

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

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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 Use Disorder
☐ Mental Health/Substance Use Disorder

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 ☐ Mom with child (WBJ only)
☐ HIV ☐ Pregnant
☐ Homeless ☐ SSI/SSDI
☐ Injection Drug Use (IDU) ☐ TBI
☐ Methadone ☐ 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.

- | | | |
|--|--|--|
| <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"/> Fentanyl |
| <input type="checkbox"/> Other Opiates/
Opioids | <input type="checkbox"/> Non-Prescription
Methadone | <input type="checkbox"/> PCP-Phencyclidine |
| <input type="checkbox"/> Other
Hallucinogen | <input type="checkbox"/> Other Amphetamine | <input type="checkbox"/> Other Stimulant |
| <input type="checkbox"/> Benzodiazepine | <input type="checkbox"/> Other
Non-Benzodiazepine
Tranquilizer | <input type="checkbox"/> Barbiturate |
| <input type="checkbox"/> Other
Non-Barbiturate
Sedative or
Hypnotic | <input type="checkbox"/> Inhalant | <input type="checkbox"/> Over-the-Counter |
| <input type="checkbox"/> Oxycodone (OxyContin,
Percocet, Percodan) | <input type="checkbox"/> MDMA (Ecstasy) | <input type="checkbox"/> Other Prescription
Med |
| <input type="checkbox"/> Spice | <input type="checkbox"/> Dilantin | <input type="checkbox"/> GHB/GBL |
| <input type="checkbox"/> Ketamine | <input type="checkbox"/> Cannabinoids, Delta
THC/Other Synthetic | <input type="checkbox"/> 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. For dosage level of Methadone greater than zero:

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 Zubsolv, Suboxone, etc.) treatment?

- ☐ Yes → (answer b and c) ☐ No → (skip to 17)
b. If 'Yes', how was the buprenorphine administered?
☐ Oral (tablets or film) ☐ Injection
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. For dosage level of Buprenorphine greater than zero:

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. For dosage level of Naltrexone greater than zero: 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 - SUD
☐ Individual - MH
☐ Group - SUD
☐ 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Relationships with family or significant others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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 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

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. Females only: Have you ever been pregnant?

- ☐ Yes → (answer 37 and 38)
☐ No → (skip to 39)
☐ Unsure → (skip to 39)

37. Females only: Are you currently pregnant?

- ☐ Yes
☐ No
☐ Unsure

38. Females only: 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:

<https://nctopps.ncdmh.net/adatc.htm>

Do not mail this form

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)
- ☐ Impulse Control Disorders (F63.1, F63.2, F63.81)
- ☐ Oppositional Defiant Disorder (F91.3)
- ☐ 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 C Personality Disorders (F60.5, F60.6, F60.7)
- ☐ Cluster B Personality Disorders (F60.2, F60.3, F60.4, F60.81)
- ☐ 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)