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NC-TOPPS Mental Health and Substance Abuse

Child (Ages 6-11) Update Interview

Use this form for backup only. Do not mail. Enter data into web-based system. (http://www.ncdhs.gov/mhddsas/nc-topps)

I certify that I am the QP who has conducted and completed this interview. QP Signature: __________________________ Date: ________________

Please have the respondent sign and date and place in consumer's file. Respondent Signature: __________________________ Date: ________________

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? (mark all that apply)
- In-person interview (preferred)
- Telephone interview
- Clinical record/notes
- Other

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)
- 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, IPRS target populations, Value Options, referral issues, citizenship, etc.)
- Deaf/Hard of hearing
- Language or communication issues (foreign language issues, lack of interpreter, etc.)
- Legal reasons (incarceration, arrest)
- 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)
### NC-TOPPS Mental Health and Substance Abuse

#### Child (Ages 6-11) Update Interview

*Use this form for backup only. Do not mail. Enter data into web-based system.*  

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>8. Is your child currently enrolled in school or courses that</strong></td>
<td><strong>16. In the past 3 months, where did your child live most of the time?</strong></td>
</tr>
<tr>
<td><strong>satisfy requirements for a certification, diploma or degree?</strong></td>
<td>□ In a family setting (private or foster home) → (skip to 17)</td>
</tr>
<tr>
<td>(Enrolled includes school breaks, suspensions, and expulsions)</td>
<td>□ Residential program (supportive housing, group home, PRTF) → (answer c)</td>
</tr>
<tr>
<td>□ Yes □ No (skip to 9)</td>
<td>□ Institutional setting (hospital or detention center/jail) → (skip to 17)</td>
</tr>
<tr>
<td>b. If <strong>yes</strong>, what programs are your child currently enrolled in for</td>
<td>□ Homeless → (answer b)</td>
</tr>
<tr>
<td>credit? (mark all that apply)</td>
<td>□ Temporary housing → (skip to 17)</td>
</tr>
<tr>
<td>□ Alternative Learning Program (ALP) - at-risk students outside</td>
<td>□ <strong>If homeless</strong>, please specify your child's living situation most of</td>
</tr>
<tr>
<td>standard classroom</td>
<td>the time in the past 3 months.</td>
</tr>
<tr>
<td>□ Academic schools (K-12)</td>
<td>□ Sheltered (homeless shelter or domestic violence shelter)</td>
</tr>
<tr>
<td>□ Other</td>
<td>□ Unsheltered (on the street, in a car, camp)</td>
</tr>
<tr>
<td>c. For your child's most recent reporting period, what grades did s/he</td>
<td>□ c. If <strong>residential program</strong>, please specify the type of residential</td>
</tr>
<tr>
<td>get most of the time? (mark only one)</td>
<td>program your child lived in most of the time in the past 3 months.</td>
</tr>
<tr>
<td>□ A's □ B's □ C's □ D's □ F's □ School does not use</td>
<td>□ Therapeutic foster home</td>
</tr>
<tr>
<td>traditional grading system</td>
<td>□ Level III group home</td>
</tr>
<tr>
<td>c-1. If school does not use traditional grading system, for your</td>
<td>□ Level IV group home</td>
</tr>
<tr>
<td>child's most recent reporting period, did s/he pass or fail most of</td>
<td>□ State-operated residential treatment center</td>
</tr>
<tr>
<td>the time?</td>
<td>□ Other</td>
</tr>
<tr>
<td>□ Pass □ Fail</td>
<td></td>
</tr>
<tr>
<td><strong>9. For K-12 only:</strong></td>
<td></td>
</tr>
<tr>
<td>a. What grade is your child currently in?</td>
<td></td>
</tr>
<tr>
<td>□ Pass □ Fail</td>
<td></td>
</tr>
<tr>
<td>b. Since beginning treatment, your child's school attendance has...</td>
<td></td>
</tr>
<tr>
<td>□ improved □ stayed the same □ gotten worse</td>
<td></td>
</tr>
<tr>
<td>c. For your child's most recent reporting period, what grades did s/he</td>
<td></td>
</tr>
<tr>
<td>get most of the time? (mark only one)</td>
<td></td>
</tr>
<tr>
<td>□ A's □ B's □ C's □ D's □ F's □ School does not use</td>
<td></td>
</tr>
<tr>
<td>traditional grading system</td>
<td></td>
</tr>
<tr>
<td>c-1. If school does not use traditional grading system, for your</td>
<td></td>
</tr>
<tr>
<td>child's most recent reporting period, did s/he pass or fail most of</td>
<td></td>
</tr>
<tr>
<td>the time?</td>
<td></td>
</tr>
<tr>
<td>□ Pass □ Fail</td>
<td></td>
</tr>
<tr>
<td><strong>10. For K-12 only:</strong></td>
<td></td>
</tr>
<tr>
<td>a. suspended from school?</td>
<td></td>
</tr>
<tr>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>b. expelled from school?</td>
<td></td>
</tr>
<tr>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td><strong>11. In the past 3 months, how often did your child participate</strong></td>
<td></td>
</tr>
<tr>
<td>in extracurricular activities?</td>
<td></td>
</tr>
<tr>
<td>□ Never □ A few times □ More than a few times</td>
<td></td>
</tr>
<tr>
<td><strong>12. In the past 3 months, how often have your child's problems</strong></td>
<td></td>
</tr>
<tr>
<td>interfered with play, school, or other daily activities?</td>
<td></td>
</tr>
<tr>
<td>□ Never □ A few times □ More than a few times</td>
<td></td>
</tr>
<tr>
<td><strong>13. In the past month, how would you describe your child's</strong></td>
<td></td>
</tr>
<tr>
<td>mental health symptoms?</td>
<td></td>
</tr>
<tr>
<td>□ Extremely Severe □ Severe □ Moderate □ Mild □ Not present</td>
<td></td>
</tr>
<tr>
<td><strong>14. In the past month, if your child has a current prescription</strong></td>
<td></td>
</tr>
<tr>
<td>for psychotropic medications, how often has your child taken this</td>
<td></td>
</tr>
<tr>
<td>medication as prescribed?</td>
<td></td>
</tr>
<tr>
<td>□ No prescription □ All or most of the time □ Sometimes □ Rarely or</td>
<td></td>
</tr>
<tr>
<td>never</td>
<td></td>
</tr>
<tr>
<td><strong>15. In the past 3 months, how many times has your child</strong></td>
<td></td>
</tr>
<tr>
<td>moved residences?</td>
<td><strong>22. Does your child have a Court Counselor or is your child</strong></td>
</tr>
<tr>
<td>□ (enter zero, if none)</td>
<td>currently under the supervision of the juvenile justice system?</td>
</tr>
<tr>
<td>□ (enter zero, if none)</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td><strong>23. Is the respondent present for an in-person or telephone</strong></td>
<td><strong>Section III: This next section includes questions which are</strong></td>
</tr>
<tr>
<td>interview or have you directly gathered information from the</td>
<td>important in determining consumer outcomes. These questions require</td>
</tr>
<tr>
<td>respondent within the past two weeks?</td>
<td>that they be asked directly to the respondent either in-person or by</td>
</tr>
<tr>
<td>□ Yes - Complete items 24-34</td>
<td>telephone.</td>
</tr>
<tr>
<td><strong>24. Since the last interview, has your child visited a physical</strong></td>
<td></td>
</tr>
<tr>
<td>health care provider for a routine check up?</td>
<td></td>
</tr>
<tr>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td><strong>25. Since the last interview, has your child visited a dentist for</strong></td>
<td></td>
</tr>
<tr>
<td>a routine check up?</td>
<td></td>
</tr>
<tr>
<td>□ Yes □ No</td>
<td></td>
</tr>
</tbody>
</table>

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### Child (Ages 6-11) 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?
- Never
- A few times
- More than a few times
- 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

#### 30. Since the last interview, how often has your child had thoughts of suicide?
- Never
- A few times
- More than a few times
- 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 areas of his/her life?

<table>
<thead>
<tr>
<th>Area of Life</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Emotional well-being</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Physical health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Relationships with family</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Living/Housing situation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 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
  - 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

#### 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?
  - 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:
http://www.ncdhhs.gov/mhddsas/nc-topps

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 - 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

<table>
<thead>
<tr>
<th>Service Code:</th>
<th>Service Description:</th>
</tr>
</thead>
</table>

Version 08/01/2014
# Attachment II: 
## DSM-5 Diagnostic Classifications

### Neurodevelopmental Disorders
- Learning Disorders (315.00, 315.1, 315.2)
- Communication Disorders (307.9, 315.35, 315.39)
- Intellectual Disabilities (315.8, 317, 318.0, 318.1, 318.2, 319)
- Autism Spectrum Disorder (299.00)
- Attention-Deficit/Hyperactivity Disorder (314.00, 314.01)
- Other Neurodevelopmental Disorders (315.8, 315.9)

### Substance-Related and Addictive Disorders
- Alcohol-Related Disorders (303.90, 305.00)
- Drug-Related Disorders (304.00, 304.10, 304.20, 304.30, 304.40, 304.50, 304.60, 305.20, 305.30, 305.40, 305.50, 305.60, 305.70, 305.90)
- Gambling Disorder (312.31)

### Schizophrenia Spectrum and Other Psychotic Disorders
- Schizophrenia and Other Psychotic Disorders (293.81, 293.82, 293.89, 295.40, 295.70, 295.90, 297.1, 298.8, 298.9)

### 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, 296.7)
- Bipolar II Disorder (296.89)
- Cyclothymic Disorder (301.13)

### Depressive Disorders
- Major Depressive Disorder (296.20, 296.21, 296.22, 296.23, 296.24, 296.25, 296.26, 296.30, 296.31, 296.32, 296.33, 296.34, 296.35, 296.36)
- Persistent Depressive Disorder (Dysthymia) (303.4)
- 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 Disorders
- Obsessive-Compulsive and Other Related Disorders (300.3, 300.7, 312.39, 698.4)

### Trauma- and Stressor-Related Disorders
- Posttraumatic Stress Disorder (PTSD) (309.81)
- Adjustment Disorders (309.0, 309.24, 309.28, 309.3, 309.4)
- Other Trauma- and Stressor-Related Disorders (308.3, 309.89, 309.9, 313.89)

### Dissociative Disorders
- Dissociative disorders (300.12, 300.13, 300.14, 300.15, 300.6)

### Disruptive, Impulse-Control, and Conduct Disorders
- Conduct Disorder (312.81, 312.82, 312.89)
- Oppositional Defiant Disorder (313.81)
- Impulse Control Disorders (312.32, 312.33, 312.34)
- Other Disruptive Behavior Disorders (312.89, 312.9)

### Gender Dysphoria Disorders
- Gender Dysphoria Disorders (302.6, 302.85)

### Neurocognitive Disorders
- Delirium Disorders (293.81, 293.0, 780.09)
- Major and Mild Neurocognitive Disorders (290.40, 294.10, 294.11, 331.83, 331.9, 799.59)

### Personality Disorders
- Cluster A Personality Disorders (301.0, 301.20, 301.22)
- Cluster B Personality Disorders (301.50, 301.7, 301.81, 301.83)
- Cluster C Personality Disorders (301.4, 301.6, 301.82)
- Other Personality Disorders (301.89, 301.9)

### Feeding and Eating Disorders
- Anorexia Nervosa (307.1)

### Other Disorders
- Somatic Symptom and Related Disorders (300.11, 300.19, 300.7, 300.82, 300.89, 316)
- Elimination Disorders (307.6, 307.7, 787.60, 788.30, 788.39)
- Sexual Dysfunction Disorders (302.70, 302.71, 302.72, 302.73, 302.74, 302.75, 302.76, 302.79)
- Sleep-Wake Disorders (307.45, 307.46, 307.47, 327.21, 327.23, 327.24, 327.25, 327.26, 327.42, 333.94, 347.00, 347.01, 780.52, 780.54, 780.57, 780.59, 786.04)
- Paraphilic Disorders (302.2, 302.3, 302.4, 302.81, 302.82, 302.83, 302.84, 302.89, 302.9)
- Other Conditions That May Be a Focus of Clinical Attention (V-codes, 999.xx)
- Other Mental Disorders and Conditions (any codes not listed above)

*Version 08/01/2014*