



# NC-TOPPS Mental Health and Substance Use Disorder

## Adult (Ages 18 and up)

## Episode Completion Interview

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(<http://www.ncdhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system>)

**9. For Adult Substance Use Disorder individual:**  
**Did this consumer receive or was expected to receive methadone treatment?**  
 Yes  No → (skip to 11)  
 b. What was the last methadone dosage in the 60 days prior to episode completion?  
   mg (enter zero, if none and skip to 11)

**10. For dosage level of Methadone greater than zero:**  
**Please describe the last methadone dosing:**  
 Induction → (skip to 11)  
 Stabilization → (skip to 11)  
 Taper  
 b. Is the methadone withdrawal voluntary or administrative?  
 Voluntary  Administrative

**11. For Adult Substance Use Disorder individual:**  
**Did this consumer receive or was expected to receive buprenorphine (mono or combo products, such as Subutex, Zubsolv, Suboxone, Probuphine, etc.) treatment?**  
 Yes  No → (skip to 13)  
 b. How was the buprenorphine administered?  
 Oral (tablets or film)  Implant  
 c. What was the last buprenorphine dosage in the 60 days prior to episode completion?  
   mg (enter zero, if none and skip to 13)

**12. For dosage level of Buprenorphine greater than zero:**  
**Please describe the last buprenorphine dosing:**  
 Induction → (skip to 13)  
 Stabilization → (skip to 13)  
 Taper  
 b. Is the buprenorphine withdrawal voluntary or administrative?  
 Voluntary  Administrative

**13. For Adult Substance Use Disorder individual:**  
**Did this consumer receive or was expected to receive naltrexone (such as Revia, Vivitrol, etc.) treatment?**  
 Yes  No → (skip to 15)  
 b. How was the naltrexone administered?  
 Oral  Injectable  
 c. What was the last naltrexone dosage in the 60 days prior to episode completion?  
   mg (enter zero, if none and skip to 15)

**14. For dosage level of Naltrexone greater than zero:**  
**Please describe the last naltrexone dosing:**  
 Induction → (skip to 15)  
 Stabilization → (skip to 15)  
 Taper  
 b. Is the naltrexone withdrawal voluntary or administrative?  
 Voluntary  Administrative

**15. For Adult Substance Use Disorder and Methadone or Buprenorphine or Naltrexone individual: Substance use disorder treatment participation and service units in the past 3 months (enter zero, if none):**

a. Group sessions attended:

b. Individual/Family sessions attended:

**16. For Adult Substance Use Disorder individual:**  
**Does this consumer take Antabuse?**  
 Yes  No

**17. Since the last interview, the consumer has attended scheduled treatment sessions...**  
 All or most of the time  
 Sometimes  
 Rarely or never

**18. For Adult Substance Use Disorder individual:**  
**Number of drug tests conducted and number positive in the past 3 months: (Do not count if positive for Methadone only)**

a. Number Conducted   (enter zero, if none and skip to 19)

b. Number Positive   (enter zero, if none and skip to 19)

c. How often did each substance appear for all drug 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	Amphetamine	Barbiturate	
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	

**19. Since the individual started services for this episode of treatment, which of the following areas has the individual received help? (mark all that apply)**

Educational improvement  
 Finding or keeping a job  
 Housing (basic shelter or rent subsidy) → (answer b)  
 Transportation  
 Food supply → (answer c)  
 Child care  
 Medical care  
 Dental care  
 Screening/treatment referral for HIV/TB/HEP  
 Legal issues  
 Volunteer opportunities  
 None of the above

b. If *housing*, what supports are needed to improve the individual's current situation or would allow the individual to live more successfully in the community? (mark all that apply)

Rental assistance (due to credit problems, criminal record, or no down payment)  
 Communication assistance (with landlord, housing management, or neighbors)  
 Behavioral health supports (with crisis management, medication compliance, environmental challenges, or problem solving)  
 Daily living skill development (for paying bills, housekeeping, transportation, meal preparation, or self-care)  
 Other

c. If *food supply*, how helpful have the program services been in supplying food as needed?  
 Not helpful  Somewhat helpful  Very helpful  NA

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### Section II: Complete items 20-39 using information from the individual's interview (preferred) or consumer record.

#### 20. How are the next section's items being gathered?

(mark all that apply)

- In-person interview (preferred)  Clinical record/notes  
 Telephone interview

#### 21. Which of the following best describes your sexual orientation?

- Straight  Other  
 Lesbian or Gay  Don't know/Not sure  
 Bisexual  Deferred

#### 22. Do you consider yourself to be transgender?

- Yes, Transgender, male-to-female  No  
 Yes, Transgender, female-to-male  Don't know/Not sure  
 Yes, Transgender, gender non-conforming  Deferred

#### 23. Do you ever have difficulty participating in treatment

because of problems with... (mark all that apply)

- No difficulties prevented you from entering treatment  
 Active mental health symptoms (anxiety or fear, agoraphobia, paranoia, hallucinations)  
 Active substance use disorder 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, referral issues, citizenship, etc.)  
 Being deaf/hard of hearing  
 Language or communication issues (foreign language issues, lack of interpreter, etc.)  
 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)

#### 24. Since the last interview, have you earned a...

- a. GED?  
 Yes  No  
b. high school diploma?  
 Yes  No

#### 25. Since the last interview, have you been enrolled in school or taken any classes? (mark all that apply)

- No  
 Yes, high school or GED  
 Yes, vocational school or certificate program  
 Yes, college  
 Yes, adult education/leisure/recreational classes

#### 26. Currently, what best describes your employment status? (mark only one)

- Full-time work (working 35 hours or more a week)  
→ (answer b-1, b-2, b-3, and b-4)  
 Part-time work (working 11-34 hours a week)  
→ (answer b-1, b-2, b-3, and b-4)  
 Part-time work (working less than 10 hours a week)  
→ (answer b-1, b-2, b-3, and b-4)  
 Unemployed (seeking work or on layoff from a job)  
→ (skip to 27)  
 Not in labor force (not seeking work)  
→ (answer c)

b-1. If employed, what best describes your job classification?

- Professional, technical, or managerial  Machine trades  
 Clerical or sales  Bench work  
 Service occupation  Structural work  
 Agricultural or related occupation  Miscellaneous occupation (other)  
 Processing occupation

b-2. If employed, what employee benefits do you receive?

(mark all that apply)

- Insurance  Other  
 Paid time off  None  
 Meal/Retail discounts

b-3. If employed, what currently describes your rate of pay?

- Above minimum wage (more than \$7.25 an hour)  
 Minimum wage (\$7.25 an hour)  
Lower than minimum wage (due to student status, piece work, working for tips or employer under sub-minimum wage certificate)  
 work, working for tips or employer under sub-minimum wage certificate

b-4. If employed, are you also enrolled in an educational program?

- Yes  No

c. If not seeking work, what best describes your current status? (mark only one)

- Homemaker  Institutionalized  
 Student  Day program services  
 Retired  Volunteer  
 Chronic medical condition which prevents employment  None of the above  
 Incarcerated (juvenile or adult facility)

#### 27. In the past 3 months, how often did you participate in...

- a. positive community/leisure activities?  
 Never  A few times  More than a few times  
b. recovery support or mutual aid groups?  
 Never → (skip to 28)  A few times  More than a few times  
c. In the past month, how many times did you attend recovery support or mutual aid groups?  
 Did not attend in past month  
 1-3 times (less than once per week)  
 4-7 times (about once per week)  
 8-15 times (2 or 3 times per week)  
 16-30 times (4 or more times per week)  
 some attendance, but frequency unknown

#### 28. In the past 3 months, how often have your problems interfered with work, school, or other daily activities?

- Never  A few times  More than a few times

#### 29. In the past month, how would you describe your mental health symptoms?

- Extremely severe  Mild  
 Severe  Not present  
 Moderate

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**30. In the past month, if you have a current prescription for psychotropic medications, how often have you taken this medication as prescribed?**

- No prescription  Sometimes  
 All or most of the time  Rarely or never

**31. In the past 3 months, how many times have you moved residences?**   (enter zero, if none)

**32. Currently, where do you live?**

- Living independently (own/rent home/apartment)  
 Stable housing with friends or family at minimal or no cost  
 Residential program (halfway house, group home, alternative family living, family care home)  
 Institutional setting (hospital or jail)  
 Homeless → (answer b)  
 Temporary housing → (answer c)  
 b. If homeless, please specify your living situation currently.  
 Sheltered (homeless shelter or domestic violence shelter)  
 Unsheltered (on the street, in a car, camp)  
 c. If temporary housing, please specify your living situation currently.  
 Unstable housing with frequent moves to and from relative's/ friend's homes  
 Hotel/motel

**33. For Adult MH only individual:**

**In the past 3 months, have you used tobacco or alcohol?**

- Yes  No

**34. For Adult MH only individual:**

**In the past 3 months, have you used illicit drugs or other substances other than tobacco and alcohol?**

- Yes  No → (skip to 36 if 'No' is answered on both questions 33 and 34)

**35. 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 and synthetics	<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           | 57=Spice    |
| 7=PCP-Phencyclidine          | 14=Barbiturate                  | 58=Dilantin |
| 8=Other Hallucinogen         | 15=Other Sedative or Hypnotic   | 59=GHB/GBL  |
| 9=Methamphetamine/Speed      | 16=Inhalant                     | 60=Ketamine |
| 10=Other Amphetamine         | 17=Over-the-Counter medications |             |
| 11=Other Stimulant           | 22=OxyContin (Oxycodone)        |             |
| 12=Benzodiazepine            | 29=Ecstasy (MDMA)               |             |

**36. For Adult MH individual:**

**In general, since entering treatment your involvement in the criminal/juvenile justice system has...**

- Increased  
 Decreased  
 Stayed the same

**37. In the past month, how many times have you been arrested for any offense including DWI?**    
(enter zero, if none)

**38. Are you under the supervision of the criminal justice system?**

- Yes  No

**39. For Female Adult Substance Use Disorder individual:**

**Do you have children under the age of 18?**

- Yes  No → (skip to 40)

- b. How many children do you have?
- c. Since the last interview, how many children have you...
- c-1. gained legal custody of?
- c-2. lost legal custody of?
- c-3. begun seeking legal custody of?
- c-4. stopped seeking legal custody of?
- c-5. continued seeking legal custody of?
- d. Since the last interview, how many newborn baby(ies) have been removed from your legal custody?
- e. Since the last interview, how many children have your parental rights been terminated from?
- f. How many children in your legal custody are receiving preventative and primary health care?
- g. How many children in your legal custody have been screened for mental health and/or substance use disorder prevention or treatment services?
- h. Since the last interview, have you been investigated by DSS for child abuse or neglect?  
 Yes  No → (answer 40)
- h-1. Was the investigation due to an infant testing positive on a drug screen?  
 Yes  No  NA

**Section III: This next section includes questions which are important in determining consumer outcomes. These questions require that they be asked directly to the individual either in-person or by telephone.**

**40. Is the individual present for an in-person or telephone interview or have you directly gathered information from the individual within the past two weeks?**

- Yes - Complete items 41-58  
 No - Stop here

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<p><b>41. Females only : Are you currently pregnant?</b></p> <input type="checkbox"/> Yes <input type="checkbox"/> No → (skip to 42) <input type="checkbox"/> Unsure → (skip to 42) b. How many weeks have you been pregnant? <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> c. Have you been referred to prenatal care? <input type="checkbox"/> Yes <input type="checkbox"/> No d. Are you receiving prenatal care? <input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>48. For Adult Substance Use Disorder individual:</b>  <b>In the past 3 months, have you used a needle to get any drug injected under your skin, into a muscle, or into a vein for nonmedical reasons?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred</p> <p><b>49. For Adult Substance Use Disorder individual:</b>  <b>In the past 3 months, have you participated in any of the following activities without using a condom?</b>                  had sex with someone who was <u>not your spouse or primary partner</u> [or] knowingly had sex with someone who injected drugs [or] traded, gave, or received sex for drugs, money, or gifts?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred</p>																																																							
<p><b>42. Females only: Have you given birth in the past year?</b></p> <input type="checkbox"/> Yes <input type="checkbox"/> No → (skip to 43) b. For Adult Substance Use Disorder individual: How long ago did you give birth? <input type="checkbox"/> Less than 3 months ago <input type="checkbox"/> 3 to 6 months ago <input type="checkbox"/> 7 to 12 months ago c. Did you receive prenatal care during pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No d. For Adult Substance Use Disorder individual: What was the # of weeks gestation? <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> e. For Adult Substance Use Disorder individual: What was the birth weight? <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> pounds <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> ounces f. How would you describe the baby's current health? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Baby is deceased → (skip to 43) <input type="checkbox"/> Baby is not in your custody → (skip to 43) g. Is the baby receiving regular Well Baby/Health Check services? <input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>50. In the past 3 months, how often have you been hit, kicked, slapped, or otherwise physically hurt?</b>  <input type="checkbox"/> Never → (skip to 51) <input type="checkbox"/> More than a few times  <input type="checkbox"/> A few times <input type="checkbox"/> Deferred → (skip to 51)                  b. In the past 3 months, have you had a restraining order in place against someone who is associated with these recent threats or acts of violence?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>51. In the past 3 months, how often have you hit, kicked, slapped, or otherwise physically hurt someone?</b>  <input type="checkbox"/> Never <input type="checkbox"/> A few times <input type="checkbox"/> More than a few times <input type="checkbox"/> Deferred</p> <p><b>52. For Adult Substance Use Disorder individual:</b>  <b>In the past 3 months, have you been forced or pressured to do sexual acts?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred</p> <p><b>53. Since the last interview, how often have you tried to hurt yourself or cause yourself pain on purpose (such as cut, burned, or bruised self)?</b>  <input type="checkbox"/> Never <input type="checkbox"/> A few times <input type="checkbox"/> More than a few times</p> <p><b>54. Since the last interview, how often have you had thoughts of suicide?</b>  <input type="checkbox"/> Never <input type="checkbox"/> A few times <input type="checkbox"/> More than a few times</p>																																																							
<p><b>43. Since the last interview, have you visited a physical health care provider for a routine check up?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>44. Since the last interview, have you visited a dentist for a routine check up?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>45. What is your level of readiness (Stage of Change) for addressing your recovery/resiliency?</b>  <input type="checkbox"/> Not ready for action (Pre-contemplation)  <input type="checkbox"/> Considering action sometime in the next few months (Contemplation)  <input type="checkbox"/> Seriously considering action this week (Preparation)  <input type="checkbox"/> Already taking action (Action)  <input type="checkbox"/> Maintaining new behaviors (Maintenance)</p> <p><b>46. For Adult Substance Use Disorder individual:</b>  <b>In the past month, if you have a sponsor, how often have you had contact with him or her?</b>  <input type="checkbox"/> Don't have a sponsor  <input type="checkbox"/> Never  <input type="checkbox"/> A few times  <input type="checkbox"/> More than a few times</p> <p><b>47. How supportive has your family and/or friends been of your treatment and recovery efforts?</b>  <input type="checkbox"/> Not supportive <input type="checkbox"/> Very supportive  <input type="checkbox"/> Somewhat supportive <input type="checkbox"/> No family/friends</p>	<p><b>55. Since the last interview, have you attempted suicide?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>56. In the past 3 months, how well have you been doing in the following areas of your life?</b></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center; border-bottom: 1px solid black;">Excellent</th> <th style="text-align: center; border-bottom: 1px solid black;">Good</th> <th style="text-align: center; border-bottom: 1px solid black;">Fair</th> <th style="text-align: center; border-bottom: 1px solid black;">Poor</th> </tr> </thead> <tbody> <tr> <td>a. Emotional well-being _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b. Physical health _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c. Relationships with family or friends _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>d. Living/Housing situation _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>e. 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### 57. In the past 3 months, have you...

- 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

### 58. How helpful have the program services been in...

- a. improving the quality of your life?  
 Not helpful  Somewhat helpful  Very helpful  NA
- b. decreasing your symptoms?  
 Not helpful  Somewhat helpful  Very helpful  NA
- c. increasing your hope about the future?  
 Not helpful  Somewhat helpful  Very helpful  NA
- d. increasing your control over your life?  
 Not helpful  Somewhat helpful  Very helpful  NA
- e. improving your educational status?  
 Not helpful  Somewhat helpful  Very helpful  NA
- f. improving your housing status?  
 Not helpful  Somewhat helpful  Very helpful  NA
- g. improving your vocational/employment 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 page1)?  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/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system>**

***Do not mail this form***

# Attachment I: NC-TOPPS Services

## Periodic Services (Substance Use Disorder Consumers)

- Psychotherapy - 90832--90838
- Family Therapy without Patient - 90846
- Family Therapy with Patient - 90847
- Group Therapy (multiple family group) - 90849
- Group Therapy (non-multiple family group) - 90853
- Behavioral Health Counseling - Individual Therapy - H0004
- Behavioral Health Counseling - Group Therapy - H0004 HQ
- Behavioral Health Counseling - Family Therapy with Consumer - H0004 HR
- Behavioral Health Counseling (non-licensed provider) - YP831
- Behavioral Health Counseling - Group Therapy (non-licensed provider) - YP832
- Behavioral Health Counseling - Family Therapy with Consumer (non-licensed provider) - YP833
- Behavioral Health Counseling - Family Therapy without Consumer (non-licensed provider) - YP834
- Alcohol and/or Drug Group Counseling - H0005
- Alcohol and/or Drug Group Counseling (non-licensed provider) - YP835

## Community Based Services

- Substance Abuse Intensive Outpatient Program (SAIOP) - H0015
- Assertive Community Treatment Team (ACTT) - H0040
- Community Support Team (CST) - H2015, H2015 HT
- Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035
- Individual Placement and Support (IPS) Supported Employment - YP630
- Supported Employment - H2023 U4
- Transition Management Services (TMS) - YM120

## Facility Based Day Services

- Mental Health - Partial Hospitalization - H0035
- Child and Adolescent Day Treatment - H2012 HA

## Opioid Services

- Opioid Treatment - H0020

## Residential Services

- SA Non-Medical Community Residential Treatment - Adult - H0012 HB
- SA Medically Monitored Community Residential Treatment - H0013
- Behavioral Health - 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

## ADATC Services

- Alcohol and Drug Abuse Treatment Center

## Other Services

Service Code: \_\_\_\_\_

Service Description: \_\_\_\_\_

# 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)
- Motor and Tic Disorders (307.20, 307.21, 307.22, 307.23, 307.3, 315.4)
- 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)
- (Other) 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) (300.4)
- 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 (292.81, 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 Feeding and Eating Disorders (307.50, 307.51, 307.52, 307.53, 307.59)

## 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)