NC-TOPPS Mental Hea	Ith and Substance Abuse
Child (Ages	6-11) Update Interview
	web-based system. (http://www.ncdhs. gov/mhddsas/nc-topps)
	certify that I am the QP who has conducted and completed this nterview. QP Signature: Date:
	Nease have the respondent sign and date and place in consumer's ile. Respondent Signature: Date:
Type of Interview (mark only one) 3 month update 6 month update Other bi-annual update (18-month, 24-month, 30-month, etc.) Please provide the following consumer information: LME-MCO Assigned Consumer Record Number CNDS ID Number	 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 6-22 using information from the individual's interview (preferred) or consumer record 6. How are the next section's items being gathered?
Medicaid ID Number (optional)	(mark all that apply) In-person interview (preferred)
	Telephone interview Clinical record/notes
Medicaid County of Residence:	 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 abuse symptoms (addiction, relapse)
First three letters of consumer's last name: First letter of consumer's first name: Consumer Date of Birth: /	 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,
Consumer Gender:	runaway, oversleeps) Cost or financial reasons (no money for cab, treatment cost)
	Stigma/Discrimination (race, gender, sexual orientation)
Consumer County of Residence: Please select the appropriate age/disability category(ies) for which the individual is receiving services and supports. Child Mental Health, age 6-11 Begin Interview	 Treatment/Authorization access issues (insurance problems, waiting list, paperwork problems, red tape, lost Medicaid card, IPRS target populations, Value Options, referral issues, citizenship, etc.) Deaf/Hard of hearing
1. Please select all services the consumer is receiving. (See Attachment I)	□ Language or communication issues (foreign language issues, lack of interpreter, etc.)
2. Please indicate the DSM-5 diagnostic classification(s) for this individual. (See Attachment II)	 Legal reasons (incarceration, arrest) Transportation/Distance to provider
3. Since the last interview, the consumer has attended scheduled treatment sessions All or most of the time Sometimes Rarely or never	 Scheduling issues (work or school conflicts, appointment times not workable, no phone) Lack of stable housing
 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 Child Care Medical Care Dental care Screening/Treatment referral for HIV/TB/HEP Legal issues Volunteer opportunities None of the above 	Personal safety (domestic violence, intimidation or punishment)

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.

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Child (Ages 6	5-11) Update Interview
Use this form for backup only. <u>Do not mail.</u> Enter data into web	2 -
 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. If yes, what programs are your child currently enrolled in for credit? (mark all that apply) □ Alternative Learning Program (ALP) - at-risk students outside □ Academic schools (K-12) 	<pre>16. In the past 3 months, where did your child live most of the time? In a family setting (private or foster home) -> (skip to 17) Residential program (supportive housing, group home, PRTF) -> (answer c) Institutional setting (hospital or detention center/jail) -> (skip to 17) Homeless -> (answer b)</pre>
Other For K-12 only: a. What grade is your child currently in?	 Temporary housing -> (skip to 17) b. If homeless, please specify your child's living situation most of the time in the past 3 months.
 b. Since beginning treatment, your child's school attendance has improved stayed the same gotten worse c. 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 	 Sheltered (homeless shelter or domestic violence shelter) Unsheltered (on the street, in a car, camp) c. <i>If residential program</i>, please specify the type of residential program your child lived in most of the time in the past 3 months. Therapeutic foster home
traditional grading system c-1. 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	 Level III group home Level IV group home State-operated residential treatment center Other
10. <u>For K-12 only</u> : In the past 3 months, has your child been	17. Was this living arrangement in your child's home
a. suspended from school? Yes No	community?
b. expelled from school? Yes No	18. In the past 3 months, has your child received any
11. In the past 3 months, how often did your child participate in extracurricular activities?	residential services outside of his/her home community?
Never	
A few times	19. In the past 3 months, has your child used tobacco or alcohol?
More than a few times	.□Yes □No □Don't know
 12. In the past 3 months, how often have your child's problems interfered with play, school, or other daily activities? Never A few times 	20. In the past 3 months, has your child used illicit drugs or other substances? Yes No Don't know
 More than a few times 13. In the past month, how would you describe your child's 	21. In the past month, how many times has your child had a petition filed for any offense? (enter zero, if none)
mental health symptoms? Extremely Severe Severe	22. Does your child have a Court Counselor or is your child currently under the supervision of the juvenile justice system?
 ☐ Moderate ☐ Mild ☐ Not present 	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.
 14. 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 	 23. 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 24-34 No - Stop here
□ Sometimes	24. Since the last interview, has your child visited a physical
□ Rarely or never	health care provider for a routine check up?
15. In the past 3 months, how many times has your child moved residences? (enter zero, if none)	25. Since the last interview, has your child visited a dentist for a routine check up?

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NC-TOPPS Mental Health and Substance Abuse

Child	(Ages	6-11)
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Update Interview

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26. 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 27. 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 28. In the past 3 months, how often has your child hit, kicked, slapped, or otherwise physically hurt someone? □ Deferred 29. 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	33. 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 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			
 30. Since the last interview, how often has your child had thoughts of suicide? Never A few times More than a few times 	 34. 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? 			
 □ Don't know 31. Since the last interview, has your child attempted suicide? □ Yes □ No 32. In the past 3 months, how well has your child been doing in the following ender a field? 	 □ 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 			
in the following areas of his/her life? Excellent Good Fair Poor a. Emotional well-being Image: Constraint of the second s	 Not helpful			
End of interview				
Enter data into web-based system: http://www.ncdhhs.gov/mhddsas/nc-topps <u>Do not mail this form</u>				

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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 - Level III - 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: ____

r				
	Attachment II			
DSM-5 Diagnostic Classifications				
	Neurodevelopmental Disorders			
🗖 Learn	ning Disorders (315.00, 315.1, 315.2)	n Spectrum Disorder (299.00)		
Comr	munication Disorders (307.9, 315.35, 315.39)	ion-Deficit/Hyperactivity Disorder (314.00, 314.01)		
		Neurodevelopmental Disorders (315.8, 315.9)		
	r and Tic Disorders (307.20, 307.21, 307.22, 307.23, 307.3, 315.4)			
	Substance-Related and Addictive Dis	orders		
	Alcohol-Related Disorders (303.90, 305.00)			
	(Other) Drug-Related Disorders (304.00, 304.10, 304.2	0 304 30 304 40		
	U (center) Brag related Bioleters (series) series, series and series (series) series (series	50, 305.70, 305.90)		
	Gambling Disorder (312.31)			
	Schizophrenia Spectrum and Other Psychot	ic Disorders		
	Schizophrenia and Other Psychotic Disorders (293.81, 293.82, 293.89, 295.4			
	Bipolar and Related Disorders			
	Bipolar I Disorder (296.40, 296.41, 296.42, 296.43, 296	.44, 296,45, 296,46,		
	296.50, 296.51, 296.52, 296.53, 296.54, 296.55, 296.56			
	Bipolar II Disorder (296.89)			
	Cyclothymic Disorder (301.13)			
	Depressive Disorders			
	Major Depressive Disorder (296.20, 296.21, 296.22, 296 296.20, 296.26, 296.30, 296.31, 296.32, 296.33, 296.34, 296.35	.23, 296.24, 296.25,		
		5, 296.36)		
	Persistent Depressive Disorder (Dysthymia) (300.4)			
	Other Depressive Disorders (296.99, 311, 625.4)			
	Anxiety Disorders			
	Anxiety Disorders (300.00, 300.01, 300.02, 300.09, 300.22, 300	.23, 300.29, 309.21, 312.23)		
	Obsessive-Compulsive and Related Dis	sorders		
	\square Obsessive-Compulsive and Other Related Disorders (300.3,	300.7, 312.39, 698.4)		
	Trauma- and Stressor-Related Disor	ders		
	Posttraumatic Stress Disorder (PTSD) (309.81)			
	Adjustment Disorders (309.0, 309.24, 309.28, 309.3, 309			
	\Box Other Trauma- and Stressor-Related Disorders (308.3, 30	9.89, 309.9, 313.89)		
	Dissociative Disorders			
	Dissociative disorders (300.12, 300.13, 300.14, 30	0.15, 300.6)		
	Disruptive, Impulse-Control, and Conduct	Disorders		
	Conduct Disorder (312.81, 312.82, 312.89)	Disorders (312.32, 312.33, 312.34)		
	Oppositional Defiant Disorder (313.81)	e Behavior Disorders (312.89, 312.9)		
Gender Dysphoria Disorders				
Gender Dysphoria Disorders (302.6, 302.85)				
	Neurocognitive Disorders			
	Delirium Disorders (292.81, 293.0, 780.09)			
	Major and Mild Neurocognitive Disorders (290.40, 294.10, 294.	11 331 83 331 0 700 50)		
		11, 551.05, 551.5, 755.55)		
_	Personality Disorders			
		C Personality Disorders (301.4, 301.6, 301.82)		
<u> </u>		rsonality Disorders (301.89, 301.9)		
Feeding and Eating Disorders				
	Anorexia Nervosa (307.1) Other Fooding and Esting Disorders (307.50, 307.51, 307.	52 307 53 307 50)		
	Other Feeding and Eating Disorders (307.50, 307.51, 307	.22, 301.33, 501.33)		
	<u>Other Disorders</u> tic Symptom and Related Disorders (300.11, 300.19, 300.7, 300.82, 300.89, 310	5) Other Conditions That May Be		
	nation Disorders (307.6, 307.7, 787.60, 788.30, 788.39)	a Focus of Clinical Attention		
Elimination Disorders (307.6, 307.7, 787.60, 788.30, 788.39) (V-codes, 999.xx) Sexual Dysfunction Disorders (302.70, 302.71, 302.72, 302.73, 302.74, 302.75, 302.76, 302.79) Other Mental Disorders and				
	-Wake Disorders (307.45, 307.46, 307.47, 327.21, 327.23, 327.24, 327.25, 327 4, 347.00, 347.01, 780.52, 780.54, 780.57, 780.59, 786.04)			
Paranh	hilic Disorders (302.2, 302.3, 302.4, 302.81, 302.82, 302.83, 302.84, 302.89, 3((2.9) Version 08/01/2014		