

NC-TOPPS Mental Health and Substance Use Disorder

Child (Ages 6-11)

Recovery Follow-Up 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: _____

Tailored Plan Assigned Consumer Record Number:

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

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)

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

Medicaid County of Residence: _____

Provider Internal Consumer Record Number (optional)

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

Local Area Code (Reporting Unit Number) (optional)

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Were you able to contact the individual by telephone or in-person to complete this interview?

☐ Yes ☐ No -> (answer only questions 1 and 2)

1. Date(s) contact attempted:

2. If individual was not able to be contacted by telephone or in-person, Comments - reason not contacted:

3. Since leaving treatment, has your child been enrolled in school or courses that satisfy requirements for a certification, diploma or degree? (Enrolled includes school breaks, suspensions, and expulsions)

☐ Yes ☐ No

4. Since leaving treatment, your child's school attendance has...

☐ improved ☐ stayed the same ☐ gotten worse

5. Since leaving treatment, how often has your child participated in extracurricular activities?

☐ Never ☐ A few times ☐ More than a few times

6. Since leaving treatment, how often have your child's problems interfered with play, school, or other daily activities?

☐ Never ☐ A few times ☐ More than a few times

7. Since leaving treatment, how would you describe your child's mental health symptoms?

☐ Extremely severe

☐ Severe

☐ Moderate

☐ Mild

☐ Not present

8. If your child has a current prescription for psychotropic medications, how often has s/he taken this medication as prescribed?

☐ No prescription

☐ All or most of the time

☐ Sometimes

☐ Rarely or never

9. Since leaving treatment, where has your child lived most of the time?

☐ In a family setting (private or foster home)

☐ Residential program (group home, PRTF)

☐ Institutional setting (hospital or detention center/jail)

☐ Homeless

☐ Temporary housing

10. Since leaving treatment, how many times has your child had a petition filed for any offense? (enter zero, if none)

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11. Since leaving treatment, has your child had a Court Counselor or has your child been under the supervision of the juvenile justice system?

☐ Yes ☐ No

12. Since leaving treatment, 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"/>

13. Since leaving treatment, 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

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14. What help in any of the following areas is now 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

15. Comments/Notes:

End of interview

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