NC-TOPPS Mental Health and Substance Use Disorder

Child (Ages 6-11) Episode Completion 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:

Tailored Plan 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 has received services and supports.
☐ Child Mental Health, age 6-11

Discharge Date (date of last paid service for this episode of care): / /

Begin Interview

1. Please select all services the consumer has received for this episode of care. *(See Attachment I)*

2. Please indicate reason for Episode Completion:
(mark only one)
☐ Completed treatment
☐ Discharged at program initiative
☐ Refused treatment
☐ Did not return as scheduled within 60 days ➔ *(skip to end of interview)*
☐ Changed to service not required for NC-TOPPS
☐ Moved out of area or changed to different Tailored Plan or Children and Families Specialty Plan
☐ Incarcerated
☐ Institutionalized
☐ Died ➔ *(skip to end of interview)*
☐ Other

3. Please indicate the ICD-10-CM diagnosis code(s) for this individual. *(See Attachment I)*

4. Since the last interview, the consumer has attended scheduled treatment sessions...
☐ All or most of the time ☐ Sometimes ☐ Rarely or never

5. 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
☐ Childcare
☐ Medical care
☐ Dental care
☐ Screening/Treatment referral for HIV/TB/HEP
☐ Legal issues
☐ Volunteer opportunities
☐ None of the above

b. If *food supply*, how helpful have the program services been in supplying food as needed?
☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

6. 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 ☐ None of the above
☐ Person-centered planning

Section II: Complete items 7-27 using information from the individual's interview (preferred) or consumer record

7. How are the next section's items being gathered?
(mark all that apply)
☐ In-person interview (preferred) ☐ Clinical record/notes
☐ Telephone interview

8. 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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9. 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 10)*

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

10. Does your child have an Individualized Education Program (IEP) (program or plan for special education and related services)?
☐ Yes ☐ No

11. What grade is your child currently in? ☐☐

12. Since beginning treatment, your child's school attendance has...
☐ improved ☐ stayed the same ☐ gotten worse

13. 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

14. In the past 3 months, has your child been...
a. suspended from school? ☐ Yes ☐ No
b. expelled from school? ☐ Yes ☐ No

15. In the past 3 months, how often did your child participate in extracurricular activities?
☐ Never ☐ A few times ☐ More than a few times

16. 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

17. In the past month, how would you describe your child's mental health symptoms?
☐ Extremely severe
☐ Severe
☐ Moderate
☐ Mild
☐ Not present

18. 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

19. In the past 3 months, how many times has your child moved residences? ☐☐ *(enter zero, if none)*

20. Currently, where does your child live?
☐ In a family setting (private or foster home) ➔ *(skip to 21)*
☐ Residential program (group home, PRTF) ➔ *(answer b)*
☐ Institutional setting (hospital or detention center/jail) ➔ *(skip to 21)*
☐ Homeless ➔ *(answer c)*
☐ Temporary housing ➔ *(answer d)*

b. If *residential program,* please specify the type of residential program your child currently lives in.
☐ 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 currently.
☐ 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

21. Was this living arrangement in your child's home community?
☐ Yes ☐ No

22. In the past 3 months, has your child received any residential services outside of his/her home community?
☐ Yes ☐ No

23. In the past 3 months, has your child used tobacco/vaping products or alcohol?
☐ Yes ☐ No ☐ Don't know

24. 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

25. Does anyone who cares for your child ever smoke or vape (including in your home, car, or other places)?
☐ Smoke
☐ Vape
☐ Neither

26. In the past month, how many times has your child had a petition filed for any offense? ☐☐ *(enter zero, if none)*

27. 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.

28. 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 29-43
☐ No - Stop here

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29. Since the last interview, has your child visited a physical health care provider for a routine check up?
☐ Yes ☐ No

30. Since the last interview, has your child visited a dentist for a routine check up?
☐ Yes ☐ No

31. Would you say that in general your child's health is:
☐ Excellent ☐ Poor
☐ Very good ☐ Don't know/Not sure
☐ Good ☐ Refuse
☐ Fair

32. 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

33. 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

34. 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

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. 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

37. In the past 3 months, how often has <u>your child</u> hit, kicked, slapped, or otherwise physically hurt someone?
☐ Never ☐ A few times ☐ More than a few times ☐ Deferred

38. 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

39. 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

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

41. 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	☐	☐	☐	☐
b. Physical health	☐	☐	☐	☐
c. Relationships with family	☐	☐	☐	☐
d. Living/Housing situation	☐	☐	☐	☐

42. In the past 3 months, has your child...
a. had **<u>contacts</u>** with an emergency crisis provider?
☐ Yes ☐ No
b. had **<u>visits</u>** to a hospital emergency room?
☐ Yes ☐ No
c. spent **<u>nights</u>** in a medical/surgical hospital? *(excluding birth delivery)*
☐ Yes ☐ No
d. spent **<u>nights</u>** in a psychiatric inpatient hospital?
☐ Yes ☐ No
e. spent **<u>nights</u>** homeless? (sheltered or unsheltered)
☐ Yes ☐ No
f. spent **<u>nights</u>** in detention, jail, or prison? (adult or juvenile system)
☐ Yes ☐ No

43. 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

<u>For Data Entry User (DEU) only:</u>
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
- ☐ High Fidelity Wraparound - H0032 UF

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)