NC-TOPPS

ADATC Episode Completion Interview

(for patients with length of stay greater than or equal to 5 days)

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

Clinician First Initial & Last Name

☐ ☐☐☐☐☐☐☐☐☐☐☐☐☐

Please provide the following information about the individual:

Consumer Record Number (HEARTS #)

☐☐☐☐☐☐☐☐☐☐

First three letters of consumer's last name: (If female, use consumer's maiden name) ☐☐☐

First letter of consumer's first name: ☐

Date of Birth

☐☐ / ☐☐ / ☐☐

County of Residence: _____

Gender Assigned at Birth:

☐ Male ☐ Female

1. Please select the appropriate disability category for which the individual is receiving services and supports. *(mark only one)*

☐ Substance Abuse
☐ Mental Health/Substance Abuse

2. Please select the service(s) for which the individual received during this treatment episode. *(mark only one)*

☐ Crisis
☐ Inpatient Treatment
☐ Both

3. Type of Discharge: *(mark only one)*

☐ AA - Against Medical Advice Discharge (AMA)
☐ BP - Behavior Problem Discharge
☐ DC - Direct by Court Order
☐ DI - Direct Discharge to Inpatient Commitment
☐ DM - Direct Discharge to Medical Visit
☐ IL - Indirect Discharge from Leave
☐ DA - Direct with Approval
☐ PR - Personal Reasons
☐ TD - Therapeutic Discharge
☐ TX - Permanent Transfer Out to Other State Facility

4. Date of Discharge

☐☐ / ☐☐ / ☐☐

5. Discharge Tailored Plan: _____

b. Discharge Tailored Plan Assigned Consumer Record Number

☐☐☐☐☐☐

6. Is the consent for a follow-up interview after discharge in the consumer's medical record?

☐ Yes ☐ No

7. Consumer Availability: *(mark only one)*

☐ Consumer is Not Available/Already Been Discharged –> *(answer b)*
☐ Consumer is Available –> *(skip to 8)*

b. *If 'Consumer is Not Available/Already Been Discharged',* select the circumstance(s) as to why the consumer is not available: *(mark all that apply)*

Internal:

☐ Treatment needs not met
☐ Staff conflict
☐ Peer conflict
☐ Refused to take medication
☐ Other (please list reason):

_____

External:

☐ Legal
☐ Family
☐ Medical
☐ Death –> STOP-end of interview
☐ Employment
☐ School
☐ Housing
☐ Consumer refused
☐ Other (please list reason):

_____

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

9. Are you currently serving or have you ever served on active duty in the U.S. Armed Forces, National Guard or Military Reserves?

☐ Yes –> *(answer b)*
☐ No –> *(skip to 10)*

b. *If 'Yes',* during your military service, did you experience any traumatic event(s)?

☐ Yes
☐ No

10. Special Populations *(mark all that apply)*

☐ Criminal Justice
☐ HIV
☐ Homeless
☐ Injection Drug Use (IDU)
☐ Methadone
☐ Mom with child (WBJ only)
☐ Pregnant
☐ SSI/SSDI
☐ TBI
☐ None of the above

If 'Consumer is Not Available/Already Been Discharged', skip questions 11-19:

11. As you approach the end of this treatment episode, do you view your substance use history differently than reported at admission?

☐ Yes –> *(answer 12)*
☐ No –> *(skip to 13)*

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12. *If 'Yes',* **please indicate your Primary (required), Secondary (if applicable), and Tertiary (if applicable) substance problems by entering a "1" for Primary, "2" for Secondary, and "3" for Tertiary.**

☐ Alcohol	☐ Marijuana/ Hashish	☐ Cocaine/Crack
☐ Methamphetamine	☐ Heroin	☐ Fentanyl
☐ Other Opiates/ Opioids	☐ Non-Prescription Methadone	☐ PCP-Phencyclidine
☐ Other Hallucinogen	☐ Other Amphetamine	☐ Other Stimulant
☐ Benzodiazepine	☐ Other Non-Benzodiazepine Tranquilizer	☐ Barbiturate
☐ Other Non-Barbiturate Sedative or Hypnotic	☐ Inhalant	☐ Over-the-Counter
☐ Oxycodone (OxyContin, Percocet, Percodan)	☐ MDMA (Ecstasy)	☐ Other Prescription Med
☐ Spice	☐ Dilantin	☐ GHB/GBL
☐ Ketamine	☐ Cannabinoids, Delta THC/Other Synthetic	☐ Other Drug

13. Did this consumer receive or was expected to receive methadone treatment?

☐ Yes –> *(answer b)* ☐ No –> *(skip to 15)*

b. *If 'Yes',* what was the last methadone dosage in the 60 days prior to episode completion?

☐☐☐ mg *(enter zero, if none and skip to 15)*

14. <u>For dosage level of Methadone greater than zero:</u>
Please describe the last methadone dosing:

☐ Induction –> *(skip to 15)*
☐ Stabilization –> *(skip to 15)*
☐ Taper –> *(answer b)*

b. *If 'Taper',* is the methadone withdrawal voluntary or administrative?
☐ Voluntary ☐ Administrative

15. Did this consumer receive or was expected to receive buprenorphine (mono or combo products, such as Subutex, Zubsolv, Suboxone, Probuphine, etc.) treatment?

☐ Yes –> *(answer b and c)* ☐ No –> *(skip to 17)*

b. *If 'Yes',* how was the buprenorphine administered?
☐ Oral (tablets or film) ☐ Implant

c. *If 'Yes',* what was the last buprenorphine dosage in the 60 days prior to episode completion?

☐☐☐ mg *(enter zero, if none and skip to 17)*

16. <u>For dosage level of Buprenorphine greater than zero:</u>
Please describe the last buprenorphine dosing:

☐ Induction –> *(skip to 17)*
☐ Stabilization –> *(skip to 17)*
☐ Taper –> *(answer b)*

b. *If 'Taper',* is the buprenorphine withdrawal voluntary or administrative?
☐ Voluntary ☐ Administrative

17. Did this consumer receive or was expected to receive naltrexone (such as Revia, Vivitrol, etc.) treatment?

☐ Yes –> *(answer b and c)* ☐ No –> *(skip to 19)*

b. *If 'Yes',* how was the naltrexone administered?
☐ Oral ☐ Injectable

c. *If 'Yes',* what was the last naltrexone dosage in the 60 days prior to episode completion?

☐☐☐ mg *(enter zero, if none and skip to 19)*

18. <u>For dosage level of Naltrexone greater than zero:</u>
Please describe the last naltrexone dosing:

☐ Induction –> *(skip to 19)*
☐ Stabilization –> *(skip to 19)*
☐ Taper –> *(answer b)*

b. *If 'Taper',* is the naltrexone withdrawal voluntary or administrative?
☐ Voluntary ☐ Administrative

19. Upon discharge, where are you planning to live? *(mark only one)*

☐ Homeless (no fixed address)
☐ Homeless (living temporarily with others)
☐ In your own home/apartment
☐ In family or friend's home/apartment
☐ Therapeutic Community (TC)
☐ Public Facility/Institution
☐ Private Facility/Institution
☐ Halfway House
☐ Group Home
☐ Residential Treatment Center
☐ Correctional Facility
☐ Oxford House
☐ CASAWORKS
☐ CASP
☐ Other
☐ Undecided

20. Referred Services: *(mark all that apply)*

☐ SACOT
☐ SAIOP
☐ Community Support Team
☐ ACTT
☐ Individual - SA
☐ Individual - MH
☐ Group - SA
☐ Group - MH
☐ Psychiatric Services
☐ Medical Services
☐ CASAWORKS
☐ TC (Therapeutic Community)
☐ AA/NA (Alcoholics Anonymous/Narcotics Anonymous)
☐ Opioid Based Outpatient Treatment
☐ DRA (Dual Recovery Anonymous)
☐ NC Quitline
☐ Refused referral for services

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If 'Consumer is Not Available/Already Been Discharged', skip questions 21-39. (END OF INTERVIEW)

21. Since admission, how well have you been doing in the following areas of your life?

	Excellent	Good	Fair	Poor
a. Emotional well-being	☐	☐	☐	☐
b. Physical health	☐	☐	☐	☐
c. Relationships with family or significant others	☐	☐	☐	☐

22. To what extent did the services help...

	Not at all	Some what	A great deal	NA
a. Decrease your drug use	☐	☐	☐	☐
b. Decrease your alcohol use	☐	☐	☐	☐
c. Decrease your tobacco use	☐	☐	☐	☐
d. Identify goals for your recovery	☐	☐	☐	☐
e. Decrease suicidal thoughts	☐	☐	☐	☐
f. Decrease homicidal thoughts	☐	☐	☐	☐
g. Manage your other mental health symptoms	☐	☐	☐	☐
h. Deal with your history of trauma or abuse	☐	☐	☐	☐
i. Improve your physical health	☐	☐	☐	☐
j. Obtain medical care	☐	☐	☐	☐
k. Obtain outpatient treatment in your community	☐	☐	☐	☐
l. Encourage your participation in self-help group(s)	☐	☐	☐	☐
m. Improve relationships with your family and friends	☐	☐	☐	☐
n. Improve your housing or living situation	☐	☐	☐	☐
o. Obtain transportation services	☐	☐	☐	☐
p. Increase the quality of your life	☐	☐	☐	☐
q. Increase your hope for the future	☐	☐	☐	☐
r. Gain control over your life	☐	☐	☐	☐

23. Have you *ever* had a prescription for psychotropic medications?

☐ Yes –> *(answer b and c)*

☐ No –> *(skip to 24)*

b. *If 'Yes',* how recently have you had a prescription for psychotropic medications?

☐ I had a prescription 1-3 months ago

☐ I had a prescription 3-6 months ago

☐ I had a prescription 6-12 months ago

☐ I had a prescription more than a year ago

c. *If 'Yes',* do you feel that your prescription medications help(ed) you?

☐ Yes ☐ No

24. Have you ever used medications, prescribed to you by a physician, in any manner and/or amount other than the way they were prescribed on the label?

☐ Yes –> *(answer b)*

☐ No –> *(skip to 25)*

b. *If 'Yes',* what kind of medications have you misused?*(mark all that apply)*

☐ Anxiety medications (ativan, valium, klonopin, xanax)

☐ Pain medications/Opiates (tramadol, ultram, morphine, codeine, hydrocodone, oxycodone, methadone, fentanyl)

☐ Other

25. Have you ever taken someone else's prescription?

☐ Yes

☐ No

☐ Deferred

26. Have you given/sold your prescription(s) to others?

☐ Yes

☐ No

☐ Deferred

27. How would you describe your current mental health symptoms?

☐ Extremely Severe

☐ Severe

☐ Moderate

☐ Mild

☐ Not present

28. Are you considering quitting the use of tobacco products?

☐ Yes –> *(answer b and c)*

☐ No, I plan to resume use of tobacco products –> *(answer b and c)*

☐ NA (non-smoker) –> *(skip to 29)*

b. *If 'Yes' or 'No',* while in treatment, did you attend any smoking cessation education classes?

☐ Yes ☐ No

c. *If 'Yes' or No',* while in treatment, did anyone discuss Nicotine Replacement Therapy (NRT) with you or ways to help you stop using tobacco products?

☐ Yes –> *(answer c-1)* ☐ No –> *(skip to 29)*

c-1. *If 'Yes',* did you begin Nicotine Replacement Therapy (NRT)? ☐ Yes –> *(skip to 29)* ☐ No –> *(answer c-2)*

c-2. *If 'No',* did you decline Nicotine Replacement Therapy (NRT)?

☐ Yes ☐ No

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29. Since admission, has your family, guardian, or significant other been involved in any contact with staff concerning any of the following? *(mark all that apply)*

- ☐ Treatment services –> *(answer b and c)*
- ☐ Person-centered planning –> *(answer b and c)*
- ☐ None of the above –> *(skip to 30)*

b. *If 'Treatment services' or 'Person-centered planning',* since admission, how often has your family, guardian, or significant other been involved in any contact with staff?

☐ Once a week or more ☐ Twice a week or more

c. *If 'Treatment services' or 'Person-centered planning',* this contact was mostly....

- ☐ Face-to-face
- ☐ By telephone
- ☐ Both

30. *If 'None of the above' is answered on question 29,* **please specify a reason why no family, guardian, or significant other have been involved in person-centered planning or treatment services:** (*mark all that apply)*

- ☐ Consumer has no family, guardian, or significant other
- ☐ Consumer declines family involvement
- ☐ Family declines to be involved
- ☐ Scheduling conflicts
- ☐ Other

31. Have you ever experienced...?

- ☐ Physical abuse –> *(answer b)*
- ☐ Emotional/verbal abuse –> *(answer b)*
- ☐ Sexual abuse –> *(answer b)*
- ☐ None of the above –> *(skip to 33)*

b. *If 'Physical abuse', 'Emotional/verbal abuse', and/or 'Sexual abuse',* did you have an opportunity to discuss this issue during your treatment?

☐ Yes –> *(skip to 33)*

☐ No –> *(answer c)*

c. *If 'No',* would you like to speak with a staff person about this issue before your discharge?

☐ Yes ☐ No

32. Have you ever experienced childhood sexual abuse?

☐ Yes –> *(answer b)*

☐ No –> *(skip to 33)*

b. *If 'Yes',* did you have an opportunity to discuss this issue during your treament?

☐ Yes –> *(skip to 33)*

☐ No –> *(answer c)*

c. *If 'No',* would you like to speak with a staff person about this issue before your discharge?

☐ Yes ☐ No

33. During your treatment stay, did you try to hurt yourself or cause yourself pain on purpose (such as cut, burned, or bruised self)?

☐ Yes ☐ No

34. During your treatment stay, did you have thoughts of suicide?

☐ Yes ☐ No

35. During your treatment stay, did you have thoughts of killing someone?

☐ Yes ☐ No

36. <u>Females only</u>: Have you ever been pregnant?

- ☐ Yes –> *(answer 37 and 38)*
- ☐ No –> *(skip to 39)*
- ☐ Unsure –> *(skip to 39)*

37. <u>Females only</u>: Are you currently pregnant?

- ☐ Yes
- ☐ No
- ☐ Unsure

38. <u>Females only</u>: Have you given birth in the past year?

- ☐ Yes –> *(answer b)*
- ☐ No –> *(skip to 39)*

b. *If 'Yes',* how long ago did you give birth?

- ☐ Since admission
- ☐ Less than 3 months ago
- ☐ 3 to 6 months ago
- ☐ 7 to 12 months ago

39. What are the possible barriers that may prevent you from attending outpatient services? *(mark all that apply)*

- ☐ No barriers to attending outpatient treatment
- ☐ Physical health problems
- ☐ Family or guardian issues (controlling spouse/partner, family illness, child/elder care, domestic violence, family cooperation)
- ☐ Issues with treatment being offered (availability of appropriate services, type of treatment wanted by consumer not available, engagement issues, service locations, etc.)
- ☐ Cost or financial reasons
- ☐ Stigma/Embarrassment
- ☐ Potential legal reasons (arrest, incarceration)
- ☐ Transportation issues/Distance to provider
- ☐ Scheduling issues (potential work conflicts, appointment times not working with schedule)
- ☐ Lack of stable housing

Enter data into web-based system:

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<u>Do not mail this form</u>

Attachment I:
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, R15.9, R32, N39.498)
- ☐ 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)