

# NC-TOPPS

## TASC CJM Episode Completion 2009

**\*\*Use this form for backup only. Enter data into web-based system. (<https://nctopps.ncdmh.net/tasc.htm>)**

Clinician First Initial & Last Name

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**Consumer ID**

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

**Please provide the following information about the consumer:**

**1. Date of Birth**

		/			/		
--	--	---	--	--	---	--	--

**2. Gender**

Male  Female

**3. Date Consumer Discharged from TASC:**

		/			/		
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**4. Date Consumer Admitted to TASC (this episode):**

		/			/		
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**5. County of TASC Management:** \_\_\_\_\_

**6. Did the consumer complete TASC services?**  Y → (skip to 7)  N

b. Reason for not completing TASC services:

Probation non-compliance/revocation → (skip to c)

Consumer deceased → (skip to 7)

Consumer moved/relocated → (skip to 7)

TASC non-compliance/no-show → (skip to d)

c. Reason for probation non-compliance/revocation:

Technical  New crime  Absconder

d. Reason for TASC non-compliance/no-show:

Client fails to comply with requirements of jeopardy staffings

Client is arrested or convicted of a charge, which precludes his/her continued participation in TASC

Client acts violently or threatens violence against TASC staff, treatment staff, or another client

Client is in possession of a weapon at TASC or treatment program sites

Client is in possession of drugs or alcohol at TASC or treatment program sites

No contact with TASC in 30 calendar days (requires a minimum of two attempts to contact the client and supervisory review)

**7. Is the consumer a veteran?**  Y  N

**8. NC Docket Number (current, most serious):** → (Skip to question 6 if arrest for this episode was *not* in North Carolina)

		<input type="checkbox"/> CR								<input type="checkbox"/> CRS									
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**9. Primary Diagnosis** (Select one or enter primary diagnosis below)

- |  |   |
|--|---|
| <input type="checkbox"/> 303.90 - Alcohol Dependence     | <input type="checkbox"/> 305.20 - Cannabis Abuse    |
| <input type="checkbox"/> 304.30 - Cannabis Dependence    | <input type="checkbox"/> 305.60 - Cocaine Abuse     |
| <input type="checkbox"/> 304.20 - Cocaine Dependence     | <input type="checkbox"/> 305.50 - Opioid Abuse      |
| <input type="checkbox"/> 304.00 - Opioid Dependence      | <input type="checkbox"/> 305.70 - Amphetamine Abuse |
| <input type="checkbox"/> 304.40 - Amphetamine Dependence | <input type="checkbox"/> No diagnosis               |
| <input type="checkbox"/> 305.00 - Alcohol Abuse          |   |

Primary diagnosis if not listed above: 

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**10. Currently, where does the consumer live most of the time?**

Homeless → (skip to b)

Temporary housing → (skip to c)

Private or permanent residence → (skip to d if adult, skip to 14 if adolescent)

Residential program → (skip to e if adult, skip to f if adolescent)

Facility/institution → (skip to g)

Other → (skip to 11)

b. *If homeless*, please specify the consumer's living situation currently.

Sheltered (homeless shelter)

Unsheltered (on the street, in a car, camp)

c. *If temporary housing*, please specify the type of temporary housing the consumer currently lives in.

Transitional housing (time-limited stay)

Living temporarily with other(s)

d. **For Adult TASC consumer only:** *If private residence*, please specify the type of residence the consumer currently lives in.

Self-owned

Rent with rental assistance

Rent without rental assistance

Other

e. **For Adult TASC consumer only:** *If residential program*, please specify the type of residential program the consumer currently lives in.

Alternative family living

Licensed supervised apartment

Group home

Family care home

Residential treatment center

Halfway house

f. **For Adolescent TASC consumer only:** *If residential program*, please specify the type of residential program the consumer currently lives in.

Foster home

Therapeutic foster home

Level III group home

Level IV group home

State-operated residential treatment center

Substance abuse residential treatment facility

Halfway house

g. *If facility/institution*, please specify the type of facility the consumer currently lives in.

PRTF (adolescent only)

Public institution

Private institution

Adult care home/assisted living (adult only)

Nursing facility (adult only)

Correctional facility

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**11. What is the highest grade the consumer completed or degree s/he received in school?**

Grade K, 1, 2, 3, 4, or 5     Some college or technical/vocational school

Grade 6, 7, or 8     2-year college/assoc. degree

Grade 9, 10, 11, or 12 (no diploma)     4-year college degree

GED     Graduate work, no degree

High school diploma     Professional degree or more

**12. Was a GED or other degree(s) completed during TASC?**

Y     N

**13. Is the consumer currently enrolled in school or courses that satisfy requirements for a certification, diploma or degree?**

Y     N → (skip to 14)

b. If **yes**, mark all that apply:

High School

GED Program, Adult literacy

College

Technical/Vocational school

Other

**14. What best describes the consumer's employment status at Episode Completion? (mark only one)**

Full-time work (working 35 hours or more a week) → (skip to 15)

Part-time work (working less than 35 hours a week) → (skip to 15)

Unemployed (seeking work or on layoff from a job) → (skip to 15)

Not in labor force (not seeking work)

b. If **not seeking work**, what best describes the consumer's current status?

Homemaker

Student

Retired

Chronic medical condition which prevents employment

None of the above

**15. In the past 3 months, how often did the consumer participate in ...**

a. positive community/leisure (extracurricular) activities?

Never     A few times     More than a few times

b. recovery-related support or self-help groups?

Never     A few times     More than a few times

c. organized religious activities?

Never     A few times     More than a few times

**16. Does the consumer have a sponsor?**

Y     N → (skip to 17)

b. In the past month, how often did the consumer have contact with his/her sponsor?

Never     A few times     More than a few times

**17. Please indicate the consumer's Primary (required), Secondary (if applicable), and Tertiary (if applicable) substance problems by entering a "1" for Primary, "2" for Secondary, and "3" for Tertiary.**

<input type="checkbox"/> Alcohol	<input type="checkbox"/> Marijuana/Hashish	<input type="checkbox"/> Cocaine/Crack	<input type="checkbox"/> Methamphetamine
<input type="checkbox"/> Heroin	<input type="checkbox"/> Other Opiates/Opioids	<input type="checkbox"/> Non-Prescription Methadone	<input type="checkbox"/> PCP-Phencyclidine
<input type="checkbox"/> Other Hallucinogens	<input type="checkbox"/> Other Amphetamines	<input type="checkbox"/> Other Stimulants	<input type="checkbox"/> Benzodiazepine
<input type="checkbox"/> Other Non-Benzodiazepine Tranquilizers	<input type="checkbox"/> Barbiturates	<input type="checkbox"/> Other Non-Barbiturate Sedatives or Hypnotics	<input type="checkbox"/> Inhalants
<input type="checkbox"/> Over-the-Counter	<input type="checkbox"/> Prescription Drug		<input type="checkbox"/> Other Drug

**18. Please indicate the consumer's age at first use/intoxication and how substance was taken (if applicable) for the Primary, Secondary (if applicable), and Tertiary (if applicable) substance(s).**

Substance	Age of First Use/ Intoxication	How usually taken (mark only one)
Alcohol	<input type="checkbox"/> <input type="checkbox"/>	N/A
Marijuana/Hashish	<input type="checkbox"/> <input type="checkbox"/>	N/A
Cocaine/Crack	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Methamphetamine	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Heroin	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Other Opiates/Opioids	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Non-Prescription Methadone	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
PCP-phencyclidine	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Other Hallucinogens	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Other Amphetamines	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Other Stimulants	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Benzodiazepine	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Other Non-Benzodiazepine Tranquilizers	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Barbiturates	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Other Non-Barbiturate Sedatives or Hypnotics	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Inhalants	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Over-the-Counter	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Prescription Drug	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Other Drug	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other

Confidentiality of SA and MH consumer-identifying information is protected under Federal regulations 42 CFR Part 2 and HIPAA, 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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**19. Please mark the frequency of use for each substance in the past month.**

Substance	Past Month - Frequency of Use				
	Not Used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily
Tobacco use (any tobacco products)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy alcohol use (>=5(4) drinks per sitting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than heavy alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana or hashish use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine or crack use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other opiates/opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Drug Use <input type="text"/> <input type="text"/> (enter code from list below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other Drug Codes**

- |                              |  |                      |
|------------------------------|--|----------------------|
| 5=Non-prescription Methadone | 13=Other Tranquilizer                        | 30=Prescription Drug |
| 7=PCP                        | 14=Barbiturate                               |                      |
| 8=Other Hallucinogen         | 15=Other Sedative or Hypnotic                |                      |
| 9=Methamphetamine            | 16=Inhalant                                  |                      |
| 10=Other Amphetamine         | 17=Over-the-Counter                          |                      |
| 11=Other Stimulant           | 22=Oxycodone (OxyContin, Percocet, Percodan) |                      |
| 12=Benzodiazepine            | 29=MDMA (Ecstasy)                            |                      |

**20. Drug test results from all sources in the past 3 months (or since admission if consumer was not in TASC for 3 months):**

a. Number Conducted        b. Number Positive    
*(enter 0, if none & skip to 21)*

**c. How often did each substance appear for all tests conducted?**

Alcohol	THC	Opiates	Benzo.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Cocaine	Amphetamines	Barbiturates	
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	

**21. In the past month, how many times has the consumer been arrested (or had a petition filed for adjudication) for any offense including DWI?**

→ *(enter 0 if none)*

**22. Date of Last Face-to-Face Contact with Consumer:**

/   /

**23. Level of Care Management prior to Episode Completion:**

- Level I     Level II     Level III

**24. Services and Supports Rendered: (mark all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Drug and other education classes | <input type="checkbox"/> Residential           |
| <input type="checkbox"/> CBI                              | <input type="checkbox"/> Therapeutic community |
| <input type="checkbox"/> Mental health services           | <input type="checkbox"/> AA/NA/Self help       |
| <input type="checkbox"/> Detox                            | <input type="checkbox"/> Drug treatment court  |
| <input type="checkbox"/> Pre-treatment education          | <input type="checkbox"/> CJPP services         |
| <input type="checkbox"/> SA outpatient                    | <input type="checkbox"/> DART Cherry           |
| <input type="checkbox"/> SA Intensive Outpatient (IOP)    | <input type="checkbox"/> None                  |
| <input type="checkbox"/> SA day treatment                 |  |