NC-TOPPS Mental Health and Substance Use Disorder

Child (Ages 6-11) Initial 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 will be receiving services and supports.
☐ Child Mental Health, age 6-11

Admission Date (date of first paid service for this episode of care): / /

Begin Interview

1. Please select all services the consumer is currently receiving. *(See Attachment I)*

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

3. Is your child of Hispanic, Latino, or Spanish origin?
☐ Yes ☐ No

4. Which of these groups best describes your child?
☐ African American/Black
☐ White/Anglo/Caucasian
☐ Multiracial
☐ American Indian/Native American
☐ Alaska Native
☐ Asian
☐ Pacific Islander
☐ Other

5. Is a member of your child's immediate family or household currently serving in or has served in the Military, Military Reserve, or National Guard?
☐ Yes, family member ☐ No

6. At any time in the past, has your child been suspected of having a head or brain injury?
☐ Yes ☐ No ☐ Not sure

7. What kind of benefits and/or insurance does your child have? *(mark all that apply)*
☐ None
☐ SSI
☐ SSDI
☐ Private insurance/health plan
☐ TRICARE/Military Coverage
☐ Health Choice
☐ Medicaid
☐ Medicare
☐ Other
☐ Unknown

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?

11. 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

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

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

14. In the past year, how many times has your child moved residences? ➔ *(enter zero, if none)*

15. In the past 3 months, where did your child live most of the time?
☐ In a family setting (private or foster home) ➔ *(skip to 16)*
☐ Residential program (group home, PRTF) ➔ *(answer b)*
☐ Institutional setting (hospital or detention center/jail) ➔ *(skip to 16)*
☐ 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

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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

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

17. How long has it been since your child last visited a physical health care provider for a routine check up?
- ☐ Never
- ☐ Within the past year
- ☐ Within the past 2 years
- ☐ Within the past 5 years
- ☐ More than 5 years ago

18. How long has it been since your child last visited a dentist for a routine check up?
- ☐ Never
- ☐ Within the past year
- ☐ Within the past 2 years
- ☐ Within the past 5 years
- ☐ More than 5 years ago

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

20. 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

21. 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

22. 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

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

24. Has your child used tobacco/vaping products or alcohol?
☐ Yes ☐ No ☐ Don't know

25. Has your child used illicit drugs or other substances other than tobacco/vaping products and alcohol?
☐ Yes ☐ No ☐ Don't know

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

27. In the past 3 months, how often has your child been hit, kicked, slapped, or otherwise physically hurt?
- ☐ Never ➔ *(skip to 28)*
- ☐ A few times
- ☐ More than a few times
- ☐ Deferred ➔ *(skip to 28)*

b. In the past 7 days, has your child been hit, kicked, slapped, or otherwise physically hurt?
☐ Yes ☐ No

28. 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

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, burned, or bruised self)?
- ☐ Never
- ☐ A few times
- ☐ More than a few times

30. In your child's lifetime, has s/he ever attempted suicide?
☐ Yes ☐ No

31. In the past 3 months, how often has your child had thoughts of suicide?
- ☐ Never
- ☐ A few times
- ☐ More than a few times
- ☐ Don't know

32. How many times has your child had a petition filed for any offense.... *(enter zero, if none)*
- **a. in the past month** ☐☐
- **b. in the past year** ☐☐
- **c. in their lifetime** ☐☐

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 **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

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. How well has your child been doing in the following areas of his/her life in the past year?

	Excellent	Good	Fair	Poor
a. Emotional well-being	☐	☐	☐	☐
b. Physical health	☐	☐	☐	☐
c. Relationships with family	☐	☐	☐	☐
d. Living/Housing situation	☐	☐	☐	☐

37. Did you receive a list or options, verbal or written, of places for your child to receive services?

☐ 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?

☐ Yes ☐ No

39. Does your child have a need for any of the following? *(mark all that apply)*

☐ Wheelchair/Mobility equipment or services
☐ Equipment or services due to a physical disability
☐ Equipment or services due to being deaf/hard of hearing
☐ Sign language interpreter
☐ Foreign language interpreter
☐ Equipment or services due to being visually impaired
☐ Childcare
☐ Other
☐ None of the above/NA

40. Did your child and/or family have difficulty entering 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)

41. What help in any of the following areas is important to your child? *(mark all that apply)*

☐ Educational improvement
☐ Housing (basic shelter or rent subsidy)
☐ Transportation
☐ Food supply
☐ Childcare
☐ Medical Care
☐ Dental care
☐ Legal issues
☐ Volunteer opportunities
☐ None of the above

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

☐ Extremely Severe
☐ Severe
☐ Moderate
☐ Mild
☐ Not present

43. 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

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:

http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system

Do not mail this form

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)