

NC-TOPPS

TASC CJM Intake 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

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

1. Date of Birth

| | | | | | | | | | | | | | | | | | | | | |
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2. County of TASC Management:

3. Gender

Male Female

4. Date Consumer Referred to TASC

| | | | | | | | | | | | | | | | | | | | | |
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5. TASC Referrals

- Eligible to receive TASC services
- Not Eligible - no involvement in CJS → *(Stop here)*
- Not Eligible - refused to participate → *(Stop here)*
- Not Eligible - no SA/MH issue → *(Stop here)*
- No Show → *(Stop here)*

6. State of Arrest: → Skip to question 7 if not North Carolina

b. NC County of Arrest:

c. NC Docket Number (current, most serious):

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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7. OPUS Number:

| | | | | | | | | | | | | | | | | | | | | |
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8. TASC Assessment Date

| | | | | | | | | | | | | | | | | | | | | |
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9. Is the consumer of Hispanic, Latino, or Spanish origin?

- Y N → *(skip to 10)*
- b. If **yes**, please specify origin:
 - Hispanic, Mexican American
 - Hispanic, Puerto Rican
 - Hispanic, Cuban
 - Hispanic, Other

10. Which of these groups best describes the consumer?

- African American/Black
- White/Anglo/Caucasian
- Multiracial
- American Indian/Native American
- Alaska Native
- Asian
- Pacific Islander
- Other

11. What is the consumer's current marital status? *(include same sex partnerships as living as married)*

- Married
- Living as married
- Divorced
- Separated
- Widowed
- Never been married

12. Is the consumer a veteran?

- Y N

13. Primary Diagnosis (Select one or enter primary diagnosis below)

- 303.90 - Alcohol Dependence
- 304.30 - Cannabis Dependence
- 304.20 - Cocaine Dependence
- 304.00 - Opioid Dependence
- 304.40 - Amphetamine Dependence
- 305.00 - Alcohol Abuse
- 305.20 - Cannabis Abuse
- 305.60 - Cocaine Abuse
- 305.50 - Opioid Abuse
- 305.70 - Amphetamine Abuse
- No diagnosis

Primary diagnosis if not listed above:

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

14. In the past 3 months, where did 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 15)*

b. *If homeless*, please specify the consumer's living situation most of the time in the past 3 months.

- Sheltered (homeless shelter)
- Unsheltered (on the street, in a car, camp)

c. *If temporary housing*, please specify the type of temporary housing the consumer lived in most of the time in the past 3 months.

- 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 lived in most of the time in the past 3 months.

- Self-owned
- Rent with rental assistance
- Rent without rental assistance
- Other

(Continued on next page →)

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e. **For Adult TASC consumer only:** *If residential program, please specify the type of residential program the consumer lived in most of the time in the past 3 months.*

- Alternative family living
- Group home
- Residential treatment center
- Licensed supervised apartment
- Family care home
- Halfway house

f. **For Adolescent TASC consumer only:** *If residential program, please specify the type of residential program the consumer lived in most of the time in the past 3 months.*

- 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 lived in most of the time in the past 3 months.*

- PRTF (adolescent only)
- Public institution
- Private institution
- Adult care home/assisted living (adult only)
- Nursing facility (adult only)
- Correctional facility

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

- Grade K, 1, 2, 3, 4, or 5
- Grade 6, 7, or 8
- Grade 9, 10, 11, or 12 (no diploma)
- GED
- High school diploma
- Some college or technical/vocational school
- 2-year college/assoc. degree
- 4-year college degree
- Graduate work, no degree
- Professional degree or more

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

- Y
- N → (skip to 17)

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

- High School
- GED Program, Adult literacy
- College
- Technical/Vocational school
- Other

17. In the past 3 months, what best describes the consumer's employment status? (mark only one)

- Full-time work (working 35 hours or more a week) → (skip to 18)
- Part-time work (working less than 35 hours a week) → (skip to 18)
- Unemployed (seeking work or on layoff from a job) → (skip to 18)
- 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

18. 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

19. Does the consumer have a sponsor?

- Y
- N → (skip to 20)

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

20. Referral Source: (mark primary referral)

- Judge/Court
- DCC (probation, CJP post-release)
- LME
- Attorney/Self-Referral
- Other

21. Females only: Is the consumer currently pregnant?

- Y
- N
- Unsure

22. 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 | | |

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23. Please indicate the consumer's age at first use/intoxication and how each 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="text"/> <input type="text"/> | N/A |
| Marijuana/Hashish | <input type="text"/> <input type="text"/> | N/A |
| Cocaine/Crack | <input type="text"/> <input type="text"/> | <input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other |
| Methamphetamine | <input type="text"/> <input type="text"/> | <input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other |
| Heroin | <input type="text"/> <input type="text"/> | <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="text"/> <input type="text"/> | <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="text"/> <input type="text"/> | <input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other |
| PCP-phencyclidine | <input type="text"/> <input type="text"/> | <input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other |
| Other Hallucinogens | <input type="text"/> <input type="text"/> | <input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other |
| Other Amphetamines | <input type="text"/> <input type="text"/> | <input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other |
| Other Stimulants | <input type="text"/> <input type="text"/> | <input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other |
| Benzodiazepine | <input type="text"/> <input type="text"/> | <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="text"/> <input type="text"/> | <input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other |
| Barbiturates | <input type="text"/> <input type="text"/> | <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="text"/> <input type="text"/> | <input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other |
| Inhalants | <input type="text"/> <input type="text"/> | <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="text"/> <input type="text"/> | <input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other |
| Prescription Drug | <input type="text"/> <input type="text"/> | <input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other |
| Other Drug | <input type="text"/> <input type="text"/> | <input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other |

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24. Please mark the frequency of use for each substance the consumer used in the past 12 months and past month.

| Substance | Past 12 Months - Frequency of Use | | | | | Past Month - Frequency of Use | | | | |
|--|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Not Used | 1-3 times monthly | 1-2 times weekly | 3-6 times weekly | Daily | 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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other opiates/opioids use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other Drug Codes

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

25. Substance(s) related to arrest: (mark all that apply)

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Hallucinogen |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Amphetamine |
| <input type="checkbox"/> Marijuana | <input type="checkbox"/> Tranquilizer |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Inhalant |
| <input type="checkbox"/> Heroin | <input type="checkbox"/> Over-the-counter |
| <input type="checkbox"/> Other opiate | <input type="checkbox"/> Prescription Drug |

26. 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)

27. TASC Priority Population:

- Intermediate punishment offender
- Offender who completed a DOC program
- Community punishment violator
- Other DCC referral
- Other CJS/Judicial referral

28. Crime type: (most serious crime related to TASC referral)

- | | |
|--|---|
| <input type="checkbox"/> Violent felony | <input type="checkbox"/> Violent misdemeanor |
| <input type="checkbox"/> Property felony | <input type="checkbox"/> Property misdemeanor |
| <input type="checkbox"/> Drug felony | <input type="checkbox"/> Drug misdemeanor |
| <input type="checkbox"/> Other felony | <input type="checkbox"/> Other misdemeanor |

29. IPRS SA Target Populations (mark all that apply)

- | | |
|--------------------------------|--|
| <input type="checkbox"/> ASCDR | <input type="checkbox"/> ASTER |
| <input type="checkbox"/> ASCJO | <input type="checkbox"/> CSSAD |
| <input type="checkbox"/> ASDSS | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> ASWOM | |

b. If ASCDR, what is the consumer's IPRS Communicable Disease Status? (mark all that apply)

- HIV
- TB
- Hepatitis
- Injection drug use (IDU)
- Methadone

30. Services and Supports Recommended: (mark all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Drug and other education classes | <input type="checkbox"/> SA Day treatment |
| <input type="checkbox"/> CBI | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> Therapeutic community |
| <input type="checkbox"/> Detox | <input type="checkbox"/> AA/NA/Self help |
| <input type="checkbox"/> Pre-treatment education | <input type="checkbox"/> Drug treatment court |
| <input type="checkbox"/> SA Outpatient | <input type="checkbox"/> CJPP services |
| <input type="checkbox"/> SA Intensive Outpatient (IOP) | <input type="checkbox"/> DART Cherry |

31. Is this a TASC Assessment ONLY case?

- Y → (end of assessment) N
- b. Level of Care Management:
- Level I Level II Level III