- and Stressor-Related Disorders (F43.0, F43.20, F43.8, F93.8, F94.1, F98.8)

Dissociative Disorders

- Dissociative disorders (F44.0, F44.1, F44.81, F44.9, F48.1)

Disruptive, Impulse-Control, and Conduct Disorders

- Conduct Disorder (F91.1, F91.2, F91.8)
- Oppositional Defiant Disorder (F91.3)
- Impulse Control Disorders (F63.1, F63.2, F63.81)
- Other Disruptive Behavior Disorders (F91.8, F91.9)

Gender Dysphoria Disorders

- Gender Dysphoria Disorders (F64.1, F64.2)

Neurocognitive Disorders

- Delirium Disorders (F05, F19.921, R40.0, R40.1)
- Major and Mild Neurocognitive Disorders (F01.50, F02.80, F02.81, G31.84, G31.9, R41.89)

Personality Disorders

- Cluster A Personality Disorders (F21, F60.0, F60.1)
- Cluster B Personality Disorders (F60.2, F60.3, F60.4, F60.81)
- Cluster C Personality Disorders (F60.5, F60.6, F60.7)
- Other Personality Disorders (F60.89, F60.9)

Feeding and Eating Disorders

- Anorexia Nervosa (F50.00)
- Other Feeding and Eating Disorders (F50.2, F50.8, F50.9, F98.21, F98.29, F98.3)

Other Disorders

- Somatic Symptom and Related Disorders (F44.4, F45.1, F45.21, F45.22, F45.8, F45.9, F48.8, F54, F68.8)
- Elimination Disorders (F98.0, F98.1, N39.498, R15.9, R32)
- Sexual Dysfunction Disorders (F52.0, F52.1, F52.21, F52.31, F52.32, F52.4, F52.6, F52.8, R37)
- Sleep-Wake Disorders (F51.3, F51.8, G25.81, G47.00, G47.10, G47.30, G47.31, G47.33, G47.34, G47.35, G47.36, G47.411, G47.419, G47.52, G47.8, R06.3)
- Paraphilic Disorders (F65.0, F65.1, F65.2, F65.3, F65.4, F65.51, F65.52, F65.81, F65.89, F65.9, F66)
- Other Conditions That May Be a Focus of Clinical Attention
- Other Mental Disorders and Conditions (any codes not listed above)